ILLEGITIMACY

by

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A review of the literature on illegitimacy shows three explanatory models. The individual model which explains why some women become unmarried mothers. The social model which explains why illegitimacy levels vary in different societies. The interactive model which explains how individual and societal factors interact to produce a particular societal level of illegitimacy and mothers of illegitimate babies with particular characteristics. The interactive model was found to be the most productive as it used the most appropriate definition of illegitimacy, did not assume that illegitimacy was deviant and included all factors relevant to the process of becoming the mother of an illegitimate baby. Hypotheses were formulated concerning the characteristics and process of becoming the mother of an illegitimate baby in societies with high, medium and low levels of illegitimacy.

A sample of 721 pregnant women was taken which included Irish, English and West Indian women as examples of individuals from societies with low, medium and high levels of illegitimacy. Statistical analysis showed that age and class were important predictors of illegitimacy while nationality (ethnicity) had an interactive effect, although both predictors and characteristics of mothers of illegitimate babies were not clear cut. Interviews with 79 mothers of illegitimate babies showed a range of types varying from the young girl who had made a mistake to the well educated, middle class woman who had decided to have an illegitimate baby. Examination of ethnic groups showed that in some cases illegitimacy could be related to normal sexual behaviour whereas in others it was deviant to conventional norms. This did not include, however, those deciding to have an illegitimate baby.

To explain all types of illegitimacy a wider perspective therefore had to be taken. Illegitimacy and the one parent family was seen as one way of child bearing rather than as a deviation from the norm of marriage and the two parent family. It was shown that societal support for the one parent family is increasing and this could lead to more women seeing the one parent family as a viable situation in which to rear children, but this depends on the extent to which it is supported in the future.
Acknowledgements

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## Contents

### Volume I

#### Chapter 1
*Illegitimacy - Defining the Concept and Measuring its Incidence*  
Legal definition of illegitimacy 1  
Operationalising the concept 4

#### Chapter 2
*Illegitimacy in Three Contrasting Societies*  
England and Wales 10  
Eire 43  
Jamaica 58  
Conclusion 70

#### Chapter 3
*Psychological Theories of Illegitimacy*  
Psychoanalytic Theories 71  
Psychological Theories 98  
Comments and conclusions on these theories 129

#### Chapter 4
*Sociological Explanations of Illegitimacy*  
Evolutionary theories 137  
The principle of illegitimacy 139  
Functional theories 145  
Norms and values as related to sexual behaviour 149  
Redefinition of the principle of legitimacy 154  
The value stretch 162  
Cultural relativism 165  
Culture of Poverty 167  
The black family 172  
Economic conditions 195  
Conclusions and comments 200
<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1</td>
<td>International levels and trends in 70 countries</td>
<td>7</td>
</tr>
<tr>
<td>1:2</td>
<td>Illegitimate births as a percentage of total live births in 70 countries</td>
<td>8</td>
</tr>
<tr>
<td>2:1</td>
<td>Illegitimate live births by age of mother: England and Wales</td>
<td>13</td>
</tr>
<tr>
<td>2:2</td>
<td>Distribution by marital status of women having illegitimate births around census time 1961 and 1971: England and Wales</td>
<td>15</td>
</tr>
<tr>
<td>2:3</td>
<td>Illegitimacy rates per 1,000 single widowed or divorced women: England and Wales</td>
<td>16</td>
</tr>
<tr>
<td>2:4</td>
<td>Premaritally conceived legitimate first births to women married once only, by social class of husband: England and Wales</td>
<td>19</td>
</tr>
<tr>
<td>2:5</td>
<td>Average number of all births and of illegitimate births achieved by exact ages, for selected generations: England and Wales.</td>
<td>23</td>
</tr>
<tr>
<td>2:6</td>
<td>Illegitimate fertility rates per 1,000 women: England and Wales</td>
<td>24</td>
</tr>
<tr>
<td>2:7</td>
<td>Percentage of males and females ever married at selected ages: England and Wales</td>
<td>26</td>
</tr>
<tr>
<td>2:8</td>
<td>Socio-economic status and age of women at marriage: England and Wales, 1961</td>
<td>28</td>
</tr>
<tr>
<td>2:9</td>
<td>Proportion (per 1,000) of women who were ever married before attaining selected ages: England and Wales</td>
<td>30</td>
</tr>
<tr>
<td>2:10</td>
<td>Proportion (per 1,000) of marriages which had ended in divorce at selected marriage durations: England and Wales</td>
<td>33</td>
</tr>
<tr>
<td>2:11</td>
<td>Percentage of women who remained childless after a given number of years of marriage, for women married at ages 20 - 24 and married once only: England and Wales</td>
<td>38</td>
</tr>
<tr>
<td>2:12</td>
<td>Average family size for women married once only by social class of husband and selected durations of marriage: England and Wales</td>
<td>40</td>
</tr>
<tr>
<td>2:13</td>
<td>Illegitimate births per 1,000 single, widowed and divorced women: Southern Ireland, England and Wales</td>
<td>43</td>
</tr>
<tr>
<td>2:14</td>
<td>Number of marriages per 1,000 population in Southern Ireland and neighbouring countries, 1941 - 1960 and in each year 1964 - 1973</td>
<td>47</td>
</tr>
<tr>
<td>2:15</td>
<td>Percentage distribution of marriages according to age of groom and age of bride and average age at marriage in 1945 - 1946 and in each year 1970 - 1973: Southern Ireland</td>
<td>49</td>
</tr>
</tbody>
</table>
## List of Tables

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:16</td>
<td>Percentage single in certain age groups 1841 - 1971: Southern Ireland</td>
<td>50</td>
</tr>
<tr>
<td>2:17</td>
<td>Legitimate births per 1,000 married women in each age group: Southern Ireland</td>
<td>52</td>
</tr>
<tr>
<td>2:18</td>
<td>Births per 1,000 married women in each age group: Southern Ireland</td>
<td>52</td>
</tr>
<tr>
<td>2:19</td>
<td>Number of births and birth rates per 1,000 population in Southern Ireland and neighbouring countries 1941 - 1960 and in each year 1962 - 1971</td>
<td>53</td>
</tr>
<tr>
<td>3:1</td>
<td>Summary of psychoanalytic studies</td>
<td>99</td>
</tr>
<tr>
<td>3:2</td>
<td>Summary of psychological studies</td>
<td>126</td>
</tr>
<tr>
<td>7:1</td>
<td>Nationality of all mothers newly referred to St. James Hospital ante natal clinic in November 1974</td>
<td>288</td>
</tr>
<tr>
<td>7:2</td>
<td>Nationality of unmarried mothers newly referred to St. James Hospital ante natal clinic in November 1974</td>
<td>288</td>
</tr>
<tr>
<td>7:3</td>
<td>Age of married and unmarried mothers in St. James Hospital ante natal clinics</td>
<td>291</td>
</tr>
<tr>
<td>7:4</td>
<td>Number of previous pregnancies: married and unmarried mothers in St. James Hospital ante natal clinics</td>
<td>291</td>
</tr>
<tr>
<td>7:5</td>
<td>Nationality, age and number of previous pregnancies unmarried mothers compared with all new referrals in St. James Hospital ante natal clinics</td>
<td>292</td>
</tr>
</tbody>
</table>

### Unmarried mothers interviewed in St. James Hospital

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:6</td>
<td>Length of relationship with boyfriend prior to pregnancy</td>
<td>293</td>
</tr>
<tr>
<td>7:7</td>
<td>Description of boyfriend</td>
<td>293</td>
</tr>
<tr>
<td>7:8</td>
<td>Reasons for keeping the baby</td>
<td>302</td>
</tr>
<tr>
<td>7:9</td>
<td>Age, number of previous children, previous abortions or miscarriages: comparison of ethnic groups</td>
<td>304</td>
</tr>
<tr>
<td>7:10</td>
<td>Whether pregnancy planned: comparison of ethnic groups</td>
<td>306</td>
</tr>
</tbody>
</table>

### West London Hospital Sample

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:1</td>
<td>Age of sample compared with age of non respondents</td>
<td>320</td>
</tr>
<tr>
<td>8:2</td>
<td>Occupation of husband of sample compared with occupation of husband of non respondents</td>
<td>320</td>
</tr>
<tr>
<td>8:3</td>
<td>Marital status of sample compared with marital status of non respondents</td>
<td>320</td>
</tr>
</tbody>
</table>
## List of Tables

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:4</td>
<td>Age of all mothers delivered in West London Hospital in 1976 compared with clinic sample</td>
<td>321</td>
</tr>
<tr>
<td>8:5</td>
<td>Religion of all mothers delivered in West London Hospital in 1976 compared with clinic sample</td>
<td>322</td>
</tr>
<tr>
<td>8:6</td>
<td>Age of clinic sample compared with age of all mothers having babies in Hammersmith in 1975</td>
<td>323</td>
</tr>
<tr>
<td>8:7</td>
<td>Country of birth of clinic sample compared with country of birth of all mothers having babies in Hammersmith in 1975</td>
<td>323</td>
</tr>
<tr>
<td>8:8</td>
<td>Age of those in clinic sample having legitimate births compared with age of all mothers having legitimate babies in Hammersmith in 1975</td>
<td>324</td>
</tr>
<tr>
<td>8:9</td>
<td>Age of those in clinic sample having illegitimate births compared with age of all mothers having illegitimate babies in Hammersmith in 1975</td>
<td>324</td>
</tr>
<tr>
<td>8:10</td>
<td>Religion of clinic sample</td>
<td>328</td>
</tr>
<tr>
<td>8:11</td>
<td>Marital status of clinic sample</td>
<td>330</td>
</tr>
<tr>
<td>8:12</td>
<td>Age of baby's mother cross tabulated with age of baby's father: clinic sample</td>
<td>331</td>
</tr>
<tr>
<td>8:13</td>
<td>Tenure of housing: clinic sample compared with population of Hammersmith, 1971</td>
<td>332</td>
</tr>
<tr>
<td>8:14</td>
<td>Country of birth of respondent and respondent's parents</td>
<td>333</td>
</tr>
<tr>
<td>8:15</td>
<td>Socio-economic status of clinic sample compared with population of Great Britain, 1976</td>
<td>335</td>
</tr>
<tr>
<td>8:16</td>
<td>Age by whether pregnancy planned</td>
<td>336</td>
</tr>
<tr>
<td>8:17</td>
<td>Age by contraceptive use</td>
<td>337</td>
</tr>
<tr>
<td>8:18</td>
<td>Age by method of contraception used</td>
<td>338</td>
</tr>
<tr>
<td>8:19</td>
<td>Age by frequency of contraceptive use</td>
<td>338</td>
</tr>
<tr>
<td>8:20</td>
<td>Age by time pregnancy confirmed</td>
<td>339</td>
</tr>
<tr>
<td>8:21</td>
<td>Age by feelings about pregnancy</td>
<td>339</td>
</tr>
<tr>
<td>8:22</td>
<td>Age by religion</td>
<td>340</td>
</tr>
<tr>
<td>8:23</td>
<td>Age by nationality</td>
<td>340</td>
</tr>
<tr>
<td>8:24</td>
<td>Age by marital status</td>
<td>342</td>
</tr>
<tr>
<td>8:25</td>
<td>Age by family situation</td>
<td>343</td>
</tr>
<tr>
<td>8:26</td>
<td>Age by housing tenure</td>
<td>343</td>
</tr>
<tr>
<td>8:27</td>
<td>Age by age parents separated</td>
<td>344</td>
</tr>
</tbody>
</table>
## List of Tables

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:28</td>
<td>Nationality by whether pregnancy planned</td>
<td>345</td>
</tr>
<tr>
<td>8:29</td>
<td>Nationality by use of contraceptives</td>
<td>345</td>
</tr>
<tr>
<td>8:30</td>
<td>Nationality by feelings on pregnancy</td>
<td>346</td>
</tr>
<tr>
<td>8:31</td>
<td>Nationality by age</td>
<td>346</td>
</tr>
<tr>
<td>8:32</td>
<td>Nationality by people/room ratio</td>
<td>348</td>
</tr>
<tr>
<td>8:33</td>
<td>Nationality by household tenure</td>
<td>348</td>
</tr>
<tr>
<td>8:34</td>
<td>Nationality by marital status of parents</td>
<td>349</td>
</tr>
<tr>
<td>8:35</td>
<td>Nationality by age parents separated</td>
<td>349</td>
</tr>
<tr>
<td>8:36</td>
<td>Nationality by family size</td>
<td>350</td>
</tr>
<tr>
<td>8:37</td>
<td>Class by occupation of baby's father</td>
<td>350</td>
</tr>
<tr>
<td>8:38</td>
<td>Class by whether pregnancy planned</td>
<td>351</td>
</tr>
<tr>
<td>8:39</td>
<td>Class by use of contraceptives</td>
<td>351</td>
</tr>
<tr>
<td>8:40</td>
<td>Class by age</td>
<td>352</td>
</tr>
<tr>
<td>8:41</td>
<td>Class by people/room ratio</td>
<td>353</td>
</tr>
<tr>
<td>8:42</td>
<td>Class by tenure of housing</td>
<td>354</td>
</tr>
<tr>
<td>8:43</td>
<td>Results of analysis of variance</td>
<td>357</td>
</tr>
<tr>
<td>9:1</td>
<td>Marital status: mothers of illegitimate babies</td>
<td>372</td>
</tr>
<tr>
<td>9:2</td>
<td>Age: mothers of illegitimate babies</td>
<td>372</td>
</tr>
<tr>
<td>9:3</td>
<td>Age, marital status and class of single mothers interviewed compared with all single mothers in clinic sample</td>
<td>379</td>
</tr>
<tr>
<td>9:4</td>
<td>Previous pregnancy experience</td>
<td>410</td>
</tr>
<tr>
<td>9:5</td>
<td>Contraceptive use</td>
<td>411</td>
</tr>
<tr>
<td>9:6</td>
<td>First person told of pregnancy</td>
<td>413</td>
</tr>
<tr>
<td>9:7</td>
<td>Family reaction to pregnancy</td>
<td>413</td>
</tr>
<tr>
<td>9:8</td>
<td>Consideration of abortion</td>
<td>413</td>
</tr>
<tr>
<td>9:9</td>
<td>Age</td>
<td>414</td>
</tr>
<tr>
<td>9:10</td>
<td>Nationality</td>
<td>414</td>
</tr>
<tr>
<td>9:11</td>
<td>Marital status</td>
<td>415</td>
</tr>
<tr>
<td>9:12</td>
<td>Educational qualifications</td>
<td>415</td>
</tr>
<tr>
<td>9:13</td>
<td>Whether they liked school</td>
<td>415</td>
</tr>
<tr>
<td>9:14</td>
<td>Age and nationality of baby's father</td>
<td>416</td>
</tr>
<tr>
<td>9:15</td>
<td>Occupation of baby's father</td>
<td>416</td>
</tr>
<tr>
<td>9:16</td>
<td>Time baby's father known</td>
<td>417</td>
</tr>
</tbody>
</table>
## List of Tables

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:17</td>
<td>State of relationship with boyfriend</td>
<td>417</td>
</tr>
<tr>
<td>9:18</td>
<td>First reaction to pregnancy</td>
<td>417</td>
</tr>
<tr>
<td>9:19</td>
<td>Involvement of fathers with baby</td>
<td>418</td>
</tr>
<tr>
<td>9:20</td>
<td>Marital status of parents</td>
<td>419</td>
</tr>
<tr>
<td>9:21</td>
<td>Family size</td>
<td>419</td>
</tr>
<tr>
<td>9:22</td>
<td>Socio-economic background of respondent</td>
<td>419</td>
</tr>
<tr>
<td></td>
<td><strong>Comparison of Ethnic Groups</strong></td>
<td></td>
</tr>
<tr>
<td>10:1</td>
<td>Level of illegitimacy found within different ethnic groups</td>
<td>468</td>
</tr>
<tr>
<td>10:2</td>
<td>Time baby's father known</td>
<td>470</td>
</tr>
<tr>
<td>10:3</td>
<td>Age of respondent</td>
<td>470</td>
</tr>
<tr>
<td>10:4</td>
<td>Contemplation of marriage</td>
<td>471</td>
</tr>
<tr>
<td>10:5</td>
<td>Use of contraception</td>
<td>473</td>
</tr>
<tr>
<td>10:6</td>
<td>Type and frequency of use of contraception</td>
<td>473</td>
</tr>
<tr>
<td>10:7</td>
<td>Time contraception used and experience of side effects</td>
<td>474</td>
</tr>
<tr>
<td>10:8</td>
<td>Consideration of abortion</td>
<td>475</td>
</tr>
<tr>
<td>10:9</td>
<td>The decision making process of abortion</td>
<td>476</td>
</tr>
<tr>
<td>10:10</td>
<td>Expectation of returning to work</td>
<td>480</td>
</tr>
<tr>
<td>10:11</td>
<td>Type of illegitimacy</td>
<td>506</td>
</tr>
<tr>
<td>10:12</td>
<td>Class differences between 'mistakes' and 'planners' in English group</td>
<td>506</td>
</tr>
</tbody>
</table>
### List of Diagrams

<table>
<thead>
<tr>
<th>Figure</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:1</td>
<td>Illegitimate live births and rates 1850 - 1975: England and Wales</td>
<td>11</td>
</tr>
<tr>
<td>2:2</td>
<td>Percentage of first marriages with pre-maritally conceived live births: England and Wales</td>
<td>18</td>
</tr>
<tr>
<td>2:3</td>
<td>Births conceived extra Maritally and legitimated by marriage</td>
<td>21</td>
</tr>
<tr>
<td>2:4</td>
<td>Births, deaths and natural increase in England and Wales</td>
<td>35</td>
</tr>
<tr>
<td>2:5</td>
<td>Births, deaths and natural increase in England and Wales</td>
<td>36</td>
</tr>
<tr>
<td>2:6</td>
<td>Total number of live births in the Republic of Ireland and proportion of total births illegitimate</td>
<td>44</td>
</tr>
<tr>
<td>2:7</td>
<td>Total number of live births in Jamaica and proportion of total births illegitimate</td>
<td>59</td>
</tr>
<tr>
<td>3:1</td>
<td>Diagram to show relationships of various psychoanalytic theories</td>
<td>97</td>
</tr>
<tr>
<td>3:2</td>
<td>Diagram to show summary of psychological explanations</td>
<td>128</td>
</tr>
<tr>
<td>3:3</td>
<td>Diagram to show summary of illegitimacy as related to normal sexual practices</td>
<td>130</td>
</tr>
<tr>
<td>4:1</td>
<td>Diagram to show explanations for illegitimacy deriving from cultural absolutism</td>
<td>205</td>
</tr>
<tr>
<td>4:2</td>
<td>Diagram to show cultural relationism as explanation for illegitimacy</td>
<td>206</td>
</tr>
<tr>
<td>4:3</td>
<td>Diagram to show cultural relativism as explanation for illegitimacy</td>
<td>207</td>
</tr>
<tr>
<td>5:1</td>
<td>Becoming an unwed mother</td>
<td>209</td>
</tr>
<tr>
<td>5:2</td>
<td>Inter and intra cultural factors related to various illegitimacy levels</td>
<td>253</td>
</tr>
<tr>
<td>5:3</td>
<td>Diagram to show concatenated theory</td>
<td>257</td>
</tr>
<tr>
<td>6:1</td>
<td>Diagram to show various reproductive processes and comparative groups as related to various pregnancy outcomes</td>
<td>270</td>
</tr>
<tr>
<td>8:1</td>
<td>Run map of first A.I.D. program</td>
<td>364</td>
</tr>
<tr>
<td>8:2</td>
<td>Run map of second A.I.D. program</td>
<td>368</td>
</tr>
<tr>
<td>9:1</td>
<td>Diagram to show proportion of different types of illegitimacy in the sample</td>
<td>420</td>
</tr>
<tr>
<td>9:2</td>
<td>Summary of characteristics of different types of illegitimacy</td>
<td>465</td>
</tr>
<tr>
<td>10:1</td>
<td>Chart to show differing processes of becoming the mother of an illegitimate baby</td>
<td>505</td>
</tr>
</tbody>
</table>
Chapter 1

Illegitimacy - Defining the Concept and Measuring its Incidence.

The dictionary definition of illegitimacy is based on the legal concept relating to what is not authorised by law and in the case of children relates to those not born in lawful (i.e. legal) wedlock. This includes those children born of divorced, widowed and married women who are not married to the father of their child, as well as single women. English illegitimacy figures contain all these categories although other countries may include only the single and in a few cases the concept of illegitimacy may have been abolished altogether as in Sweden or Jamaica. Illegitimacy has been operationalised, for the purposes of this thesis, as in the above legal definition but this does not, of course, imply that the social definitions are the same.

The English legal definition of illegitimacy and the legal disabilities relating to it have been changed in different historical periods. Like most systems of English jurisprudence, however, the concept of legitimacy has been based on the legal relationship between the child's parents. At common law (later accepted into domestic law) a child is legitimate if its parents are married at the time of its birth. (Coke on Littleton 1628). If the child was conceived before marriage, it is accepted that by marrying the mother the husband acknowledges paternity, provided he knows about the pregnancy. Legitimacy has in any case a wide scope for presumption and a heavy burden of rebuttal so that, for example, if a child were
conceived before marriage which terminated in the death of the husband before the birth, the child would be presumed legitimate.

Feudal doctrine insisted that inheritance of land was only possible to the children of legally married parents. It was only in respect of legitimate children that legal rights and duties attached to parents. As filluis nulluis (nobody's children) illegitimate children were totally excluded from any rights and duties enjoyed by legitimate children until the Poor Law began to impose a duty on the parents to maintain them. Other incapacities also attached to the illegitimate child. Holy orders could not be taken, nor could any dignity in the Church be held. Until 1833 legitimation by subsequent marriage of the parents was not accepted except in one or two cases. Legitimation by Act of Parliament was possible although very rare - the most outstanding example being the legitimation of the illegitimate children of John of Gaunt by a statute of Richard II. This denial of legal recognition was counterbalanced by a social tolerance of illegitimacy in mediaeval society, particularly by the lower classes where problems relating to inheritance of property did not occur.

Legitimation by subsequent marriage of the parents was recognised by Common Law but was not introduced into domestic law until the Legitimacy Act of 1926. This was not possible for the children of an adulterous union who could not subsequently be legitimated. A child legitimated by subsequent marriage is, from the date of his legitimation, in the same legal position as if he had been born legitimate. Under the provisions of this act, however, a legitimated child was not able to succeed to a title of dignity or honour, but was able to share in a division of the parents' goods.
The Legitimation Act of 1959 repealed the part of the 1926 Act which made the legitimation of children of adulterous unions impossible. A section of the Matrimonial Causes Act of 1965 provides for the legitimacy of the children of all voidable marriages – where for instance one partner is a bigamist. As a result of the Family Law Reform Act of 1969 many of the disabilities regarding the inheritance of property have been removed.

Over the years the legal concept of illegitimacy has changed and widened. There are now many possibilities for the illegitimate child to become legitimated and the disabilities that an illegitimate child may suffer are fewer. Differences do, however, exist. There is no legal distinction between a person born illegitimate and another person except in respect of the rights and obligations relating to the parental relationship. There is no bar to an illegitimate person in any kind of job and it is no impediment to any position in the Church.

In contrast to a legitimate child the illegitimate child has no surname by inheritance, but may acquire one by reputation. The name of the father is not put on the birth certificate unless he so desires it and signs the form with the mother or makes a statutory declaration that he is, in fact, the father. The father of the illegitimate child is not, however, generally recognised by the law of England for civil purposes. The mother is bound to maintain her illegitimate child until it reaches the age of sixteen, an obligation which involves a right to the child's custody. The personal representatives of the mother are not bound to provide for the child on the death of the mother unless the mother has adopted her child and he/she
has thus become part of the mother's family. Affiliation proceedings can, however, be taken up against the father by the mother, Local Authority or the Supplementary Benefits Commission. If a successful order is made the father then becomes responsible for the child up to the age of 16. In the absence of an affiliation order the father is under no obligation to provide for the child.

The illegitimate child is now able to succeed on the intestacy of either of the parents. (and they on the child if they survive the child). Children of the illegitimate child are also able to inherit through him. Any reference to 'the children' of certain parents in a will must refer to both legitimate and illegitimate children who now have an equal claim on the parents' estate. There are still differences, however, in that an illegitimate child cannot inherit a title or any land connected with it, nor has he the right to inherit from any relative other than the parent. Although not yet of comparable status to a legitimate child the legal status of the illegitimate child has improved. Social penalties, nevertheless, do still exist both for the mother and child which can be shown by the disadvantages which the illegitimate child has both at birth and thereafter if kept by his mother. (Crellin, Pringle and West) The status of the illegitimate child is therefore determined by the marital status of his parents and is essentially a legal concept defined in terms of what is the legitimate, or socially approved situation in which to bear and rear children.

Measuring the Phenomenon.

To compare levels of illegitimacy in various countries some way of measuring the phenomenon must be formulated. Demographic measurement is
usually done by absolute numbers, the illegitimacy ratio, and the illegitimacy rate.

The absolute number of illegitimate births (from which the ratio and rate are calculated) is usually obtained from a registration system designed by the national government. Not all governments, however, collect this data, as thirty three countries reported to the U.N. in 1967 that they did not have this information. (This was in response to a request for information from the U.N. for a special 'Study of Discrimination Against Persons Born Out of Wedlock'). These included India, Pakistan, U.S.S.R. and mainland China. Variations also exist between countries both in the comprehensiveness of registration and the amount of concealment of illegitimate births taking place. Variations in the definition of illegitimacy are also to be found, particularly with regard to once married women. In many countries the child of a once married woman is presumed legitimate and only the children of never married women are considered illegitimate. As far as demographic comparison of illegitimacy is concerned absolute numbers are not very useful. It is, however, useful for those wanting to know the extent of illegitimacy if they consider it to be a social problem.

The ratio is the most frequently used measure of illegitimacy and is an indicator of the percentage of births that are illegitimate. It shows the extent to which illegitimacy maintains its relative importance as fertility increases or decreases. For cross cultural comparison it is independent of different fertility and marriage levels. The disadvantage is that it depends on legitimate fertility which is itself dependent on a variety of variables. A change in the variables
affecting the legitimate birth rate will change the illegitimacy ratio without there being a change in the absolute numbers of illegitimate births. This can give a misleading picture of illegitimacy levels.

The illegitimacy fertility rate (i.e. the number of births per thousand unmarried women between the ages 15-44) is a measure of the extent to which the population 'at risk' of an illegitimate birth (unmarried women of child bearing age) is likely to produce illegitimate children. The advantage of this measure is that it relates illegitimate births to the potential mothers of illegitimate children. It is particularly useful where the proportion of unmarried women in a country varies over time and shows the extent to which the unmarried category maintains or changes its reproductive behaviour. The disadvantage is that many countries do not have the information available about unmarried women. It is also important that 'unmarried' includes widowed and divorced women, otherwise in societies where there are large numbers of widowed and divorced the illegitimacy rate is likely to be misleading as all potential mothers of illegitimate children will not have been included.

As the ratio and rate have different denominators, they may, and sometimes do, vary independently with one another. Foster Hartley (p7 & 8) found, however, that for forty four countries with the information, ratios and rates correlated very highly. Apart from three of four deviant cases (which did not differ widely) the ratio can be used as a realistic measure of illegitimacy both in the relationship of illegitimate to legitimate births and in the potential of single women to have illegitimate children. (A full exposition of Hartley's work is at the end of Chapter 4).
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Sources: Computations from the number of births by legitimacy and total births, numbers of unmarried women aged 15–44, that is, those single, widowed, and divorced (and separated, when numbers available) from U.N. Demographic Yearbook (1959, 1960, 1961, 1964).
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¹Data are of unknown reliability.
²Refers to data from less than the entire country.

From 'Illegitimacy' Foster Hartley
As it can be seen the level of illegitimacy varies from 0.0% in Egypt and Syria to 74.1% in Jamaica. Those countries with the highest ratios, ranging from 41% - 74% are the Central American and Caribbean nations. Following these, ranging from 17% - 53% are the South American countries. The European ratios range from 15% - 1% and the lowest ratios from 0.0% - 0.9% are in Japan, Israel and the Moslem countries of Africa and the Middle East. Foster Hartley has compared the ratios for these countries over a period of time and found that they do not vary at random. The tables of figures on p. 7 & 8 are therefore a good indication of the long standing differences in the level of illegitimacy in different societies. Three societies with widely differing illegitimacy rates and ratios will now be examined.
Illegitimacy in Three Contrasting Societies - Demographic Variables and Relevant Family Background.

Before reviewing the main theories that attempt to explain illegitimacy, the demographic features and family backgrounds of illegitimacy levels in three contrasting societies will be described. The three societies are Ireland, which has a very low level of illegitimacy; Jamaica, which has one of the highest illegitimacy levels in the world and England which has a level somewhere between these two extremes. By comparing these three differing societies, the family life styles that surround these differing illegitimacy levels can be contrasted and the interaction between family norms and values and illegitimacy levels can be shown. That is not to say that certain types of family structure cause certain illegitimacy levels for, as it will be seen, the two interact in a reflexive way.

England and Wales.

Of the three countries chosen England and Wales has the best demographic data relating to both illegitimacy and the family. Figures on illegitimacy are available from 1850 onwards and the following two diagrams illustrate the way in which the number of illegitimate births and the illegitimacy ratio has changed since that time. (see p 11)
Illegitimate live births, 1850-1975, England and Wales

Illegitimacy rates, 1850-1975, England and Wales

From 'Population Trends' No 9 Autumn 1977
As it can be seen the long run historical trends show a decline in both the number of illegitimate births and the illegitimacy ratio from 40.3/ thousand and nearly 7% in 1850 to 36.8/ thousand and 4% in 1900. Apart from two steep upward movements during the two World Wars, the ratio remained relatively stable with a slight upward movement from 1900 to around 1960. Thereafter the number of illegitimate births and the ratio increased sharply, the former reaching a peak of 70,000 in 1967 and 1968 with a subsequent small decline. There was a peak in 1964 of legitimate births since when the number of legitimate births has decreased more rapidly than illegitimate births. The increased illegitimacy ratio to 9% in 1976 can therefore be partly explained by the steep decline in legitimate births so that illegitimate births make up an increasing proportion of total births, even although in absolute numbers they too are declining.

Age is an important variable in illegitimacy figures but the nature of its importance depends on which indicator is used, different things emerging depending on whether the ratio or rate is used. The table on p.13 gives, for selected years, the number of illegitimate births and their distribution by age of mother. As can be seen the age distribution of women having illegitimate births has shifted away from older ages. In 1951 nearly one third of illegitimate births were to woman aged 30 and over, but by 1976 the corresponding figure had declined to 14%. This decline has been compensated by an increase in the proportion of illegitimate births to teenagers, the proportion rising from 15% in 1951 to 37% in 1976. To some extent these differences reflect an overall decreasing fertility at older ages rather than an increase in fertility at younger ages. Between 1951 and 1976 the number of legitimate births
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*Table 2.1: Illegitimate live births by age of mother: England and Wales.*
to women aged 30 and over halved as more women decided not to have large families. Easier divorce and increased possibility of remarriage has also decreased the probability of illegitimacy within this age group. There has, however, also been a modest increase in births to teenagers, the majority of which are illegitimate. Both these factors are therefore important in explaining the age changes described.

When the illegitimacy rate is considered, however, the highest rates are not found in the group which produces the largest proportion of illegitimate births but in the 25 - 29 age group. In other words, although the largest proportion of illegitimate births are to those in the younger age groups, a single woman in the 25 - 29 age group has a higher probability of giving birth to an illegitimate child. There are some problems with calculating these rates, however, as they do not usually include those mothers who may be married, but not to their child's father. The following tables on p15 & 16 show the result of an exercise in which a sample of illegitimate births occurring during 1961 were matched, where possible, to the marital status of the woman as stated in the 1961 Census of Population. A similar analysis was carried out in 1971. Traditionally the population at risk has been taken as the total of single, widowed and divorced women derived from census figures of women in these categories. The findings show, however, that some mothers of illegitimate children are married (though not to the father of the child) or, alternatively, claim to be married in their census returns. If the age specific illegitimacy rates are recalculated excluding the illegitimate births to women claiming to be married and compared with the rates for all illegitimate births
Distribution by marital status as stated in the Census of Population of women having illegitimate births around Census time, 1961 and 1971, England and Wales. Percentages

<table>
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<th>Age of mother (years)</th>
<th>Under 20</th>
<th>20-24</th>
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<th>All ages</th>
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(Sample size) (206) (127) (208) (120) (389) (94) (875) (341)

From 'Population Trends' No. 7 1977.

Table 2:2
Illegitimacy rates per 1,000 single, widowed or divorced women.

England and Wales

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<th>1976 Corrected illegitimate births</th>
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Table 2:3
it can be seen that the correction to the rates for the younger ages are relatively small but for the older ages are large. The highest rate using the corrected figures was in the 25 - 29 age group in 1964 but was in the 20 - 24 age group in 1976. At all ages, with the exception of those aged 15 - 19, however, the probability of a woman having an illegitimate birth was lower in 1976 than in 1964.

The proportion of illegitimately pregnant women who avoid having an illegitimate baby by getting married before the birth is an important factor in the final illegitimacy figures. From the mid-1950's the proportion of brides who were pregnant on their wedding day increased until by 1967 22% of all spinster brides, but 38% of those aged under 20, had a birth that was premaritally conceived. As the diagram on p.18 shows, however, since 1967 there has been a sustained reduction in the number and proportion of brides pregnant at marriage and in 1973 only 16% had a birth that was premaritally conceived, the lowest percentage since 1955 (15%). The decline in the number of premaritally conceived births has been particularly marked for brides aged 18 - 22. This reduction may be associated with the Family Law Reform Act in that it facilitated earlier marriage. At the same time, however, there were changes in abortion provision and contraceptive services so that it is difficult to quantify the relative importance of each of these factors. Although there was an overall decline in premaritally conceived live births there were considerable differences between the classes as shown by the table on p.19. About three quarters of all premaritally conceived births occur to women with husbands in manual occupations. In the non manual social classes premaritally conceived first births are a relatively small
Percentage of first marriages with pre-maritally conceived live birth in England and Wales: Age of wife at marriage.
Pre-maritally conceived legitimate first live births to women married once only, by social class of husband

### England and Wales

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<td></td>
<td>26</td>
<td>15</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>1970</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>1970</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>1970</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37</td>
</tr>
</tbody>
</table>


Table 2:4
percentage of all first births. This partially reflects the younger ages of women having premaritally conceived births and the older age distribution of women with husbands in the higher social classes. The drop in premaritally conceived births has, however, been greater for those in the non manual (where the percentages have almost halved) than in the manual classes (where the drop was around a quarter) between 1970 and 1975. In fact, about half the overall fall in legitimate first births to Social Class III IV and V was accounted for by declines in births conceived outside but born inside marriage.

Part of the reason for the fall in the proportion of premaritally conceived births is that fewer of such births are being legitimated by marriage, as shown by the diagram on P. In other words, although the decreasing proportion of premaritally conceived births can be explained by more use of contraception and abortion, of those who became pregnant and carry to term, a smaller proportion are deciding to legitimize the births by marrying before the birth of the baby.

There has been a particularly steep decrease in the extent to which marriage legitimates the birth since 1970. Illsley and Gill showed that the steep increase in illegitimacy during the two world wars could be accounted for by the decreased possibility of marriage following conception. They found very little change in the pre marital conception rate, but because of the war, fewer women were marrying before the birth of the baby, thus increasing the illegitimacy level. The fall in recent years of legitimated premarital births could be related to the greater acceptability of the unmarried mother and her child or to the higher rates of divorce.

If the number of illegitimate births are analysed according to the
Births Conceived Extra Maritally and Legitimated by Marriage.

Proportion of extra maritally conceived births legitimated by marriage

Live births conceived extra maritally as a proportion of all live births.


Figure 2:3
generation of women (i.e. by year of birth of mother) the increasing illegitimacy rates with successive generations can be shown. The diagram on p.23 shows both the average numbers of all births per woman achieved by particular ages and corresponding figures of illegitimate births only. From this table it can be seen that there was little variation in the average number of illegitimate births per woman for generations born between 1920 and 1935 (0.12 - 0.13) whereas there was a relatively large increase in the average number of legitimate births per woman in the same period from 2.0 - 2.4. The increase in the number of illegitimate births and age specific illegitimacy rates from the late 1950's to 1967 is reflected in increasing levels of illegitimacy for the generations of women born in 1940 and 1945. The averages were 0.15 illegitimate children by age 35 for the 1940 generation and 0.14 by age 30 years for the 1945 generation. The increase in illegitimacy to teenage mothers is illustrated by the average number of illegitimate children born by exact age 20. This rose from 0.01 for women born in 1920 to 0.06 for women born in 1950 and 1955. The table on p.24 shows the peak age at which women have had illegitimate births. The peak age for illegitimate births was 23 for women born in 1940 compared with 20 for women born in 1945 and 19 for women born in 1950. For more recent generations since 1950 the modal age has centred more firmly around 18. In general, however, the rates for each age have declined over the last few years.

Illegitimacy in England and Wales is strongly related to urbanisation. (correlation r = +0.98) In all areas the illegitimacy ratio is higher in urban areas than rural areas. Illsley and Gill account for the 1959 rise in the Scottish illegitimacy ratio as being due almost entirely to urban influences. The process by which urban
Average number of all births and of illegitimate births achieved by exact ages, for selected generations.  

<table>
<thead>
<tr>
<th>Year of birth of women</th>
<th>Exact age</th>
<th>20</th>
<th>25</th>
<th>30</th>
<th>35</th>
<th>40</th>
<th>45</th>
</tr>
</thead>
<tbody>
<tr>
<td>1920 All births</td>
<td></td>
<td>0.08</td>
<td>0.57</td>
<td>1.27</td>
<td>1.70</td>
<td>1.93</td>
<td>2.00</td>
</tr>
<tr>
<td>Illeg. births</td>
<td></td>
<td>0.01</td>
<td>0.05</td>
<td>0.09</td>
<td>0.11</td>
<td>0.12</td>
<td>0.13</td>
</tr>
<tr>
<td>Contribution of Illeg. births (percent)</td>
<td></td>
<td>16.4</td>
<td>9.3</td>
<td>7.2</td>
<td>6.5</td>
<td>6.3</td>
<td>6.3</td>
</tr>
<tr>
<td>1925 All births</td>
<td></td>
<td>0.08</td>
<td>0.70</td>
<td>1.37</td>
<td>1.82</td>
<td>2.06</td>
<td>2.12</td>
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<tr>
<td>Illeg. births</td>
<td></td>
<td>0.02</td>
<td>0.07</td>
<td>0.09</td>
<td>0.11</td>
<td>0.12</td>
<td>0.12</td>
</tr>
<tr>
<td>Contribution of Illeg. births (percent)</td>
<td></td>
<td>26.9</td>
<td>9.6</td>
<td>6.6</td>
<td>5.8</td>
<td>5.8</td>
<td>5.8</td>
</tr>
<tr>
<td>1930 All births</td>
<td></td>
<td>0.10</td>
<td>0.76</td>
<td>1.55</td>
<td>2.08</td>
<td>2.30</td>
<td>2.34</td>
</tr>
<tr>
<td>Illeg. births</td>
<td></td>
<td>0.02</td>
<td>0.05</td>
<td>0.08</td>
<td>0.10</td>
<td>0.11</td>
<td>0.12</td>
</tr>
<tr>
<td>Contribution of Illeg. births (percent)</td>
<td></td>
<td>17.8</td>
<td>6.8</td>
<td>5.0</td>
<td>4.8</td>
<td>4.9</td>
<td>5.0</td>
</tr>
<tr>
<td>1935 All births</td>
<td></td>
<td>0.11</td>
<td>0.87</td>
<td>1.78</td>
<td>2.24</td>
<td>2.39</td>
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<tr>
<td>Illeg. births</td>
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<td>0.02</td>
<td>0.06</td>
<td>0.09</td>
<td>0.12</td>
<td>0.13</td>
<td></td>
</tr>
<tr>
<td>Contribution of Illeg. births (percent)</td>
<td></td>
<td>16.9</td>
<td>6.5</td>
<td>5.2</td>
<td>5.2</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>1940 All births</td>
<td></td>
<td>0.16</td>
<td>1.05</td>
<td>1.90</td>
<td>2.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illeg. births</td>
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<td>0.03</td>
<td>0.08</td>
<td>0.13</td>
<td>0.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution of Illeg. births (percent)</td>
<td></td>
<td>15.9</td>
<td>7.9</td>
<td>6.6</td>
<td>6.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1945 All births</td>
<td></td>
<td>0.22</td>
<td>1.06</td>
<td>1.78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illeg. births</td>
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<td>0.04</td>
<td>0.11</td>
<td>0.14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution of Illeg. births (percent)</td>
<td></td>
<td>20.2</td>
<td>10.3</td>
<td>8.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1950 All births</td>
<td></td>
<td>0.23</td>
<td>0.92</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illeg. births</td>
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<td>0.06</td>
<td>0.12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution of Illeg. births (percent)</td>
<td></td>
<td>26.00</td>
<td>12.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1955 All births</td>
<td></td>
<td>0.22</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Illeg. births</td>
<td></td>
<td>0.06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution of Illeg. births (percent)</td>
<td></td>
<td>28.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Table 2:5
Illegitimate fertility rates per 1,000 women.

<table>
<thead>
<tr>
<th>Year of birth</th>
<th>Age (completed years)</th>
<th>England and Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>1940</td>
<td>0.7</td>
<td>2.2</td>
</tr>
<tr>
<td>1945</td>
<td>1.8</td>
<td>4.9</td>
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<tr>
<td>1950</td>
<td>2.8</td>
<td>7.3</td>
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<tr>
<td>1951</td>
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<td>8.1</td>
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<tr>
<td>1952</td>
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<td>8.8</td>
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<tr>
<td>1953</td>
<td>3.4</td>
<td>8.8</td>
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<tr>
<td>1954</td>
<td>3.8</td>
<td>8.8</td>
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<td>1955</td>
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<td>9.3</td>
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<td>1956</td>
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<td>10.0</td>
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<td>9.5</td>
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<td>1958</td>
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<td>1959</td>
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<td>1960</td>
<td>3.5</td>
<td>7.8</td>
</tr>
<tr>
<td>1961*</td>
<td>3.1</td>
<td></td>
</tr>
</tbody>
</table>

* Provisional

From 'Population Trends No. 9, Autumn 1977.'

Table 2:6
influences give rise to higher illegitimacy ratios is discussed in a future chapter, but as Foster-Hartley shows, this is not a world wide phenomenon. Urbanisation on its own does not predict high illegitimacy ratios.

The Family Background.

Marriage

Variations in marriage relate to illegitimacy in terms of the proportion 'at risk'. Changes in the trends of marriage will lead to changes in the proportion 'at risk' and thus to changes in the illegitimacy rate. Before the second world war marriage in England and Wales was characterised by a relatively late age pattern and a high proportion of people remaining unmarried. Subsequently there has been a change towards an earlier age pattern and a higher proportion of persons marrying as shown by the table on p. 26. In 1931, for example, only 26% of females aged 20 - 24 had ever married, but this percentage rose to reach 59% by 1961 and fell only slightly to 58% by 1974. In 1931 17% of females remained unmarried at ages 45 - 49 by 1974 this had fallen to 7%. Most women could therefore expect to get married by the end of their childbearing years. The average age of spinsters marrying has fallen from 25.5 years in 1931 to 22.7 years in 1974. Broadly similar trends towards younger marriage have been observed for males although the decrease has been less dramatic and the proportion remaining unmarried at ages 45 - 49 has shown only minor changes. One of the main demographic changes related to these trends is the change from a surplus of females in 1931 to a surplus of males of marriageable age from 1951 onwards.
Percentage of males and females ever married at selected ages

England and Wales

<table>
<thead>
<tr>
<th>Year</th>
<th>Males aged</th>
<th></th>
<th>Females aged</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20-24</td>
<td>45-49</td>
<td>20-24</td>
<td>45-49</td>
</tr>
<tr>
<td>1931</td>
<td>14</td>
<td>89</td>
<td>26</td>
<td>83</td>
</tr>
<tr>
<td>1939</td>
<td>17</td>
<td>90</td>
<td>34</td>
<td>84</td>
</tr>
<tr>
<td>1951</td>
<td>24</td>
<td>90</td>
<td>48</td>
<td>85</td>
</tr>
<tr>
<td>1961</td>
<td>31</td>
<td>91</td>
<td>59</td>
<td>90</td>
</tr>
<tr>
<td>1971</td>
<td>37</td>
<td>90</td>
<td>59</td>
<td>92</td>
</tr>
<tr>
<td>1974</td>
<td>35</td>
<td>90</td>
<td>58</td>
<td>93</td>
</tr>
</tbody>
</table>

From Population Trends 3, Spring 1976

Table 2:7
This change in the proportion of males may have given rise to the
greater decline for females than for males in the average age at
marriage, in addition to giving rise to pressures for a higher
proportion of females to marry. This is not the only factor, however,
related to these trends as other factors such as increased prosperity
and different attitudes towards marriage and family building are also
important.

The overall marriage rates mask different trends in first marriages
and remarriages. Weddings where both partners were marrying for the
first time accounted for 84% of all weddings in 1965 but for 79% and
71% in 1971 and 1974 respectively. From 1965 to 1970 the steady increase
in the number of first marriages could be accounted for as those born
during 'the baby boom' reached marriageable age. Since then there has
been a reduced number of marriages at most ages, but in particular
for those in the 20 - 24 age group which generally records the highest
numbers. This could be explained by the Family Law Reform Act which
lowered the age of majority from 21 to 18. There was an increase in
the number and rate of marriages under age 20 with an increase in
marriages where both partners were teenagers. Clearly, many couples
who might otherwise have waited until age 21 brought forward their
weddings when aged 18 – 20. In 1968/69 age 21 was the peak age at
marriage for spinsters but after 1970 this was replaced in popularity
by ages 19 and 20.

There are also differences between the classes in age at marriage
as shown by the table on p.28. As it can be seen those in the middle
classes are much less likely to marry before the age of 20 than those
### Socio-economic Status and Age of Women at Marriage

England and Wales 1961

<table>
<thead>
<tr>
<th>Socio-economic Status</th>
<th>All wives</th>
<th>Brides less than 20 years old</th>
<th>Brides aged 20 - 24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Upper Middle Class</td>
<td>16.8</td>
<td>8.6</td>
<td>51.7</td>
</tr>
<tr>
<td>Lower Middle Class</td>
<td>22.1</td>
<td>11.1</td>
<td>50.6</td>
</tr>
<tr>
<td>Upper Working Class</td>
<td>35.5</td>
<td>18.6</td>
<td>54.8</td>
</tr>
<tr>
<td>Lower Working Class</td>
<td>25.6</td>
<td>19.3</td>
<td>50.3</td>
</tr>
</tbody>
</table>

Source - 1961 Census of England and Wales.

Table 2:8
in the working class. The proportional increase in young working
class women getting married in the period 1959-1961 was much greater
than the proportional increase in young middle class women getting
married. Amongst those marrying in 1959/61 less than one in seven
middle class brides was under 20 compared with one in three working
class. Unfortunately, since 1961 there have been no similar analyses
of socio-economic status and age at marriage.

The examination of marriage trends in birth cohorts reflects the
changes already discussed, as can be seen in the diagram on p. 30.
The figures show that the proportion of women married by the time
they reached 19 was slightly smaller for the 1956 generation (18.5%)
than for the two preceding generations (19.4%, in both cases). The 1954
birth generation who reached marriageable age after the passing of
the Family Law Reform Act 1970 showed the highest proportion (19.4%)
mariaged by the age of 19, but subsequently showed a slower rate of
marriage between the ages of 19 and 21 than the immediately preceding
generations. The immediate effect of the Act was to produce increased
marriage rates at under age 20 although this was mainly a bringing
forward of marriage because there have not been commensurate changes
in the proportions married by ages 21 or over. The decline in marriage
rates in 1974 led to lower proportions ever married for most generations
shown in the table p. 30 compared with the preceding generation at the
same age. Whether this foreshadows a significant trend towards later
marriage or whether it is a response to economic restraint remains to
be seen.

Divorce.
A long term upward trend in divorce has been a feature ever since civil
divorce first became available in 1857. Many of the features of divorce
Proportion (per 1000) of women who were ever married* before attaining selected ages England and Wales

<table>
<thead>
<tr>
<th>Birth Generation</th>
<th>Age (exact years)**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17</td>
</tr>
<tr>
<td>1950</td>
<td>18</td>
</tr>
<tr>
<td>1951</td>
<td>19</td>
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<tr>
<td>1952</td>
<td>22</td>
</tr>
<tr>
<td>1953</td>
<td>21</td>
</tr>
<tr>
<td>1954**</td>
<td>23</td>
</tr>
<tr>
<td>1955</td>
<td>25</td>
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<td>1956</td>
<td>25</td>
</tr>
<tr>
<td>1957</td>
<td>23</td>
</tr>
<tr>
<td>1958</td>
<td>18</td>
</tr>
</tbody>
</table>

*The figures in the right hand diagonal represent marriages up to the end of the calendar year 1974; those in the next diagonal to the left represent marriages up to the end of 1973 and so on.

‡The 1950 birth generation represents a group with dates of birth ranging from 1 January 1949 to 31 December 1950, and so on.

**The figures to the right of the dotted line are affected by the reduction in 1970 of the age of majority.


Table 2:9
trends can be explained by the progressively more liberal divorce laws that were passed. Prior to the second world war the number of divorce decrees never exceeded 10,000 with the restrictive nature of the laws and high cost of the divorce procedure putting divorce out of reach of most of the population. After the second world war the number of divorces increased particularly following the 1949 divorce legislation and the Legal Aid and Advice Act which increased financial assistance to litigants. This post war surge gradually subsided but from 1961 to 1970 the upward trend continued. In 1971 when the Divorce Law Reform Act became operative a new surge was released and, although this dropped back in 1973, by 1975 the number had risen to an unprecedentedly high level of 120,000 divorces per annum. The post war rise in divorce cannot be explained by the increased number at risk (i.e. married) as the divorce rate per 1000 married women has shown increases at all ages. Although there has been an increase in the number of persons divorcing for the second time this is not disproportionate to the population at risk.

Prior to 1971 there had been a growing tendency for husbands and wives to divorce at younger ages and at shorter durations of marriage. This trend was temporarily reversed in 1971 and 1972 after the 1971 divorce laws when a backlog of broken marriages were dissolved, but in 1973 there was a return to the earlier pattern. The declining age at divorce reflects in part the trend over the 1960's to a younger age at marriage and an increased rate of divorce at shorter durations of marriage. Also 38% of divorces granted in 1973 were on petitions where the partners had been separated for five years or more or who had
consented to divorce two years after separating.

If various marriage cohorts are examined the figures (p33) shows how the substantial rise in divorce, particularly since 1971, has affected all marriage cohorts at all durations of marriage. These figures show there is a very much enhanced risk of divorce at any given duration if the bride was aged under 20 at marriage. For example, 9% of all marriages contracted in 1963 had ended in divorce by 11 years of marriage duration; but where the bride was aged under 20 years at marriage, 16% had ended in divorce at the same marriage duration, compared with only 8% where the bride was aged 20 - 24 at marriage. The higher risk of divorce for younger brides is enhanced still further if the groom is also under age 20 at marriage.

The proportion of divorcing couples who were childless fell from 33% in 1960 to 25% in 1973, but the proportion of childless couples increased with increased age at marriage. The size of families of couples divorcing also increased from an average 2.0 children per couple in 1960 to 2.3 per couple in 1973. This decrease in childlessness and increase in family size of divorcing couples are in part related to the trends in duration of marriage and age at marriage of divorcing couples. Those who married young during the 1960's tended also to have high fertility. These trends therefore reflect changes in fertility and marriage amongst the population as a whole. The recent upsurge in divorce has been associated with a sharp upturn in remarriage with people tending to remarry partners of the same marital status. There has, however, been little change in remarriage rates over the last ten years so that the increase in the number of remarriages is related to the increase in the population at risk rather than an increased propensity to remarry.
<table>
<thead>
<tr>
<th>Age of wife at marriage and marriage cohort***</th>
<th>Duration of marriage (exact years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td><strong>All ages under 45</strong></td>
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</tr>
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<td>1959</td>
<td>3</td>
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<td>1969</td>
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<td>1970</td>
<td>29</td>
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<td><strong>20 - 24</strong></td>
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</tr>
<tr>
<td>1964</td>
<td>5</td>
</tr>
<tr>
<td>1965</td>
<td>5</td>
</tr>
<tr>
<td>1966</td>
<td>6</td>
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<tr>
<td>1967</td>
<td>7</td>
</tr>
<tr>
<td>1968</td>
<td>8</td>
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<tr>
<td>1969</td>
<td>13</td>
</tr>
<tr>
<td>1970</td>
<td>16</td>
</tr>
</tbody>
</table>

* The figures in the right hand diagonal represent divorces up to the end of the calendar year 1973; those in the next diagonal to the left represent divorces up to the end of 1972 and so on.

*** The 1959 marriage cohort represents a group with dates of marriage ranging from 1 January 1958 to 31 December 1959, and so on.

** Figures to the right of the dotted lines are affected by the Divorce Law Reform Act which became operative in 1971.

From: 'Population Trends' No. 3, Spring 1976

Table 2:10
Births and Family Formation Patterns.

The last twenty years have fallen into two distinct periods, a decade of increasing followed by a decade of decreasing annual births. In the former period births rose by 3% per annum reaching a peak figure of 876,000 in 1964 when births began falling by 2% per year until 1971 and then showed a sharp annual decline of around 7% in 1972, and 1973 and 5% in 1974. By 1976 there was a 25% drop in the birth rate with deaths exceeding births by a few thousand for the first time in peacetime since central records began. During this time there has been a slow upward trend in deaths reflecting the changing age structure of the population and the increasing numbers of elderly people. These changes are shown in the diagram p.35/36. Such changes in the annual numbers of births does not say very much about the changing reproductive behaviour of women, however, as such changes may simply reflect changes in the population of the numbers of reproductive women or women 'at risk'.

Changes from year to year in the total period, however, are not distorted by differences in the age structure of women in the reproductive age range. The birth rate per thousand of women 'at risk' has followed the same fluctuations as the annual number of births reaching a peak of 2.9/1000 in 1964 and dropping to 1.9/1000 in 1974. The net reproduction rate (i.e. the average number of daughters that would be born live to a group of newly born girls if throughout their lives they were subject to the age specific fertility and mortality rates of the year for which the net reproduction rate is being calculated) also shows the same pattern every time.
Figure 2:4

Births, deaths and natural increase in England and Wales.

From 'Population Trends' No. 1 1975
Figure 2.5

Births, deaths and natural increase in England and Wales.

From 'Population Trends' No. 1 1975.
Births in any one year relate to a cross section of women who were born in different years give birth at different ages and have varying reproductive histories. The recent drop in annual births, however, has tended to occur, although to varying extents, among all groups of women, no matter what their age, previous number of live born children, length of marriage and so on. This suggests that there are factors at work which generally affect the reproductive behaviour of all women at any one time. The average number of live born children for different generations of women however, has shown more stability than the annual fertility rates. For instance, whilst the maximum completed family size for any group of women born this century was 2.4 - for women born in the 1930's whose main childbearing experience was in the high birth period of the late 1950's and early 1960's, the maximum annual fertility rate was 2.9 reached in 1964. Thus, some of the ups and downs in period fertility simply reflect the timing pattern of having children over the reproductive life span of the generations of women concerned rather than any fundamental change in completed family sizes.

Recent trends in births, in relation to changes in family formation patterns, have shown a drop in number of births to married women who have already had two or more children, and a drop in the number of first births. These changes may be interpreted respectively as a decline in the number of large families and a delay in the start of childbearing for newlyweds. The most significant feature of trends in cohort fertility has been the sharp increase in recent years in the percentage of marriages remaining childless in the early stages of marriage, as shown in the table p.38
Percentage of women who remained childless after a given number of years of marriage, for women married at ages 20 - 24 and married once only. England and Wales

<table>
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<th>Year of Marriage</th>
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<th>4</th>
<th>5</th>
<th>10</th>
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<tbody>
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<td>1951</td>
<td>73</td>
<td>52</td>
<td>39</td>
<td>32</td>
<td>26</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>1956</td>
<td>72</td>
<td>50</td>
<td>37</td>
<td>29</td>
<td>23</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>1961</td>
<td>70</td>
<td>48</td>
<td>34</td>
<td>25</td>
<td>19</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>1966</td>
<td>73</td>
<td>52</td>
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<td></td>
</tr>
<tr>
<td>1967</td>
<td>74</td>
<td>54</td>
<td>40</td>
<td>29</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1968</td>
<td>75</td>
<td>57</td>
<td>42</td>
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<td>1969</td>
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<td></td>
</tr>
<tr>
<td>1970</td>
<td>78</td>
<td>61</td>
<td>47</td>
<td></td>
<td></td>
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<td>1971</td>
<td>81</td>
<td>65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1972</td>
<td>83</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

From 'Population Trends' No. 1 1975.
Table 2:11
The general picture is one of a more rapid start of a family—
declining childlessness— for couples married in 1961 compared with
1951, and then postponement of family building for those married later,
particularly since 1966. For instance, the proportion of women married
in 1970 at ages 20–24 who were childless after three years of marriage
(47%) is virtually the same as the proportion of women married in 1961
at the same ages who were childless after two years of marriage (48%).
This is a pronounced change in the pattern of starting a family for
those marrying in 1970, amounting to an extra year of married life to
reach the point at which 50% of women had had a first child, as compared
with the more rapid family building which characterised marriages of
the early 1960's. The extent to which this delay in childbirth is
related to a change in family size will not be known for some time yet.
The figures for earlier marriage cohorts, however, point to a decline
in the proportion of families going on to have four or more children,
a marked decline in childless and one-child families and an increased
proportion of two-child families.

These overall trends in births mask important differences between
socio-economic groups. As mentioned previously, those in the
working classes were more likely to have a premaritally conceived birth
whereas the level of childlessness in the early years of marriage was
greater in the non-manual groups. There has been, however, a steep
decline in the annual numbers of first births to couples in social
classes III N, III M, IV and V suggesting that these groups also are
postponing having children. In contrast the number of first births in
social classes I and II has remained relatively stable although the
median age at which first births occur in this group has risen from
The lowest average family size, taken from the Census figures of 1971, was found to be in social class IIIN whose family size was some 10% lower than the national average. In contrast, the highest average family size was in social class V where families where 15% higher than the national average. This is shown in the following table.

Average family size for women married once only* by social class of husband and selected durations of marriage, 1971 England and Wales

<table>
<thead>
<tr>
<th>Marriage duration (approximate period of marriage)</th>
<th>Social class of husband</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All classes</td>
</tr>
<tr>
<td>10-14 completed years (1956-61) Index (all classes = 100)</td>
<td>2.24</td>
</tr>
<tr>
<td>15-19 completed years (1951-56) Index (all classes = 100)</td>
<td>2.29</td>
</tr>
</tbody>
</table>

* Married before age 45.

From 'Population Trends' No.7 1977 Table 2:12

Among women who had virtually completed childbearing (after 15 - 19 years of marriage) there was relatively little variation between the social classes in the proportion with three children (around 20%), but the proportion with four or more children showed considerable variation - from 10% - 15% for women with husbands in non-manual occupations to about 20% for social classes IIIM and IV and approaching 30% for social class V. Recent information from the General Household Survey points to declines in completed family size for each of the social classes without necessarily any significant narrowing of the fertility differentials. The survey of
1974, for example, expected completed family sizes of around 2.1 children for women married in the period 1965-69 and with husbands in manual occupations at time of interview, compared with 2.0 for husbands in non manual occupations.

Summary

From this data on the family in England and Wales it is possible to characterise the English family pattern as moving from a late to early marriage pattern with more people getting married younger. In recent years there has been a delay to the start of childbearing with a larger proportion of the population having no more than two children per family. Although more are getting married more are also getting divorced at shorter durations of marriage and are more likely to have children when they do so. With more people divorcing more are also remarrying and although the remarriage rate has not increased, remarriages are now a larger proportion of total marriages. These overall trends mask differences between the classes. The working classes are more likely than the middle classes to have a premaritally conceived birth, to marry and have children younger and to have more children, particularly those in social class V.

The illegitimacy figures in part reflect these trends. The rising illegitimacy ratio is in part explained by the sharp decline in legitimate births and the decreasing likelihood of legitimization of an illegitimate pregnancy. The increasing divorce rate can also be related to the decreasing proportion of older women having an illegitimate baby as they are now able to divorce and remarry.
The differentials in family building between the classes also relates to the illegitimacy figures in that with a younger age at marriage and more premarital conceptions a greater proportion of illegitimacy would be expected. Although this is true to some extent its influence has been greatly exaggerated. As Crellin and Pringle showed, if the mother's background is taken for purposes of classification rather than her own occupation, the differences are not nearly so great. Nevertheless, the family building characteristics of the working classes (Registrar General's classification class III M, IV and V) described reflect a reproductive pattern likely to give rise to greater rates of illegitimacy. This will be described in more detail later but can briefly be summed up as earlier sexual activity with less use of contraception and abortion and fewer pressures to marry, whereas the middle class are more likely to start sexual activity later with more use of contraception and abortion, and this also reflected in their family building characteristics.
As the diagram on p. shows, Eire has had and continues to have a very low illegitimacy ratio which has risen from only 1.83% in 1963 to 2.65% in 1970. The number of illegitimate births, however, has risen very steeply over this period from 1,157 in 1963 to 1,709 in 1970 and almost doubling in number to 2,129 in 1973. This very sharp rise in the number of illegitimate births has to some extent been masked by a much steeper rise in the number of legitimate births which has kept the illegitimacy ratio very low. The illegitimacy rate has nevertheless risen from 3.0/1000 women 'at risk' (i.e. single, widowed and divorced) to 7.3/1000 in 1973 so the probability of unmarried women having an illegitimate baby in Eire increased during that period.

The age specific illegitimacy rates show that for Eire the highest rates are in the 20 - 24 age group unlike England and Wales where the highest rates are in the next age group 25 - 29. For Eire the rates decrease considerably after age 30 whereas in England the rates do not decrease until after age 35. The rates at all ages are much higher in England than in Eire as can be seen from the following table.

<table>
<thead>
<tr>
<th>Illegitimate births per 1,000 single, widowed and divorced women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ireland</strong></td>
</tr>
<tr>
<td>1971</td>
</tr>
<tr>
<td>4.7</td>
</tr>
<tr>
<td>11.1</td>
</tr>
<tr>
<td>10.1</td>
</tr>
<tr>
<td>6.2</td>
</tr>
<tr>
<td>3.5</td>
</tr>
<tr>
<td>0.9</td>
</tr>
<tr>
<td>0.2</td>
</tr>
<tr>
<td><strong>6.3</strong></td>
</tr>
</tbody>
</table>

From. 'Vital Statistics' 1973. Table 2:13
Total Number of Live Births in the Republic of Ireland and Proportion of Total Births Illegitimate.

Total number of live births

Source: Figures supplied by Irish Embassy.

Figure 2:6
The differences in older age groups can to some extent be explained by the greater extent of divorce in England and thus the greater proportion of women 'at risk' in these age groups. For the younger age groups, however, the proportion 'at risk' in Eire is greater than in England owing to the higher age of marriage so that there must be some other explanation for the low rates in these age groups compared with similar age groups in England.

Unfortunately figures were not available on the extent to which illegitimate pregnancies were legitimated by marriage, so the extent to which low rates in the younger age groups are explained by early marriage after the pregnancy is confirmed is not known. In Eire there has been a tradition of emigration to solve the problem of unwanted pregnancy by using either abortion or adoption in England. In recent times there has been a decline in the amount of emigration (between 1961 and 1971 there was an absolute increase in the population of Eire for the first time since records began) so it is possible that fewer women now take this course of action, although abortion is still illegal in Ireland. A recent article in the Irish paper "Sunday Independent", however, described the increasing number of girls from Ireland seeking abortions in England and the steps taken to combat this. In 1970 261 women from Eire obtained abortions in England and by 1975 this had increased to 2,672, although as the article points out, this only includes those who gave addresses in Ireland. An unknown number may have concealed their place of residence by giving an accommodation address. As a result of this, Irish Catholic bishops have formed an organisation called CURA in an attempt "to stem the tide of abortions and persuade the women and girls with unwanted pregnancies to remain at home and seek assistance from (this) organisation specially designed to their particular needs".
Eire is a predominantly agricultural country with 40% of the working population engaged in agriculture although this only contributes 29% to the G.N.P. In recent times there has been a shift of population from the rural to the urban. In 1961, for example, about 45% of the population lived in towns with 1/5 of the population living in the two largest towns of Dublin and Dun Laoghaire. Like England, Eire has a similar differential between rural and urban illegitimacy ratios with the highest ratios in urban areas, the highest being in the most urban areas previously described.

The Family Background

Marriage

Prior to the 1930's Eire had one of the lowest marriage rates in Europe. Celibacy was exceedingly widespread with almost one out of every three men and one out of every four women between the ages of 55 - 64 never married. Since the 1940's the marriage rate in Eire rose faster than in other countries until, as the table on p. 47 shows, the rate is now very similar to England and Wales. Part of the higher rate can be explained by the decreasing numbers of young people emigrating and part by the increasing proportion of younger people getting married. In the 45 year period between 1926 and 1971 there was an increase of 26.4% for males and 25.6% of females married despite a fall of 2.7% in the total number of persons aged 15 years and over during that period. This was not a steady increase, however, as the increase in numbers married was considerably greater between 1966 and 1971 than in any other intercensal period. In the case of males the annual average percentage increase in numbers married amounted to 1.6%
Number of Marriages per 1,000 population in Ireland* and neighbouring countries, 1941-1960 and in each year 1964-1973

<table>
<thead>
<tr>
<th>Year</th>
<th>Ireland*</th>
<th>Northern Ireland</th>
<th>England and Wales</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>1941-1950**</td>
<td>5.6</td>
<td>7.6</td>
<td>8.6</td>
<td>8.5</td>
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<tr>
<td>1951-1960**</td>
<td>5.4</td>
<td>6.8</td>
<td>7.8</td>
<td>8.1</td>
</tr>
<tr>
<td>1964</td>
<td>5.6</td>
<td>7.3</td>
<td>7.5</td>
<td>7.7</td>
</tr>
<tr>
<td>1965</td>
<td>5.9</td>
<td>7.1</td>
<td>7.8</td>
<td>7.8</td>
</tr>
<tr>
<td>1966</td>
<td>5.8</td>
<td>7.3</td>
<td>8.0</td>
<td>8.1</td>
</tr>
<tr>
<td>1967</td>
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<td>1968</td>
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<td>7.5</td>
<td>8.4</td>
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<td>7.7</td>
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</tr>
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<td>1970</td>
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</tr>
<tr>
<td>1973</td>
<td>7.5</td>
<td>7.3</td>
<td>8.1</td>
<td>8.1</td>
</tr>
</tbody>
</table>

*Exclusive of Northern Ireland.

**Average annual number of marriages per 1,000 population for decennial periods from 1941-1960.


Table 2:14
between 1966 and 1971 compared to 0.4% between 1926 and 1966. In the case of numbers of females married, the corresponding annual average percentage increases were 1.4% between 1966 and 1971 and 0.4% between 1926 and 1966. Figures also show that very considerable reductions have occurred in the proportions single in the younger age groups—reflecting the effects of both the substantial rise in the overall marriage rate and the reduction in the average age at marriage. For males aged 25 - 34 the proportion single fell from 73.8% in 1936 to 41.3% in 1971 while for females in this age group the corresponding figures were from 54.8% to 25.7%. In the older age groups, however, there was little change in the proportion single, remaining at about 25.0% for men and women— as can be seen in the table p.49. As the table p. shows the average age of marriage has declined with more people getting married younger, although marriage under the age of 20 is comparatively rare. In 1946, for instance, the average age of marriage for males was 33.1 years with the majority getting married between 25 and 44 and there being no decline at older ages. In 1973, however, the average age at marriage was 27.2 and the majority at age 20 - 24. For females the average age at marriage was 28.0 in 1946 with the majority (4rd) marrying in the 25 - 29 age group. In 1973 the average age at marriage was reduced to 24.8 and over half got married between the ages of 20 - 24.

**Divorce.**

There is no civil divorce procedure in Eire and figures for divorce through the Catholic Church are not available, although they are probably very few.
**PERCENTAGE DISTRIBUTION OF MARRIAGES ACCORDING TO AGE OF GROOM AND AGE OF BRIDE AND AVERAGE AGE AT MARRIAGE IN 1945-16 AND IN EACH YEAR 1970 TO 1973**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Distribution according to age of groom</th>
<th>Distribution according to age of bride</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20 years</td>
<td>1.0</td>
<td>3.3</td>
<td>3.6</td>
</tr>
<tr>
<td>20 to 24 &quot;</td>
<td>14.3</td>
<td>39.4</td>
<td>39.7</td>
</tr>
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<td>25 to 29 &quot;</td>
<td>25.7</td>
<td>33.5</td>
<td>34.1</td>
</tr>
<tr>
<td>30 to 34 &quot;</td>
<td>24.2</td>
<td>12.0</td>
<td>11.4</td>
</tr>
<tr>
<td>35 to 44 &quot;</td>
<td>25.8</td>
<td>8.2</td>
<td>7.6</td>
</tr>
<tr>
<td>45 years &amp; over</td>
<td>9.0</td>
<td>3.7</td>
<td>3.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Average age</td>
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From Vital Statistics 1973
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<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65 and over</th>
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<td></td>
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<td>**</td>
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<td>15.4*</td>
<td>10.0*</td>
<td>**</td>
<td>**</td>
<td></td>
</tr>
<tr>
<td>MALES</td>
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<td>15.4*</td>
<td>10.0*</td>
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<td>**</td>
</tr>
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<td>11.6</td>
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<td>11.7</td>
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<td>71.7</td>
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<td>96.2</td>
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<td>33.5</td>
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<td>99.8</td>
<td>95.0</td>
<td>70.4</td>
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<td>30.0</td>
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</tr>
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<td>1951</td>
<td>99.9</td>
<td>94.9</td>
<td>67.4</td>
<td>40.5</td>
<td>31.0</td>
<td>28.8</td>
<td>26.6</td>
</tr>
<tr>
<td>1961</td>
<td>99.8</td>
<td>92.5</td>
<td>58.0</td>
<td>36.2</td>
<td>29.7</td>
<td>28.1</td>
<td>26.7</td>
</tr>
<tr>
<td>1966</td>
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<td>27.7</td>
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<tr>
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<td>11.7*</td>
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<tr>
<td>1841</td>
<td>**</td>
<td>**</td>
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<td>14.7*</td>
<td>11.7*</td>
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<td>39.1</td>
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<td>13.5</td>
<td>13.3</td>
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<td>77.7</td>
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<td>86.0</td>
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<td>1911</td>
<td>99.5</td>
<td>88.4</td>
<td>55.5</td>
<td>31.0</td>
<td>24.0</td>
<td>20.8</td>
<td>18.5</td>
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<tr>
<td>1926</td>
<td>99.3</td>
<td>87.0</td>
<td>52.6</td>
<td>29.5</td>
<td>23.9</td>
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<td>19.8</td>
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<tr>
<td>1936</td>
<td>99.1</td>
<td>86.4</td>
<td>54.8</td>
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<td>45.6</td>
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<td>24.7</td>
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<td>78.2</td>
<td>37.1</td>
<td>22.7</td>
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<td>25.0</td>
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<td>1966</td>
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<td>74.8</td>
<td>31.0</td>
<td>20.4</td>
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<td>25.7</td>
<td>17.5</td>
<td>18.8</td>
<td>22.0</td>
<td>25.1</td>
</tr>
</tbody>
</table>

* Age groupings for 1841 were 26-35, 36-45, 46-55 and 56 and over.
** Particulars not available.

Table 2.16
Fertility and Family Formation.

Fertility has always been and remains high reflecting to a large extent the effects of Catholic teaching in terms of the non use of contraception (which is still very difficult to obtain outside urban areas) and the active encouragement of large families. The crude birth rate has always fluctuated around the 21/22 per 1000 level even although the number of births has fluctuated from 63,246 in 1963 to a low of 61,004 in 1968 and an all time high of 67,992 in 1973. There has, however, been a slight fall in the rates per women at risk from 207.9/1000 in 1960 to 196.4/1000 in 1973. As the table on p.52 shows, the rates are well in excess of those in England and Wales. The distribution of births to mothers of different ages has also changed with more births occurring at younger ages. In 1960 only 15.2% of births were to women aged under 25 but in 1973 this had increased to 27.1%. As might be expected the average age of maternity also decreased from 31.6 in 1960 to 29.4 in 1971. Compared with England, however, Irish women are more likely to have children when they get older. In 1971 78.6% of births were to women under the age of 30 in England and Wales whereas in Eire the corresponding figure was 55.7%.

If the age specific legitimate fertility rates for Eire and England and Wales are compared, for each age group the rates are considerably higher in Eire. on p.52 In the 15 - 19 age group the Irish rate was 45% above that in England and Wales, in the 20 - 24 age group 87% greater with the excess in the Irish rate rising steadily with increasing age. When both legitimate and illegitimate births are combined, however, the fertility rates for the age groups 15 - 24 are higher for England and Wales than for Eire, but at older ages the reverse is true. on p.53
## Births per 1,000 married women in each age group.

<table>
<thead>
<tr>
<th>Age</th>
<th>Legitimate births per 1,000 married women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ireland* 1971</td>
</tr>
<tr>
<td>15 - 19</td>
<td>678.7</td>
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<tr>
<td>20 - 24</td>
<td>457.3</td>
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<td>25 - 29</td>
<td>349.0</td>
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<td>30 - 34</td>
<td>248.0</td>
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<td>35 - 39</td>
<td>160.0</td>
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<tr>
<td>40 - 44</td>
<td>58.4</td>
</tr>
<tr>
<td>45 - 49</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Total 15-49 years: 195.1 93.2

From: 'Vital Statistics' 1973. Table 2:17

## Births per 1,000 women in each age group.

<table>
<thead>
<tr>
<th>Age</th>
<th>Legitimate and illegitimate births (all women)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ireland* 1971</td>
</tr>
<tr>
<td>15 - 19</td>
<td>19.0</td>
</tr>
<tr>
<td>20 - 24</td>
<td>149.6</td>
</tr>
<tr>
<td>25 - 29</td>
<td>242.6</td>
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<tr>
<td>30 - 34</td>
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<tr>
<td>35 - 39</td>
<td>131.1</td>
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<tr>
<td>40 - 44</td>
<td>46.4</td>
</tr>
<tr>
<td>45 - 49</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Total 15-49 years: 107.3 83.6

From: 'Vital Statistics' 1973. Table 2:18
Number of births in Ireland* and birth rates per 1,000 population in Ireland and neighbouring countries, 1941 - 1960 and in each year 1962 - 1971.

<table>
<thead>
<tr>
<th>Period</th>
<th>Numbers of births (in thousands)</th>
<th>Birth rate per 1,000 population.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ireland*</td>
<td>Ireland*</td>
</tr>
<tr>
<td>1941-1950**</td>
<td>65.0</td>
<td>21.9</td>
</tr>
<tr>
<td>1951-1960**</td>
<td>61.7</td>
<td>21.2</td>
</tr>
<tr>
<td>1962</td>
<td>61.8</td>
<td>21.8</td>
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<td>1963</td>
<td>63.2</td>
<td>22.2</td>
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<td>1964</td>
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<td>1967</td>
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<td>21.1</td>
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<td>1968</td>
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<td>1969</td>
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<tr>
<td>1970</td>
<td>64.4</td>
<td>21.9</td>
</tr>
<tr>
<td>1971</td>
<td>67.6</td>
<td>22.7</td>
</tr>
</tbody>
</table>

* Exclusive of Northern Ireland.

** Average annual number of births and birth rates for decennial periods from 1941 - 1960

Table 2:19
As might be expected, when the distribution of births is examined in relation to the number of previous children a much larger proportion of Irish (34.8%) have had three or more children than the English. Thus, Irish women tend to marry later, to start having children later but go on having them longer than English women. The trend appears to be, however, towards earlier marriage and consequent childbirth at an earlier age. Whether this leads to even larger families remains to be seen, but this probably depends on increased access to contraception which in turn depends on a relaxation of the Church's attitude in these matters. Unfortunately there are no detailed statistical analyses, such as analysis of age cohorts, to examine these trends more fully.

There has also been little research on the Irish family to examine the attitudes and behaviour which underlie these demographic changes. One of the original pieces of anthropological research done in rural Ireland during the 1930's by Arensberg and Kimball, however, shows the social and economic factors relating to family life which produced some of these demographic features during that period. The research was done in a rural county in Southern Ireland where most of the families were subsistence farmers on small plots of land. At the time of the research 63% of the population lived in rural areas with over half the occupied population engaged in agriculture which produced an annual value nearly twice that of industry. Arensberg described the three cycles of changes: the daily round which makes up the work of the women (revolving around the farmhouse) the yearly round which makes up the work of the men (revolving around the farm) and the life cycle of birth, marriage, retirement and death which
encompassed them all and yet was intimately connected with the other cycles. The daily round of the women was concentrated on household tasks and various farm jobs designated as 'women's work', whereas the daily round of the men was geared to the seasonal life of the farm. Most of the farm jobs in the fields were designated as 'men's work' apart from jobs such as haymaking in which all the family would take part. In Bott's terms the relationship between man and wife was segregated but complementary, with the father and husband owner and director of the enterprise.

As far as socialization of the children was concerned there was little distinction made between boys and girls until they were seven, when they took their first communion. Until that age they remained with their mother and whereas this continued for girls until they married, for boys this signified a breaking away from the household. He began work by running errands for his father and was gradually initiated into the man's world as he grew older. Although the son might have been doing a man's work he remained a 'boy' (and was thus called) until he married and took over the farm. His social relations were mediated through his father as were his economic concerns, the son might have gone to shops and fairs but it was his father who actually handed over the money. Only when the father felt ready to retire was marriage possible for the son. Marriages were arranged through 'speakers' who arranged meetings between the two families to arrange the economic details of the farm and the 'fortune' that the bride would bring with her. Only when this had been arranged would the two young people meet to see if they were suited. If they were suited they would get married, the bride coming to live with her husband's family. If she proved to be
fertile the parents would retire and hand the farm over to the son, although they continued to live in 'the West room' in the farmhouse. As only one son was able to take over the farm the other members of the family would have to 'travel' (i.e. emigrate).

With the cycle of marriage and procreation so inextricably mixed with the farm economy and the rules relating to how the farm was handed on, the reasons for such late marriage and high celibacy can be seen. Nevertheless, the reason why such a long delayed marriage does not lead to high levels of illegitimacy remains obscure. Presumably the low level of illegitimacy arose from low levels of sexual activity which might have related to the strong influence of the Catholic church. Although Arensberg mentions that the Irish were strict Sabbatarians the influence of the Church's teaching in other areas of life was not discussed, so the extent to which it explains the low levels of illegitimacy remains a matter for speculation. Humphreys suggests, however, that the father's tendency to conceal his selection of the heir and to postpone until his old age the transfer of the farm forces the sons to remain celibate as well as subordinate. The low level of illegitimacy could thus be seen to be tied to economic factors relating to the farm.

Humphreys describes the effects of urbanization on a sample of Irish families from Dublin and shows how the fundamental form of community solidarity is radically changed in the Irish city. "Where the solidarity of the rural community is pre-eminently inter-familial and rests on intense interaction between families which is particularistic and diffuse, the structure of Dublin promotes the co-operation of specialized individuals who interact in universalistic, specific, impersonal and segmented ways. Inter-familial solidarity declines
sharply, and the most extensive relationship in the city becomes the interaction of specialized individuals." (p.253) Thus the Dublin wife, unlike her country sister, is responsible for all the exchange and service activities of the household. She carries the greater responsibility in the matter of rearing the children with the boys no longer being able to look to their father as a role model as far as work is concerned. Inevitably, the wife's authority over family affairs increases considerably and with it her relationship to her husband. Whereas the rural wife is usually subordinate to her spouse, the Dublin wife has a more equalitarian relationship. Nevertheless, the husband, as in most Western industrialised nations as the income producer, has a higher status in the community with the status of his wife being lower than in the countryside. The urban Irish wife is therefore in the ambivalent situation of having more independent authority within the family while having a lower status with the community.

In such a situation the socialisation of the children changes, with consequent changes in their life cycle. There is no farm to pass on to one son and the situation demands that both sons and daughters work prior to marriage. They thus obtain independence from their parents much earlier and are able to marry earlier without jeopardizing the family's interests. With a greater range and importance of relationships with peer groups and impersonal organizations the interfamilial solidarity of the rural areas is missing, with consequent effects on family life. The children are less dominated by their parents and become emancipated earlier from parental control.

There remains, however, a strong set of basic religious values which are as strong in the city as in the country. Urbanization has not produced a significant decline in individual devotion, in the
reception of the sacrament and in the fulfillment of religious duty. In spite of many contacts with modern secularism and his involvement with a modern industrial economy, the Dubliner has not become secularised. The Dubliner is, nevertheless, more open to rational argument and more freely critical of the Church. Humphreys thought that even although the middle classes practised family limitation, they did so by means of periodic abstinence and would not go against the Church's ruling on the use of contraception. With the increase of urbanisation a greater proportion of Irish families are probably more like the Dubliner than the farming family described by Arensberg. However, the extent to which influences specific to Irish society, such as religion, impede changes in the Irish family so that it becomes more like the English urban family, remains to be seen.

Jamaica.

Of the three countries examined, Jamaica has the most inadequate demographic data so that greater reliance must be placed on studies of the family, which, because of their limited scope, may not provide a very comprehensive picture. There is little comprehensive demographic data after 1964 so that details about present levels of illegitimacy are necessarily speculative. If the available figures are examined, however, it quickly becomes evident that this society is very different from both England and Ireland. From the diagram on p.59 it will be seen that illegitimate births as a proportion of all births was just over 70% in 1954 and rose steadily, if slightly, to 74% in 1964. Overall fertility was high with the birthrate rising (with fluctuations) from 31.9/1000 in 1949 to 39.3/1000 in 1964, although provisional data suggest that this might have declined somewhat to 31.3/1000 in 1973. The number
Total Number of Live Births in Jamaica and Proportion of Total Births Illegitimate.

Source: Registrar General - Jamaica.

Figure 2:7
of births rose dramatically from just over 52,000 in 1954 to in excess of 68,000 in 1964 and it should be noted that although such changes in the overall birth rate led to large changes in the illegitimacy ratio in Ireland and England, this did not happen in Jamaica. Little information is available about age specific illegitimacy rates although Foster Hartley obtained such figures for 1957. The highest rates were in the 20 - 24 age group, but at all ages the probability of an unmarried woman giving birth to a child was almost the same (1/6) as a married woman (1/5). In contrast to England and Ireland the marriage rates were very low rising from 4.3/1000 in 1949 to 6.2/1000 in 1957 and declining to 4.5/1000 in 1973, although this again was based on provisional figures. Like Ireland, marriage does not occur until later in life, although most people do tend to get married eventually. Unlike Ireland, however, the level of illegitimacy is very high.

Jamaica can therefore be characterised as a society in which both fertility and illegitimacy levels are high with low marriage rates, although most people get married eventually, often after childbearing has finished. Explanation for these demographic features are often sought in the unique history of the island, particularly with regard to slavery. A brief sketch of this history will therefore be made before the family system of Jamaica is described in more detail.

The Historical Background.

Jamaica is part of the West Indies, an archipelago of islands in the West Atlantic but including British Honduras, French Guiana, Suriname and Guyana in Central America. The term excludes, however, the islands of Cuba, Puerto Rico and the Dominican Republic which are felt to have
more affinity with Latin America. They differ widely amongst themselves in geography, government and culture. Haiti, Jamaica, Trinidad and Tobago, Barbados and Guyana are independent nations, and these, apart from Barbados are the most populous lands. The other areas of the West Indies are formally linked to an external power—Great Britain, France, Netherlands, United States of America and Colombia, the language and culture within the various areas reflecting these ties and their colonial history.

Although the West Indies are spoken of as a homogenous area they are very diverse, and this is intensified by the way in which economic political affairs and social structure occur in an island framework. Jamaica, although unique in this way, nevertheless shares the background of Europeanization and the colonial heritage of slavery. The initial reason for colonization by the Dutch, French and English of the West Indies was as a base for piracy. Permanent agricultural settlements followed these early raiding and trading posts and eventually, financed by government and joint stock companies, proprietors and tenants divided the land into family sized farms, cleared the jungle and raised produce for export to Europe. As the distance was so great between the West Indies and the lucrative markets of Europe, only high value commodities that repaid shipping costs could be grown. The West Indian climate was eminently suitable for growing sugar, a commodity that fetched a price sufficiently high to repay shipping costs; when this crop was grown it brought about a social as well as an agricultural revolution.

A sugar factory required a heavy investment in buildings, machinery, labour and continuous substantial supplies of raw cane. Thus sugar estates had to be much larger than earlier farms, and as few entrepreneurs
had the large amount of money necessary, they had to rely on European bankers and merchants who, it appears, took most of the profits. Slavery on a small scale had existed in the West Indies since they had been discovered, but with sugar came slavery on a much larger scale. The planters, however, had little identification with their farms. They sent their sons and daughters back to Europe, and left their farms in the care of managers as soon as they were able to do so. Slavery, therefore, tended to be harsher in the West Indies than in the United States of America because of the planter absenteeism, mercantilism and the high ratio of slaves to free men.

Arising from this situation came the social structure of present day Jamaica about which there is some debate, both of its nature and origins. The classical explanation for the present day stratification of Jamaican society is that during the period of slavery there arose a group of 'coloured' individuals of manumitted slaves and their descendants. They were distinguishable not only by their freedom but by their colour - many of them being the product of master/slave liaisons. Whites considered the free coloured to be superior to the free blacks who had a higher status than the slaves. Nevertheless, the fortunes of the coloured tended to depend on closeness to European features and white ancestors. Absence of white artisans encouraged coloureds to take up skilled occupations, but they were still subordinate and barred from many types of employment, residence and travel and were, in various other ways, severely restricted. They were also at continuous risk of re-enslavement.

This situation occurred at different times in different islands. For example between 1791 and 1863 all slaves were freed. Jamaican slaves were freed in 1834 but those in Cuba were not freed until 1895.
distinctions remained however, with the coloureds and blacks having an inferior status to whites. With the glut of beet sugar in Europe the value of the West Indies diminished and with it their importance as they were a small market for manufactured goods. Towards the end of the nineteenth century the distinction between the three groups of white, coloured and black became much fuzzier, but writers such as Clark, Henriques, Smith and Kerr examined the social structure of Jamaica and made the assumption that the stratification observed was from the initial organisation of slave society. Henriques, for instance, described Jamaica as having a 'colour class' system with upper, middle and lower classes each being bifurcated according to colour. Smith, however, described the social structure as being more complicated with three strata dependent on colour with racial type, cultural forms and position within the structure of domination also being important. Kuper states that both descriptions are too simplistic and that the social structure in Jamaica is ambiguous even to the people who live by it. There are many types of ranking methods used by different people and different ranking methods may be used by the same people in different situations. The social stratification is an important factor in relation to the work on the family in Jamaica as, it has often been hypothesized that different family types are found in the different social strata in Jamaican society. The high rate of illegitimacy found in Jamaica and the large proportion of one parent families which are centred round the mother has led to a literature which attempts to explain this phenomenon in terms of the history of slavery, which has led either to a breakdown or change in normative values. Research on the family in Jamaica has often been included as part of a wider theoretical orientation towards the black family in
general, including that of the black family in the United States of America as well as in the varying societies of the West Indies. This more general theoretical orientation will be considered in the chapter on sociological explanations of illegitimacy. The mainly descriptive information in this section will refer only to research carried out in Jamaica, although this may be derived from the more general theoretical orientation.

The Family Background.

Simey concluded that although the matrifocal type of family found in Jamaica arose from the conditions of slavery, higher economic status led to a more western type of family structure. "There can be no doubt that when a West Indian prospers he tends to marry and live a 'respectable life...." In St. Thomas, for example, "there has been an increasing tendency for upper class status to become associated with adherence to the monogamic standard" (p. 87) Henriques, writing at about the same time, estimated that only about 50% of the family groups in Jamaica were stable monogamous unions based either on legal marriage or "faithful concubinage". The families of this type came from the 'better off group' in the peasant population. Simey identified four types of family organization in the West Indies. "(a) The Christian Family, based on marriage and a patriarchal order approximating to that of Christian families in other parts of the world; (b) Faithful Concubinage, again based on a patriarchal order, possessing no legal status, but well established and enduring for at least three years; (c) The Companionate Family, in which the members live together for pleasure and convenience, and for less than three years; and (d) The Disintegrate Family, consisting of women and children only, in which men merely visit the women from time to time, no pattern of
conduct being established". (p.83) In the West Indies, on the basis of a sample of 270 family groups Simey found that 20% were "Christian families", 29% "faithful concubinage", 51% "companionate and disintegrate families". Henriques found similar proportions of those types of families in Jamaica, substituting in a less value-laden way "maternal or grandmother family" and "keeper family" for Simey's "companionate family" and "disintegrate family" respectively.

There is, therefore, a statistical dominance of the mother centred family in Jamaican society, and much of the research in Jamaica has centred on this type of family as explaining the personality types found in Jamaica as well as the high levels of illegitimacy. The type of family found in Jamaica may be different from that found in other areas of the West Indies. The following description however is derived from the work of Cohen, Clarke, Blake, Smith and Hyman and Reed which focuses on Jamaica.

As mentioned before, most of these writers focused on the matrifocal family, which, although statistically the most common, is not considered to be the ideal type of family by individuals living in Jamaica. Blake, for instance, found that although most of her respondents desired the two parent nuclear family, few of her respondents had managed to achieve it. Most of the matrifocal type of families are of three generations rather than two generations, so that most women bring up two sets of children, their own and their daughters'. Premarital intercourse begins at puberty and is accepted by the society as being normal behaviour for men and women, although girls will be subject to strict rules about going out to protect them from this as long as possible. Contraception may be known about and may be accessible, especially in the urban areas. There may, however, be various
impediments to its use, relating to the believed healthiness or otherwise of stopping the natural function of having babies.

There is some dispute about the extent to which shame or guilt is felt about having an illegitimate baby. There is no doubt that family reaction may be quite violent when the girl first announces that she is going to have an illegitimate baby and she may well be thrown out of the house for a time. Eventually, however, her mother relents and she is allowed to come home to a great reconciliation. Kerr analyses this as the way in which the 'correct' way of having children is established, while at the same time accepting the fact of illegitimacy. In this way, the ideology of the two parent nuclear family as the most desirable type of family in which to have children, is reinforced. Although there may be an initial reaction against the pregnancy, the alternative of abortion is rarely considered as this is thought to be much worse thing to do than having an illegitimate baby.

Once the baby is born the burden of support usually falls on the girl's mother, although there is the possibility of placing it with a childless relative or friend (referred to as 'stepmother') after it has been weaned. Other possibilities are that the legal wife of the baby's father might ask to bring up the child, or that the couple might marry and legitimate the child, although these alternatives are rarely used. The extent to which men allow their wives to bring along upon marriage their illegitimate children by other men is debatable, Blake, for instance, argues that men may be quite happy to do this if the child will become an economic asset, whereas Cohen considers this to be a rare occurrence. The Jamaican child, however, is likely to be brought up by a number of adults within the extended family, most of whom will probably live in the same locality.
Socialization in the Jamaican family is described as extremely depriving and restricting in some areas and equally permissive in others. Infants are fed at four hourly intervals and although temper tantrums are common, these rarely elicit a response. As children grow older they fetch food for themselves but must learn to discriminate between food meant for themselves and that meant for others. Corporal punishment is frequent, with slapping up to the age of four, after which age they are switched. Toilet training, however, is very mild and permissive with control taught by encouraging the children to imitate their parents and elder siblings. In such a context of severity and restriction there are few opportunities for the growing child to establish warm emotional ties with people outside the nuclear family. Until he or she goes to school his home is his world and the world's sole representative is his mother or mother surrogate. Friends are not made until the child is seven and the most frequent explanation for this is that if children 'mix' or play with 'strangers' they may be 'spoiled' and influenced by them.

The children are reared primarily by their mothers or mother surrogates who have complete control over them for the first ten years of their life when a change in relationships with parents or parent surrogates begins. This signifies a new phase in parental relationship and the beginning of differential socialization for boys and girls. At this time boys begin to spend more time with their fathers or grandfathers helping them do the 'masculine' jobs around the house and fields. Throughout his life through to adolescence, however, the boy is under the control of his mother and most researchers conclude that the mother is the primary source of authority and object of emotional dependence, even if the father is present. At adolescence the degree
of discipline over a boy decreases as his earnings increase, although he will be expected to contribute to the household for as long as he lives there. It is often argued that the man delays marriage for as long as possible because of the economic responsibilities he will take on if he does so. Culturally there are few advantages to marriage within such a context of economic deprivation until the man is older, so that for most men marriage is delayed, often until middle age, although most eventually marry.

Like the boys, girls are brought up exclusively by their mothers for the first ten years of life. At about the age of five they begin to learn domestic tasks and although just as reluctant as the boys to do these tasks they receive more and stricter discipline to force their compliance. Throughout their childhood girls are subject to more control and are allowed less assertiveness than boys. Although they go to school at the same age and in the same place as boys they are allowed much less freedom and have to spend more time with their mothers in and around the house. Whereas, at the age of 10 boys begin identifying with and doing things with their father or other male relative, and thus begin to have more freedom, girls must remain with their mothers. An unmarried girl must seek permission for everything she does, keeping her mother informed of all her movements. Blake describes how such a system of control is meant to keep the young female unmarried adolescent 'out of trouble' but how it rarely succeeds in so doing. Young Jamaican females are told very little about reproduction or contraception except to be warned from behaviour which could lead to trouble. Her first relationships with men are therefore likely to be fleeting and subversive and through lack of knowledge to lead to pregnancy. Her mother's initial reaction will be one of anger, but as mentioned before she is likely to
accept her daughter and illegitimate child eventually. The mother will help her daughter bring up her illegitimate child who will then become part of a three generation family. Blake also described how some women would attempt to become pregnant in order to prove their fertility and in the hopes that they would be asked by the father to marry him. While such behaviour sometimes led to a stable cohabitation which eventually resulted in marriage, sometimes led to the women being left on her own with an illegitimate child, thus decreasing her chances of marriage particularly when this happened on a number of occasions. Although for women, as well as men, marriage was the ideal there was often ambivalence in women about the advantages of marriage. Where women had some economic independence there seemed little point in getting married unless the men could provide them with more security than they had already - which, in the lower classes of Jamaica was unlikely.

The Jamaican family can, therefore, be described as showing a pattern of strict early socialization, particularly for girls, which nevertheless breaks down at about the time of early adolescence. With little knowledge of sex or contraception the initial subversive sexual encounters are therefore very likely to lead to an illegitimate baby, particularly as marriage will be difficult to enforce and the woman may, in any case, be ambivalent about embarking on such a course if she has some economic independence. Marriage comes to most Jamaicans, but not before they have had several illegitimate children. Thus early sexual experience in a context of subterfuge and ignorance with late marriage leads to high levels of illegitimacy. There are likely to be differences in the behaviour described between rural and urban, more educated and less educated and working class and middle class, but without more demographic data these cannot be easily identified,
Conclusion

Demographic variables relating to proportions of women in different age groups, age at marriage, proportion of women married and levels of divorce are clearly important in relation to the number 'at risk' of an illegitimate pregnancy. Changes in these factors related to normal reproductive behaviour are therefore important in determining the size of this 'at risk' group and thus the illegitimacy figures. Various factors in relation to the norms and values surrounding reproductive behaviour are also important, however. Both Eire and Jamaica have high fertility rates and late marriage patterns but whereas illegitimacy is low in Eire it is high in Jamaica. It can be seen how the sexual norms in the Irish family, controlled as they are by the Catholic Church and social pressures which inhibit early sexual activity, and thus predispose to illegitimacy. In Jamaica the opposite happens; the social pressures to inhibit early sexual activity are ineffective so that many more are at risk of illegitimacy, although when this occurs it is acceptable, even although the initial reaction might be one of shame. In the English case there is a mixture related to the working class and middle class family patterns. In the working class earlier marriage and increased probability of premarital pregnancy indicates that sexual activity may start early with (again) increased risk of illegitimacy if marriage does not occur. In the case of the middle class, marriage and childbearing occurs later, so that if there is any premarital sexual behaviour the use of contraception or abortion avoids an illegitimate baby. Normal reproductive behaviour is, therefore, important in terms of the extent to which the 'at risk' group changes and in terms of normal reproductive behaviour which may or may not predispose towards illegitimacy.
Chapter 3

Psychological Theories of Illegitimacy.

There are two main approaches to these types of explanation, the psychoanalytic and the psychological, although some authors do combine the two. The psychoanalytic approach is based mainly on Freudian theory and explains illegitimacy in terms of an unconscious drive or drives which are the result of warped or incomplete feminine development arising from conflicts and tensions in the family situation. The psychological approach explains illegitimacy by attempting to determine the personality factors which predispose individuals to the sexual behaviour which leads to illegitimacy. This approach is more rigorously comparative than the psychoanalytic approach and attempts to elicit the relative personality variables by comparing mothers of illegitimate babies with similar single and married, nonpregnant and pregnant women. All this research (both psychoanalytic and psychological) tends to focus on the unmarried mother rather than on mothers of illegitimate babies which may include once married women.

Psychoanalytic Theories.

Psychoanalytic theories implicitly or explicitly base their arguments on Freudian ideas of what constitutes femininity and how it develops in the growing female child. In 'The Growth of Femininity' Freud analysed the development of the feminine personality through the woman's oedipus (or electra) complex. Freud thought there were genetic differences between girls and boys, girls being less aggressive, defiant and self sufficient than boys. Girls needed to be shown more affection and were more dependent and pliant. He thought, however,
that these differences could be disregarded, as although they were
the determinants of the kind of developmental cycle a child would
have to go through to attain adult sexuality, they could not on
their own assure a particular sexual identity. The genetic differ­
ences were therefore a necessary but not a sufficient condition of
adult sexual identity. The crucial development of sexuality was
through the oedipus complex for boys and the electra complex for
girls.

Freud's observations had led him to believe that boys and
girls passed through the early phases of libidinal development
in the same manner and that both learnt in the next phallic phase
to get enjoyment from their sexual organs. As Freud states "We
are now obliged to recognise that the little girl is a little man"
(p.151 Penguin Edition 'New Introductory Lectures in Psychoanalysis.')
In time the woman has to hand over the sensitivity of the clitorus
(which she enjoys during the phallic phase) to the vagina and turn
from loving her mother to loving her father. There are thus two
stages in the feminine developmental cycle, in contrast to the one
stage of the male cycle, before mature femininity is possible.

For both boys and girls the mother is the first object of their
love, but whereas for boys this remains during the formation of his
oedipus complex for the girl her father must become her love object.
Freud discounted the 'elementary influences of the mutual attraction
between the sexes' as the process by which the turning from object
love of mother to object love of father occurred. Instead he said
that the very deep attachment the girl feels for her mother comes to
an end in hostility and anger mainly because she holds her mother responsible for the lack of penis and subsequent disadvantages this brings. There may also be hostility arising from a frustration of oral dependency needs which may be the result of the mother refusing to breastfeed or because of the arrival of a new baby. Frustration of pleasurable activity with the genitals may also give rise to hostility but this is the same for little boys who don't turn away from their mothers as a result. The crucial difference for girls is in the castration complex, for the little girl turns from her mother to her father when she becomes aware of her lack of penis and the disadvantages this brings. It is a turning point in the little girl's growth.

Once this point has been reached there are three possible outcomes; sexual inhibition or neurosis, a 'masculinity complex' or normal femininity. In the first case the woman is unable to accept the fact of her 'castration' and represses knowledge of it and with it her sexual identity. In later life she will find it impossible to be sexually responsive and may retain guilt deriving from her masturbatory activities. In the second case she may sublimate the knowledge of her castration in a desire to carry on an intellectual or other 'masculine' profession. She may find it difficult to be sexually responsive particularly if she is required to be passive also. In the normal course of events, however, envy for the penis provokes powerful impulses against attempting to obtain satisfaction against inferior clitoridal masturbation. With this abandonment a certain amount of activity is renounced and with the help of passive
instinctual impulses the girl's turning to her father is accomplished. This attachment occurs because the girl hopes to obtain from her father the penis denied to her by her mother, but adult femininity will only be brought about when the wish for a penis is replaced by the wish for a baby. For girls the oedipus situation is the result of a long and difficult development, but unlike boys they may not be asked to give up this situation. For boys the threat of castration leads to abandonment, repression and destruction of the complex with the setting up of a severe super-ego in its place. Girls remain in the oedipus situation for an indeterminate length of time and may never destroy it completely thus having a less strong and independent super-ego and more passive personality. Only when a girl finally gives birth to a baby with the penis she never had will total feminine satisfaction be attained. Then all her active impulses will be reactivated to mother the child who she will see as the person to carry through all her active desires.

Leontine Young in 'Out of Wedlock' attempted to show how unmarried mothers had a warped feminine developmental pattern arising from a conflict ridden family situation. She obtained her data from working with approximately 350 unmarried mothers and from case material, observations and contributed knowledge from a large group of social workers in both public and private agencies of a further 1000 cases. As far as can be seen the sample consisted of white Americans but like all the other characteristics of the sample this is not clearly stated.

According to Young the unmarried mother comes from a family where her own mother cannot accept her own femininity and envies and
despises her usually very passive husband. "The great majority of unmarried mothers come from homes dominated by the mother......the mother is basically a woman who has never accepted her own femininity and whose life adjustment is a constant struggle with that fact......she generally marries a passive man who cannot, or will not, oppose her domination of the family" p.41. The mother uses her child's dependence both to control the child and to express her antagonism towards her husband. The child is not, therefore, allowed to turn towards her father and thus enter the oedipal stage. The child has to remain in infantile libidinal attachment to her mother, a situation which causes considerable explicit or implicit resentment on the part of the child which may give rise to slavish devotion or intense hate towards the mother. "Most commonly they (the unmarried mothers) affirm their love and devotion and permit themselves no critical observations. Dependent to an infantile degree upon their mothers, they can scarcely afford the luxury of criticism or overt resentment" p.45. "A smaller number of them, on the other hand, express intense hate and resentment toward their mothers...These girls blame their mothers for everything, deny that they ever received anything positive from them, and will go to any lengths to oppose them" p.46. When the child becomes adolescent she tries to assert her independence and femininity and 'pay her mother back' by having an illegitimate baby. "She also demonstrates that Mother is not the only one who can have a baby, who can fulfil the deep female urge to give life....she has accomplished the one act that is exclusively and totally feminine, that by its nature is a declaration of independence and maturity as
a woman, however transient its duration." p.57. As well as revenge, however, she needs the baby as a 'gift' for her mother and Young says this is often the real satisfaction that the unmarried mother gets from her situation. "The fact that the girl shows a deep sense of fulfillment, not with the birth of the baby, but with the act of giving that baby to her mother, demonstrates the dominant strength of this motive." p.58 When the mother takes the baby as her own only then will she relinquish her hold on her daughter, particularly if she can use the baby against her husband in the same way as she had previously used her daughter. "Left as a hostage, he (the baby) takes the place of the errant girl." p.56.

Young considers that the majority of unmarried mothers come from 'mother ridden' families but that for a small proportion (not clearly defined) illegitimacy will be the result either of having a tyrannical father or of adolescent conflict. In the families where the father is domineering, rejecting and tyrannical, the girl grows up seeing her father as the kind who uses his strength, not to protect, but to injure. Unlike the women with dominating mothers she is able to express hatred towards her father and sympathy for her mother. Finally the girl revenges herself upon the father both by becoming pregnant and openly flaunting this fact before him. The father of her baby is likely to be similar to her own father and often she will find herself in a similar situation to her mother. She may continue her antagonism towards men by rejecting the father if he wants to do anything for her and the baby (he is not a 'real man' unless he is abusive towards her like her father), or trying
to compel him to meet her demands for support for herself and the baby where the father is rejecting and domineering. Like the mother—ridden she does not see the child as a person but as a pawn, in this case, for expressing her antagonism towards men. The baby is a source of power which she can use in her battle to compete with men.

In the case of adolescents, illegitimacy may arise from a confused adolescent conflict which may or may not arise from tensions in the family. It may also be an act of delinquency. Young considers that the prognosis for eventual psychological health is the best for these young people especially if, as is usually the case, they come from reasonably stable families. A small minority of women may have an illegitimate baby as the result of more serious psychological disturbances such as psychosis and schizophrenia. There are also a very small minority who do not seem to conform to any particular psychological or family configuration. It is difficult to find anything about them but they seem to have a need to dominate individuals in the situation in which they find themselves. Young is more concerned with individual psychology than with the social situation but she acknowledges that cultural attitudes may influence the extent to which unmarried mothers have personality problems. She says that the more rigid the taboos against sex, the more severe are the penalties for violation and the more disturbed unmarried mothers are likely to be. She illustrates this with reference to other countries such as Sweden which have a more permissive attitude to illegitimacy and some, but not all, rural and/or negro subcultures in America. As far as white Americans are concerned, however, she thinks the norms against
illegitimacy are sufficiently strong for mothers of illegitimate babies to have some of the personality problems she describes.

The stereotype of the unmarried mother as described by Young is that she is young (although this is not clearly defined) with a 'colourless' personality and often in a job inferior to her ability and education. Her behaviour leading up to the pregnancy will point to her compulsive desire to have a mate who she can discard once she becomes pregnant. "Like a sleepwalker, she acts out what she must do without awareness or understanding of what it means or of the fact that she plans and initiates the action" p.36. The relationship she has with the man will be very short, often unhappy and frequently the only sexual relationship she has ever had. The circumstances under which she had sexual intercourse will be covered by 'wild' explanations of 'knock out' drops or some other explanation which will make the act unremembered. In this way she will deny all responsibility for her actions and will reject the man by whom she became pregnant. She will not think to use contraception because she denies the fact of intercourse to herself and once pregnant she will use delaying tactics so that abortion will be impossible. Once the baby is born she will attempt to get herself into a situation where she can use it to carry through her neurotic needs with little thought of the baby as a separate person.

The mothers studied in this research were from the American equivalent of a mother and baby home so that the representativeness of the sample must be seriously questioned. It could, for instance, be argued that only women from the most disorganized families unable
or unwilling to support them would be likely to seek the aid of a Mother and Baby Home, and thus it would be expected that most of them would have some form of psychological problems. Young acknowledges bias in the sample and says that definitive conclusions are not possible, but since the characteristics of the sample in terms of age, nationality and class are unknown, the extent to which it is representative of either unmarried mothers or the population as a whole is not known either. Whether this theory explains a very small or a very large proportion of illegitimacy is therefore not deducible from this research.

The data for this research was obtained by direct interviewing of 350 respondents and data from a further 1000 obtained from other social workers in the same field. This data was presumably not solely obtained only for the purposes of research as Young states that it was obtained from her working experience with these mothers. This suggests either that they were in some kind of psychotherapeutic or social work relationship. This kind of 'in depth' psychoanalytic data relies heavily on the skill and subjective assessment of the interviewer and it could be argued that distortions might have arisen as the result of it being a working rather than a research type relationship. The therapist might have been looking for a particular type of personality or problem which fitted into the type of Mother and Baby home they were running. The client might have acquiesced in whatever the therapist said in order to be admitted into the Mother and Baby Home. This might not necessarily have been the case but since the methodology is not discussed the reliability of the data cannot
be known. There is also the epistemological problem of all psychoanalytic data as to the method of verification. As mentioned before it relies heavily on interviewer interpretation and even although 'proof' of psychoanalytic theory may be in terms of the psychoanalysed individual's acceptance of it, this acceptance may be for reasons other than it is what the client thinks is true and may be subject to distortion. There is thus no independent method of verifying psychoanalytic theory and with no discussion of methodology in this research, no way of assessing any distortion in data collection or interpretation.

This type of explanation has been further expanded and amended by Gedo who examines in great detail the psyche of one unmarried mother. Gough, Clothier, Khlentzos and Pagliano, Lomax-Simpson, Coe and Blum and Cattell, while accepting the main point that illegitimacy derives from disturbed or incomplete feminine development, examine other psychoanalytic developments which lead to this behaviour.

Gough, for instance, writing about teenage pregnancy says that while oedipal conflict may be important, teenagers may also have illegitimate babies for other reasons. The data is presumably derived from his working experience as a psychiatrist (although this is not made clear) and case material is used to illustrate various points. Gough refers to teenage pregnancy in general: but the extent to which his theories are relevant to all teenage pregnancy is not known. Nevertheless, he says that teenagers may have an illegitimate baby as a result of early and current feelings of deprivation. These may be the result of previous unhappy family situations such as a
broken home, or they may derive from the isolation felt during adolescent conflict. They will search for comfort and love in sexual relationships and later in the relationship with their baby. If they are illegitimate themselves they may have an illegitimate baby in an attempt to understand their mother's behaviour. With psychotherapeutic help and understanding of these processes Gough considers that the experience of pregnancy and childbirth need not be damaging but can be a maturing experience.

Clothier examines the psychological aspects of illegitimacy by first looking at the 'normal' process of maternity. For women "the experience of maternity is the biological and psychological goal of womanhood. Maternity, in the fullest sense of the word, opens the gateway to the satisfactions and freedom from inner tensions, which characterize maternity." (p.531) Unlike most of the writers about illegitimacy, Clothier also discusses paternity and says that for the normal man fathering a child is not a necessary part of maturity. His sexual potency and love relationships can bring him satisfaction and in contrast to the mother the birth of his child may give rise to unconscious attitudes of hostility and fear towards his offspring. The father's affection for the child stems from his pride and gratification in being able to provide for his offspring. When the man fathers an illegitimate child the unconscious hostility is reinforced by society's wish to make the man responsible for a child from whom he cannot derive the satisfactions of fatherhood. Thus he will tend to deny all responsibility for the child, although if he has neurotic problems the child might be used as a pawn in
working these problems out. On the whole, however, "physiological fatherhood (married and unmarried) has relatively small psychological significance." (p.536) For the mother this is not the case and Clothier documents the oedipal development of the female child using the Freudian model. With the storms of adolescence a resurgence of instinctual demands may arise and the tensions and hostility related to the disadvantaged female position may be reactivated. This may lead to rape or prostitution fantasies as an aggressive act against men. If these are acted upon an illegitimate baby could be the result, but in this case pregnancy is a by product rather than the object of the action. Where pregnancy is the goal Clothier says this is because of a masculine regression resulting from repression of the oedipus complex. They have a baby on their own in an attempt to prove they can be as independent as a man. Like Gough, Clothier's data is presumably gathered in the course of psychoanalytic therapy and there is thus no way of assessing the extent of any bias or of determining the proportion of illegitimacy this theory explains.

Khentzos and Pagliano also put some emphasis on conflict over the oedipus situation although other factors such as a lack of love within the family situation may also be important. The data for this study was derived from "more than 100 unwed mothers" (p.779) who were selected on the basis of willingness to continue in psychotherapeutic treatment after delivery of the baby. Interviews took place between psychotherapist and mother at least once a week for between 18 months and 5 years and there were also numerous conjoint sessions between psychotherapist, psychiatrist, the unwed mother and her accessories
(i.e. family and/or boyfriend). Like many of the samples from which psychoanalytic data was obtained the majority of this sample came from a mother and baby home.

These authors found that the mothers could not be described in terms of a personality type. Psychological testing (type not known) revealed that the sample had moderate to severe character disorders ranging from the sociopathic to the schizoid, although the authors maintained that most had little insight into the problems with which they were dealing. Identification patterns (from the Interpersonal Check List Test) revealed that 76% rated themselves as having no identity or as being identified with a male figure. Only 24% had female identification. Four major emotional states of rebelliousness, worthlessness, ambivalence and loneliness were found to some degree in all respondents although in different age groups different feelings dominated.

Feelings of loneliness and isolation were dominant in the 15-16 age group apparently related to the unwed's lack of identification in her family group. They were unlikely ever to have achieved gratification by completing tasks through their own efforts. Although they may have engaged in self destructive behaviour they failed to attract their parents' interest and attention which they needed so badly. "Hungry for affection, they became aggressively involved with almost the first boy who found them attractive, gave them interest and attention and in this way charmed them into re-enacting the family romance." (p.783) The fathers of these girls' babies may have been of a lower class and may have been delinquent. Where the baby's
father was of a similar or higher class this relationship had often been promoted by the girl's mother over the protests of the girl's father reflecting how the mother measured her own success as a mother by her daughter's attempt to date a socially acceptable boy.

For the ages 18 - 19 the dominant feeling was one of worthlessness and uselessness deriving from the infantile attachment to the girl's mother. This is the classic oedipal conflict situation as described by Young and these authors say that in their group it was further intensified in a number of families where the parents were separated or had marital tensions. Like the mothers described by Young they tended to choose inadequate men as fathers of their babies whom they could dispense with once they became pregnant.

Ambivalence predominated in the 22 - 25 age group who had on the whole been denied a loving relationship from both mother and father. She tended to have sado-masochistic attitudes which destroyed her capacity to take decisions and developed and acted out compulsive ways of avoiding pain and anxiety. She had little capacity for mastering her environment and hoped for a miracle to solve her dilemma. She tended to be 'standoffish' and not trusting of men and even where the men were interested in the baby she said she felt left out because of this attitude. These authors found that the fathers as a whole were, like the mothers, searching for the same gratifications for nature not found in their family group.

Like the other psychoanalytic research discussed this study suffers from the same problems of bias in the sample under discussion. It is particularly so in this case as a desire to continue with
therapy was a precondition of being included in the sample. One wonders what the respondents were like who refused therapy. Were they those who had no psychological problems? Were they those who had worse psychological problems but could not or would not acknowledge them? Those who accepted therapy might have been those who not only felt they had problems but were willing to accept that psychotherapy would help them. It is probable that this was a highly selected sample and the results were, therefore, likely to be even less comprehensive than the other studies. Again, the characteristics of the sample were not described so that comparisons could not be made and bias in the sample could not be assessed.

A psychoanalytic study where the representativeness of the sample to the population is assessed to some degree is by Cattell who looked at 54 unmarried mothers in New York. All these women came from a private Maternity Home and were consecutive referrals to the author, presumably for psychotherapy as well as for psychological evaluation. The group ranged in age from 15 - 39 years and according to Cattell represented a 'reasonable' cross section of the community in terms of socio-economic background and education - although this is not shown in detail, we have to take the author's word for it. The data was obtained from one or two psychiatric consultations with each individual, a social work case history, and functioning in the residence hall.

Cattell found that all had some form of psychopathology with 30 having a character disorder, 7 a neurotic reaction and 17 being schizophrenic, one of whom had to be admitted to a psychiatric hospital during the pregnancy. The remaining schizophrenic individuals survived
the pregnancy without emotional complications but Cattell considered that they were less able to cope successfully than the other groups. They were more likely than the other groups to have had an unhappy family life and Cattell describes the family situation of the domineering mother which is similar to that described by Young.

The less psychologically disturbed women were less likely to come from broken homes or inadequate families, although there was more evidence of distortion and disturbance in the relationship with her mother. Often she was unable to obtain the idea of what constitutes a normal male from her father or, because of the family configuration, to understand what a 'normal' woman was like. This led to confusion and a feeling of isolation on the part of the unwed mother, but these negative feelings had in most cases been repressed. They were unable to have fulfilling and lasting relationships with men and Cattell said there was evidence of acting out rape fantasies, incestuous fantasies, emulation of sexual behaviour of an individual important to the mother, as well as defiance of family and social mores. Curiosity and confusion about their sexuality was also apparent and with it denial that the sexual activities in which they were indulging could lead to pregnancy. In contrast to the more psychologically disturbed group most of this group gave up their babies for adoption, unlike similar individuals in the sample of Khlentzos and Pagliano.

Cattell found there were few differences between older and younger mothers although he thought there was some evidence of increasing emotional disability with age.

Even although Cattell states that his sample is representative
of the population there is no detail to show how this was assessed. Given that the sample is drawn from a maternity home it is probable that some bias in the sample is inevitable. Only a small proportion of unmarried mothers enter these homes and it may be that the more dependent and immature women who want a sheltered environment will enter such a home. There is also no detail as to how the various categories of psychopathology were obtained and it is possible that it required considerable subjective assessment on the part of the author. Given the difficulty of identifying the schizophrenic individual it would be interesting to know how this was done, particularly in view of the fact that as described by Cattell they appear similar to the women Young described and identified as neurotic rather than more deeply psychologically disturbed. The American concept of schizophrenia covers a far wider spectrum of symptoms and behaviour than in England.

Coe and Blum found many of the above characteristics in a sample of university students in America. They found that between 1965-1971 the rate of premarital pregnancy decreased and explained this decrease as being the result of a contraception and counselling program set up by the university. They found that the abortion rate remained stable even though the abortion laws were liberalised in 1969. They go on to discuss the psychological characteristics of the women who do not terminate their pregnancies but what proportion of the continuers were actually seen by the authors is not discussed. Like Young, they state that many of these students have a disturbed mother-daughter
bond or a mother who failed as a female model. They may also have been hypermature with familial responsibilities thrust on them at a very young age. They also found that some students became pregnant after the loss of a loved one or as a response to various traumatic experiences. Unlike other authors of a psychoanalytic persuasion Coe and Blum discuss the conflicting ideals of femininity in modern society and how these give rise to feminine identity problems in college women. Women students may fear their own academic and career success and see it as a threat to their femininity, particularly when it interferes with their relationships to men. Pregnancy may be a way of resolving these difficulties both as a way of proving their femininity and making it possible to opt out of a conflicting situation.

Although these are interesting points and some attempt has been made to link the individual psychological development with the social situation the analysis is not rigorous enough to contribute much to the explanation of illegitimacy. The extent to which each of the factors discussed is found throughout the sample is not stated. It is implied that the data was collected during psychotherapy sessions so that the same problems of subjectivity in assessment are here as in much of the other work, particularly as the authors are not explicit about the data collection used.

A number of psychoanalytic studies have shown the importance of separation as a predisposing factor in having an illegitimate baby. In a group of 31 presently unmarried (although three were once married) pregnant women Greenberg et al (b) found that 50% of
the sample had experienced a 'significant object loss' within three months of conception and 80% within six months of conception. Of the 31 people in the sample 27 had a living baby, there being one induced abortion and three stillbirths. The mean age of the group was 20 with an age range of 15 - 30 years. Data was obtained from interview, (type not discussed but probably non directive, given the type of results), each individual having an average of 5 one hour interviews but there being a range of between one and ten interviews. The authors acknowledge that their sample is biased particularly in view of the fact that it represents the small proportion of premarital conceptions which terminate in an illegitimate baby. (The authors estimate that only 6% of such conceptions terminate in this way.) The extent to which their sample is representative of unmarried mothers is, however, unknown to the authors.

Generally, Greenberg states that these women have infantile and fragile egos with much evidence of early emotional disturbances, particularly in relation to the mother child bond. There was a high incidence of early object losses, with separation from a parent for various reasons appearing in 42% of individuals. Of the multiple events that occurred object losses was the most recurrent theme, these most often occurring in the six months prior to conception. In 10 subjects the object loss was the recent death of a significant person; in 24 subjects the loss was in separation from mother, mother substitute, father or other significant person; in 8 cases the separation was only threatened and included possible remarriage of parent or the threat of a relationship with a boy friend being dissolved; finally
there were events such as leaving school or loss of a job which were interpreted by the subject and were equivalent to a separation loss. In a number of cases there was more than one kind of separation loss experienced. The majority of respondents had experienced depressive reactions prior to the separation but the separation might have intensified this and led to the pregnancy as a replacement and a reinternalization of the object loss. The pregnancy might also have been used as a way of preventing separation and of drawing closer to a significant person such as her own mother. Greenberg discusses whether there might be an associated psychobiological reason for the pregnancy with hyperfertility attending the depression followed by the object loss, although he gives no indication of the processes involved in this.

Loesch and Greenberg further extend this line of reasoning in another article which compares 22 married pregnant women with 31 unmarried women. The married women were mostly the wives of student doctors and dentists and differed from the unmarried women in that they were older by an average of 4 or 5 years and were of a higher socioeconomic and educational background. According to the authors the unmarried mothers had experienced more overt psychopathology than the married mothers, although some of the latter had had previous neurotic disturbances. Pregnancy for both groups, (nearly) all of whom were primigravida) was characterised by uncertainty, lack of confidence and a stirring up of old conflicts. The married mothers often felt as lonely as the unmarried, as few had much emotional support from their husband and few could count on support from the
rest of their family. Most of the unwed mothers gave up their baby for adoption and this meant, according to the authors, that few of these women were able to face the fact of their pregnancy and regressed into their pre-pregnancy conflicts. For the married mothers, however, the ensuing motherhood assured that the experience was one of psychological development.

This article is useful in that it points up the similarities in reaction to the pregnancy between married and unmarried women although the unhappiness felt by both groups stemmed from different causes. In both groups most of the pregnancies were unplanned but in the married group unhappiness is seen to stem from social factors of financial difficulties, isolation and lack of community support, whereas for the unmarried group it was more related to their individual psychological conflicts. It is possible, however, that a proportion of the more disturbed states of the unmarried women arose from their social situation. As the samples were not matched for age it is possible that this could have accounted for the seemingly better ability of the married mothers to cope.

The theme of separation is also explored in an article by Heimann and Levitte who base their discussion on a number of women seen at a social welfare agency in America. They were predominantly white and Jewish, from every social stratum with an age range from 12 - 40. The data was collected by a series of diagnostic interviews with the staff psychiatrist and psychological testing (of an unknown type) where appropriate. Their observations led them to conclude
that depression was in existence pre-natally and was one of the prime forces motivating the pregnancy. The authors consider it is usually the threatened loss of the mother which leads to the depression but that very often the mother daughter bond is disturbed prior to the threatened loss which gives rise to the depression. As the authors state "In these cases the motivation for the pregnancy is to find the replacement for a lost love object, either to ward off a depression or to counteract a depression. Regressively, with the help of genital apparatus, most probably on the basis of oral phantasies, a woman re-creates for herself an object" (p.172) The re-created object is of course the baby, but since the baby is a substitute for the loss or threatened loss of the mother, it is seen as the mother, not as the baby and a person in its own right. "...the person who has regressively created the baby is the child herself, while the baby that has been created is a replacement for mother; thus the mother is the baby and the baby is the mother."(p.172)

While this is certainly an elegant piece of theorising its applicability to illegitimacy as a whole is very much in doubt. The sample came from a social work agency and was composed of Jewish individuals who may possibly have been affected by various sub-cultural attitudes and behaviour.

In a similar piece of theorising, which has illustrative case studies but no detail about where and how the data was derived, Lomax-Simpson also considers the effect of separation on illegitimate pregnancy. She says that both married and unmarried women may become
pregnant soon after the death of a loved one but that other factors are also important. There may be incestuous fantasies or an attempt to become independent, with an illegitimate pregnancy as the result. She states however, that illegitimacy can more 'sensibly' be seen as the acting out of anti-social behaviour, comparable to the delinquent acts of men. This can happen at any age and to people of widely varying background and can be seen as an appeal for help. Separation and delinquency are obviously factors to be considered, but again the extent to which this explains illegitimacy cannot be assessed.

These other factors and their relationship to the adolescent situation is discussed by V. Bernard in her study of ten pregnant teenagers. This sample was derived from referrals to a psychiatrist from private practice or social agencies. Bernard does not think this means that the sample is biased: "...These referrals were made on the basis of the enlightened policy that unmarried motherhood in young adolescents routinely warrants psychiatric consultation." (p.26) But there is no evidence presented to show that in fact all adolescent unmarried mothers do get referred to, or receive, psychiatric consultation. The teenagers in the sample were aged between 13 and 17, nonpsychotic, 7 white and 3 negro. According to Bernard they represent a cross section of New York population in terms of socioeconomic status, education, religion and race, but since no comparative statistics are given and since some of the categories required the subjective assessment of the investigator, this is open to doubt.

These ten cases are presented as a series of case studies in which their individual differences are clearly brought out. Although the
sample has no statistical significance, the degree of deviation from the social and developmental norms of sexual behaviour seems to conform to the degree of manifest family disorganization and socio-economic deprivation. In five cases there were sexual deviations besides the illegitimacy, and in the remaining five cases the illegitimacy was the only deviation. In the former, the families were characteristic of those producing psychopathic personalities whereas the latter were characteristic of those producing neurotic personalities. There were six broken homes among the ten, five of which appeared in the more disturbed families. The predisposing causes of the pregnancy were seen as the parental failure to meet the long term emotional needs of the girl. This led to incomplete, distorted and painful identification which led to 'acting out' behaviour and pregnancy. "Inadequate parental care, productive of excessive anxiety and impaired ego growth, may be considered a major predisposing cause." (p. 41)

The precipitating cause may be the onset of puberty giving rise to repressed oedipal conflicts. Psychic trauma striking at self esteem or sexuality could remobilise old anxieties and serve as a precipitating factor, particularly if old incestuous longings were reactivated. With such a tenuous equilibrium, immediate conditions of the internal and external environment could give rise to the opportunity and desire for forbidden sexual experience and pregnancy. In contrast to older unmarried mothers maternal longings seemed minimal as motivations and behaviour was related more to adolescent conflicts. It is seen
more as a symptom of maladjustment that is clinically intermediate between neurosis and delinquency. The sample in this piece of research is too small to make generalisations and what, in fact, comes over most clearly from the data is the wide, individual variation found.

The central explanatory cause of illegitimacy according to the psychoanalytic theorists lies in the warped development of femininity. This may be the direct cause, as described by Young, Clothier, and for the 18-19 year olds in the sample of Khlentzos and Pagliano. It may, however, be a less direct cause, as for example illegitimacy among adolescents as described by Gough, Khlentzos and Pagliano and Bernard. The adolescent experience is seen as a traumatic time by these writers; a time when unresolved oedipal conflicts may arise and be responsible for illegitimacy. Puberty may, therefore, be the catalyst which reactsivate the conflicts, although all these writers acknowledge that common adolescent feelings such as loneliness and confusion may on their own give rise to behaviour which results in illegitimacy. The loss of a love object may, in a similar way, reactivate oedipal conflicts although again it may be sufficient on its own to be seen as producing a pre-disposition towards having an illegitimate baby. Illegitimacy may be the result of having a tyrannical father, which may again produce oedipal problems of a different kind. In this case it is not that the girl cannot turn from her mother but rather that she cannot turn to her father. Her subsequent pregnancy is therefore a revenge against her father. In all cases this behaviour can be linked with rape and
prostitution fantasies as described by Young, Clothier and Cattell. The way in which these factors are related can be seen in the diagram (p.97). A summary of all these studies can be found on p.99 and 100.

The sampling and methodology of each of these research studies has been discussed in each case. On the whole the samples are biased towards those from a mother and baby home and even although the bias cannot be assessed it is probably safe to assume that mothers from these homes are a very special sort of unmarried mother. Even where the author assures that the sample is representative, with no comparisons with a control group or details of how this was done, the actual representativeness of the sample must be brought into question.

In these studies there is also a problem concerning the data collection which is related to the general epistemological problem of how psychoanalytic theory is validated. Psychoanalysis requires a large number of non directive 'in depth' interviews, the data from which must be conceptualised by a psychiatrist. The problem occurs when the psychiatrist's interpretation differs from that of the patient as there is no external verification. If the patient refuses to accept the psychiatrist's interpretation then this is the fault of the patient who cannot yet accept these things which are too painful for her. There is no way of showing either that the patient is right or that the psychiatrist is wrong. There is thus a question whether psychoanalytic theory has any scientific validity at all. It could be argued that it has helped people to feel better, but so has religion.
Diagram to show Relationship of Various Psychoanalytic Theories

Family Tensions

The mother ridden
Mother keeps daughter in infantile attachment. Does not allow her to turn to father and enter oedipal stage.

The father ridden
Cannot turn to domineering and tyrannical father, therefore not able to enter oedipal stage.

In an effort to assert independence and femininity she has illegitimate baby.

Has illegitimate baby in order to vent hostility and anger against father and other men.

UNMARRIED MOTHER

Adolescence
Loss of Love object

1) Factors which reactivate oedipal conflicts.

Assertion of independence and femininity

2) Factors which on their own produce illegitimacy if there is a weak ego functioning because of inadequate parenting.

has baby to make her feel a better person

Figure 3:1
Another problem is that the psychiatrist approaches his data with a particular kind of conceptualisation, and his skill lies in 'making sense' of what the patient tells him by fitting in with the pre-conceived conceptualisation rather than the classical scientific methodology of modifying the theory according to the data.

It is impossible to determine the biases arising from the subjective interpretation necessary for the data reported in these research studies. Much of this data, however, came from psychotherapeutic sessions rather than being collected just for research purposes, which in itself could have led to considerable distortion. This relates to the client/therapist relationship where the client may be implicitly persuaded by the therapist to take a particular view of their situation in order that she 'gets better'. Roulet for instance, in a prescriptive article on psychotherapy for unmarried mothers states:— "It is the role of the therapist to show that pregnancy is the result of understandable events...an unconscious wish to become pregnant". He says that unmarried mothers will at first 'deny' to themselves the 'true' explanation of their behaviour, but that unless they can be guided by the therapist to accept this 'true' explanation they are likely to become pregnant again. Rains also described this process taking place in a maternity home for white middle class unmarried mothers. Women who refused to accept the psychoanalytic interpretation of their behaviour, as expressed by the home's personnel, were at odds with the personnel, were considered to be severely at risk of having another illegitimate baby and were
<table>
<thead>
<tr>
<th>Author</th>
<th>Date</th>
<th>Sample</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kasanin and Handschin.</td>
<td>1941</td>
<td>16 Unmarried mothers</td>
<td>Psychoanalysis</td>
</tr>
<tr>
<td>Clothier.</td>
<td>1943</td>
<td>Case studies as illustrative material</td>
<td>None - psychotherapy</td>
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<td>Bernard V.</td>
<td>1944</td>
<td>10 mothers aged 13 - 17</td>
<td>Presente</td>
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<tr>
<td>Young L.</td>
<td>1954</td>
<td>Approximately 350 interviewed in course of work. Further details of 1,000 from other social workers.</td>
<td>Interview</td>
</tr>
<tr>
<td>Greenberg, Loesch and Lakin.</td>
<td>1959</td>
<td>31 Unselected subjects.</td>
<td>A) Interview paper per person</td>
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<td>B) T.A.T.</td>
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<td>C) Test and not determined</td>
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<td>D) Draw a picture</td>
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<tr>
<td>Loesch and Greenberg.</td>
<td>1960</td>
<td>31 Subjects as above, 22 married women, mostly wives of medical students.</td>
<td>A) 30/40</td>
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<td>B) Psychoanalysis</td>
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<td>D) Draw a picture</td>
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<td>Heiman and Levitte.</td>
<td>1960</td>
<td>'A number of women' from a social agency.</td>
<td>A) Diagnosis and consultation</td>
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<td></td>
<td></td>
<td>B) 'Psychiatric indications and discussion'</td>
</tr>
<tr>
<td>Gough.</td>
<td>1964</td>
<td>Not determined</td>
<td></td>
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<tr>
<td>Cattell J.P.</td>
<td>1964</td>
<td>54 consecutive referrals</td>
<td>A) Seen at the clinic</td>
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<td></td>
<td>paper read 1954</td>
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<td>B) Social</td>
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<td></td>
<td></td>
<td></td>
<td>C) Functional</td>
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<tr>
<td>Khlentzos and Pagliano.</td>
<td>1965</td>
<td>More than 100 unmarried mothers.</td>
<td>A) Psychoanalysis</td>
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<td>B) Interview period of 2 years</td>
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<td>Author</td>
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<td>Gedo</td>
<td>1965</td>
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<td>Lomax-Simpson</td>
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<td>Not determined</td>
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<tr>
<td>Coe and Blum</td>
<td>1972</td>
<td>Sample from which psychoanalytic data obtained not determined</td>
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Not determined from psychoanalytic data obtained in discussion.
a failure as far as the home was concerned. The extent to which clients therefore accept the therapist's interpretation in order to get something from the mother and baby home (or the therapist) must be questioned, and with it the validity of the data which the authors use to support their explanations.

Given the problems of methodology and the nature of psychoanalytic explanation, it can only be said that these theories possibly explain a part of illegitimacy. The proportion of illegitimacy they explain, or the type of unmarried mothers they refer to is unknown, although quite possibly, on the basis of this research, it could be said that they refer to some young, white unmarried mothers who go to mother and baby homes to have their babies. It is therefore very probable that the scope of these theories is very small, particularly as they are seen as inappropriate in a different cultural context.

Psychological Theories

Studies comparing psychological characteristics of unmarried pregnant women with other women do show differences, although these often result from sample bias. Eysenck, for instance, found that unmarried mothers were on the whole more extraverted and neurotic than both the 'normal' population and a similar sample of married pregnant women. The object of the research from which this result was obtained was to examine the differences in pain assessment between different personality types. This was done by testing one hundred white married, and one hundred white unmarried, primiparous women at an ante natal clinic who were not expected for physiological reasons to have an abnormal labour. The sample was drawn from an ante natal clinic, but since this did
not produce enough unmarried mothers, more were obtained from local mother and baby homes. During the 36th week of pregnancy the women were asked to fill out a personality questionnaire which contained 24 extraversion and 24 neuroticism questions from the Maudsley Personality Inventory, 12 rigidity questions and the Mill Hill Vocabulary Scale (Form 1 Senior) set B. During labour the nurse filled in a form assessing the behaviour during this time. Within the ten days after delivery the patient was seen and asked to give her own assessment of pain experienced during childbirth. It was found that patients who maintained that their labours were very painful tended to be on the extraverted side, whilst those who tended to make light of their experience were towards the introverted end of the scale. Although the extent to which the nurses' ratings correlated with this result was short of statistical significance, there was a tendency for nurses' ratings of pain experienced to be in the same general direction. This later result might also have been influenced by other factors such as the administration of various drugs and the fact that many of the reports were written up by the nurses from memory. The author found that the married women were more extraverted than the mean of the normal population, but that the unmarried mothers were even more so. The unmarried mothers were also significantly more neurotic than the married women, as well as being younger. As most of the unmarried women in this sample came from a mother and baby home the differences found may be the result of this rather than just the fact that they were unmarried mothers. Eysenck, while accepting this limitation on the results goes on to discuss the way in which the
personality configuration could lead to illegitimacy. "Girls who are sociable and mix easily and readily with people are more likely to meet many boys and go to parties etc. where opportunities for intimacies could present themselves. Moreover, unstable girls might tend to look for security through a boyfriend, and be very amenable to persuasion through their fear of losing him. Doubtless when the two factors are fused, the likelihood of an early pregnancy is increased" (p.426). Eysenck also thought that the lack of planning, so characteristic of extraverts, could lead to not using contraception and subsequent pregnancy. She considers whether the high neuroticism scores of these mothers are, at least, partly related to the worry in their social situation and concludes that, although it can explain part of their higher neuroticism score, the very much higher score for this group suggests that many were probably neurotic prior to the pregnancy.

Eysenck has examined the kind of personality likely to give rise to the kind of behaviour which leads to illegitimacy, without however, discussing why these people should have illegitimate babies. Presumably some neurotic extraverts will avoid this result but the only way of determining this would be to compare the sample with similar never pregnant women rather than with married women. Thus, although predisposing factors have been shown, precipitating factors need also to be examined if a complete explanation is to be made in these terms. Given the acknowledged bias in the sample the comprehensiveness of such an explanation must also be questioned.
Differences between single and married pregnant women were also found by Floyd and Viney who found a greater ambivalence of ego identity and less identification with 'ideal woman perception' in unmarried mothers than in a matched sample of married pregnant and unmarried non pregnant women. The sample obtained was of 32 primiparous unmarried mothers from religious and secular mother and baby homes. Although the socioeconomic background of these women covered a wide range the women themselves were mostly clerical workers with nine or ten years of formal education. The matching group of 30 unmarried non pregnant women were all students so although matched for age and socioeconomic status they were not matched for education. The other matching group of 15 primiparous married women were more closely matched on all variables including stage of pregnancy. To determine the extent to which the individuals identified themselves as adequate women a psychological test was administered. This was composed of a series of cards with different adjectives on them which the women were asked to sort according to various criteria. To identify the extent to which they identified themselves as adequate women, they were asked to sort the cards according the those 'most like you' to those 'least like you'. To calculate the mother figure component in the ego ideal the respondents were asked to sort 'as if you were describing your mother'. To calculate the extent of expression of dependency needs the 33 items scale Marlowe-Crowne Social Desirability Scale was administered. This test measures the extent to which people respond to others in a socially desirable manner which is considered to be a manifestation of dependency needs.
From these tests it was found that the greatest amount of ambivalence about ego-identity was among the unwed mothers who demonstrated it more than either the married or the single non-pregnant. Among the unmarried mothers there was less identifi cation of ideal woman percept with self percept, although there was no difference among the groups relating to the similarity of the percept of 'mother' to the ego ideal. As far as dependency needs were concerned the single non-pregnant expressed the least dependency needs, with the married and single pregnant women expressing similarly high dependency needs. Floyd and Viney therefore conclude that women 'at risk' of becoming unmarried mothers are those whose ego ideal is far from their ego identity, unlike the married women whose ego identity was positively related to ego ideal. They suggest that unmarried mothers may have greater dependency needs, but since they were no similar to the married women this may have been a function of the state of pregnancy. Thus women who have an ambivalent ego identity are 'at risk' of having an illegitimate baby.

The sample of unmarried mothers, like many samples discussed in the psychoanalytic work, was from a mother and baby home so that inevitably the results must be biased towards that section of unmarried mothers. Again, although indication is given of the personality type 'at risk' of illegitimacy the precipitating factors in this behaviour are not elucidated. The greatest problem of this work, however, is the extent to which the results reflect the social attitudes of becoming an unwed mother. By having an illegitimate baby, it could be argued, these women are going against the norms of what society
considers an 'ideal woman' as the way the test was formulated, the nature of 'ideal woman' was essentially a social construct. Thus the test may have been measuring the extent to which the women thought they differed from the 'ideal woman' concept as a result of the pregnancy and social attitudes towards it, rather than obtaining an underlying picture of ego functioning which was there prior to the pregnancy. Comparison with married pregnant women would not 'neutralise' the effects of the pregnancy as the meaning of it to the married and the unmarried would be so different. The tests may therefore have measured a response to a situation rather than underlying individual differences.

In a sample of fourteen unmarried and eighteen married pregnant women Naiman found that the unmarried were more impulsive with poor tolerance to frustration of drives and had difficulty in forming stable relationships with men. The study was limited to subjects between the ages of 18 and 25, white Protestant and Canadian born. The sample of unmarried women came from a community agency and every five of the unmarried pregnant women who applied to the agency for help and who met the criteria for inclusion in the sample were seen. The married women were obtained from an ante natal clinic. The author states that bias in terms of whether the individuals were referred for psychiatric attention was avoided, but as all the individuals had applied for some sort of help from the agency other biases in the sample would be likely. The subjects in both groups were given psychiatric interviews but these were not totally non-directive as certain specific questions on particular
topics were asked of everyone. There were similarities between the
groups with respect to age and knowledge of contraception. The
unmarried were of slightly higher socioeconomic status and educational
level than the married. The unmarried mothers, however, showed
greater impulsiveness, waiting a shorter time after dating a man to
have sexual intercourse than the married. They also changed boyfriends
more and described themselves as less able to postpone gratification.
The author therefore concludes that unmarried mothers have poorer
control over sexual impulses than married mothers with poorer ability
to form stable relationships. The extent to which this predisposes
the individual to illegitimacy is not discussed by Naiman, although
it is implied that because this was found to be a significant difference
between unmarried and married it is probably influential. There is
also no discussion as to why the greater impulsiveness shown by the
unmarried mothers should have been expressed in sexual form. Given
also the aforementioned bias in the sample the explanatory value of
this study does not appear very great.

Where a more representative sample is obtained differences are
sometimes found but these are fewer and not necessary psychological.
Giel and Kidd compared unmarried pregnant women who had consulted the
Student Health Service of the University of Edinburgh during the
five year period 1958 - 1963. Fifty seven students fulfilled these
criteria for pregnancy. From a register of a total intake of women
students registered with the Student Health Service the names of 57
women who had not later become pregnant were taken by random selection.
Details of consultations made by both groups of students during the first year of university was examined and comparisons made between the two groups. The consultations were compared both qualitatively and quantitatively to assess the antecedent mental health of the 57 later pregnant unmarried women and the 57 controls. The pregnant women and the controls were demographically similar in terms of age (although this would be expected given that they were all students) and nationality. The Faculty of Arts was over-represented while that of Science was under represented. As far as the consultations were concerned, however, the pregnant women were significantly more likely than the controls to have consulted their doctor for a conspicuous psychiatric disability. The pregnant women were also more likely than the controls to have made more consultations - in common with both neurotics in the population at large and with neurotic university students.

The authors then discuss how the neuroticism described could lead to illegitimacy in terms of the inadvertent pregnancy and the sexual relationship. In many cases alcohol consumption and late night parties were given as the precipitation circumstances which led to sexual intercourse for which they were unprepared so that contraception was not used resulting in pregnancy. There appeared only a few cases, however, in which there was a neurotic cause of contraceptive failure. The neurotic influence could be seen, however, in the extent to which the neurotics, more than the others, looked for a secure and understanding relationship, emotional security and a degree of interpersonal
communication denied to them by their families. This was sought in its fulfilment, largely unconsciously, in a sexual relationship which resulted in pregnancy. The authors also considered that for a few, unconscious manipulation to get them from an ambivalent situation vis a vis career and marriage might also have been a factor.

Like the other research this shows that neuroticism may be an important predisposing factor in pregnancy. Only just under half the sample could be described as neurotic, however, and this neuroticism was not necessarily the only factor which led to an illegitimate pregnancy. Factors in the social situation may have interacted more forcefully with the neurotic individuals to produce an illegitimate pregnancy, but they may also have been sufficient to produce the same result in non neurotic individuals. As this research is concerned only with university students the limitations of the results are obvious, but it does show that in a particular population there are many similarities as well as differences between unmarried mothers and the rest.

In a sample of young adolescent unmarried mothers Anderson et al (b) found that in three quarters of the mothers interviewed, pregnancy followed from normal adolescent activities. The sample was composed of 62 adolescent primigravida, unmarried and under the age of 18 from an anti natal clinic in Manchester. The data was collected by means of a psychiatric interview, Rorschach testing pre and post natally and home visits by a psychiatric social worker. The sample was fairly representative of a northern working class/lower middle class group and was not on the whole a delinquent, defective, psychiatric or child
guidance group, although individuals presented some of these problems to a mild degree. The authors state that only two girls were sufficiently emotionally disturbed to require psychiatric help and that the proportion of psychiatric problems found in the sample was no greater than the proportion found in the population as a whole. As far as causation was concerned, the authors saw the result of an illegitimate baby as deriving from perfectly normal adolescent activities, as they say: "Our general conclusions on causal factors were that in 38 (76%) cases the pregnancy followed on naturally enough from the pursuit of adolescent practices normal to the whole society. It arose from the choice of mate, usually from the same occupational level and from a deliberate association with him. The context was one of a normal, erotic relationship, sometimes but not always comprehended by the girl as a personal love relationship. With the remaining 12 girls (24%) the precipitating factor was the common exposure to risk of post-pubertal girls working and amusing themselves in a large industrial town. The risks fall broadly into two categories: the many opportunities for adolescent mutual experimental play, and whether through work, street life, dance halls, cinemas etc., easy contact with older men or strangers in transit...In the case of the premarital conceptions there was a very definite psychological set towards a permanent union, at any rate on the part of the girl. The permissability of sexual intercourse for the majority of the group lay in the personal relationship with the man....without the defence of an already selected mate any one of the more fortunate 76% might have found themselves in the situation of the less lucky 24%." (p.358) Since there was no
significant clustering of psychological or social factors between the groups the authors conclude that these women are the 'casualties' of a particular sexual behavioural pattern, rather than a result of psychological neurosis or adolescent turbulence. The extent to which these results relate to older unmarried mothers, is of course questionable, as is the criterion of 'normality' used by the authors, particularly as there is no control group with which to test the concept.

In a more age representative sample of unmarried mothers in Edinburgh Weir found no personality differences between unmarried mothers and other 'normal' populations tested. The sample was obtained from all the hospitals and nursing homes in Edinburgh with all women giving birth to an illegitimate child on every third day from January 1st 1966 to October 9th 1966 included in the sample. The object of this sampling methodology was to avoid bias arising from obtaining a sample from a mother and baby home. There were 288 mothers in the sample of whom 247 contributed data. The majority of the mothers were interviewed between the 3rd - 9th post partum day with a semi-structured interview. The respondents were also asked to fill in a Hysteroid - Obsessoid - Questionnaire which measures relatively enduring personality types and the Personal Illness Schedule which refers to the presence of symptoms or signs commonly occurring in neurotically disturbed patients.

On the basis of these psychological tests it was found that the Hysteroid - Obsessoid scores did not differ significantly from a group of 118 Scottish women (a 'normal control' group) used by another
psychologist. Personality type seemed to play a part in determining which mothers received casework help and which institution they were sent to. The hysteroid type is similar to the extraverted type described by Eysenck and if the sample had been drawn from a particular mother and baby home or from those receiving social casework the results would have been similar to those of Eysenck, demonstrating the bias inherent in obtaining a sample from an agency. As far as the Personal Illness Inventory was concerned the sample of unmarried mothers obtained a higher mean score than did a group of 'normal' women tested by another psychologist. The sample as a whole contained 28% of neurotics according to this scale, which although more would be expected in a 'normal' population, (16%) is still considerably less than half the total in the sample. This increase in the numbers of neurotic women was largely confined to the older age groups where 41% of those mothers aged 25 or over came into the neurotic group compared with 23% of those under 25. The total Hostility Score of the sample was significantly higher than that obtained by another psychologist on a group of 'normal' Scottish women. In the sample much of these higher scores resulted from extra punitive hostility which could have arisen from the stressful situation of being unmarried and pregnant. The author speculates that if this characteristic does predate the pregnancy it could account for some psychological disturbances and the 'acting out' described by so many other psychological researchers. Unlike much of the other psychological research this sample was carefully compared with the Scottish mothers of illegitimate children and found to be representative of it. This sample also contains 23% once married women and is approaching
the normal proportion (approximately 30% of such mothers have been found by other researchers) one would expect to find in a sample of mothers of illegitimate babies as opposed to unmarried mothers only. Weir also found that the mothers in the sample were similar to other women in the population in terms of the age of the baby's father, social class (with the sample being more representative of all social classes in Scotland than would be expected) and family size. The unmarried mothers were more likely than the 'normal' population, however, to have come from a 'broken home'. As this piece of research was concerned with predicting future behaviour with regard to the adoption of the baby the author does not, unfortunately, discuss the causative factors for illegitimacy in relation to these results. Nevertheless, the overwhelming feature of this sample seems to be mainly one of normality as compared with the general population of Scottish women.

In a study of 149 unmarried mothers compared with 99 married mothers Kinch found more similarities than differences between them. The sample was obtained from an Obstetrical hospital in Canada and the subjects were interviewed probably using a semi-structured interview. There were no significant differences between married and unmarried mothers in terms of their own education, educational achievement of parents, mothers working, fathers occupation or home background although there was a tendency for the unmarried mothers under 16 years old to come from broken homes compared with the married mothers. A statistically significant proportion of married mothers said they had better relationships with their parents compared with the unmarried mothers
but this was really only significant in the 17-20 year old age group. The youngest age groups aged under 16 had the least satisfactory parental relationship but received the most parental support during pregnancy. There was no statistical difference in dating habits although the younger age groups had started dating younger and in the youngest age group there had been a lack of parental supervision over dating. The authors therefore conclude that the unmarried mothers were not psychologically crippled but the pregnancy could rather be seen as the response to an 'emotional upheaval'. "Why, then did these 150 girls become pregnant out of wedlock? They represent an average group from average middle class homes and have had average education and dating experience for their age group. It is our impression that they became caught up in an emotional upheaval and made the mistake of not 'applying the brakes'. (p.27). The authors do not, however, describe explicitly what this emotional upheaval might be or the process by which it leads to an illegitimate baby. Like Vincent, however, they consider that this might arise from the conflicting norms regarding permissiveness to non marital intercourse while remaining condemning to illegitimacy. According to the social factors they discuss, the unmarried were very much like the married and did not display the psychopathology as described by Young, although this is discussed by comparing Young's stereotype of the unmarried mother with the mothers in the sample rather than by obtaining direct psychoanalytic data. The authors state that given the apparent normality of the group social factors rather than psychopathological explanations are more appropriate. They do not show, however, that psychopathological explanations are totally
inappropriate or the extent to which this was relevant to their sample. Although they show the relative normality of their sample and the lack of psychopathology they do not adequately elucidate an alternative explanation.

Similarly Von der Ahe found that the majority of unmarried mothers in his sample were 'normal healthy girls' whose pregnancy had resulted from being 'in love'. The sample was composed of 150 unmarried mothers obtained from four mother and baby homes. They had an average age of 22 with an age range of 12 - 30 years. They were predominantly white with 11.3% being non white. The data was obtained by means of a questionnaire administered to each of the sample individuals in their homes. The author found that 70% were from homes where the parents were married and living together and thought this negated the theory that broken homes were a prime factor in producing illegitimacy. Some 80% of the sample had decided to have intercourse with their baby's father because they were 'in love' and 53% had only ever had one sexual partner although 77% of them were having sexual intercourse within six months of dating. The 'cause' of the pregnancy appeared to arise more from lack of contraceptive use (87% had not used any form of contraception) than from any psychopathology.

These results do illustrate the many 'normal' features which can be found in unmarried mothers even when, as in this case, the sample is biased. This normality, is however, established on an intuitive basis rather than by comparison with a control group, so that the extent of the so called normality of the unmarried mothers was not
rigourously shown. Like Kinch's results, these results gave only an indirect invalidation of Young's theory and although as a group they were not seen like Young's stereotype the author did not show if any of them had the characteristics described by Young. These results show that Young's theory is not apparently of prime importance in explaining illegitimacy but an alternative explanation is not given. Whether there are distinguishing psychological or social features between 'normal' girls who have illegitimate babies and those who do not, cannot be assessed because a control group was not used. The extent to which these women were the 'casualties' of a particular behavioural system could also not be shown although this seemed to be the implicit conclusion of the authors.

In a research study which compared married and unmarried neurotic women Eilenberg found that the latter could be characterised by an absence of previous psychiatric illness and that which is found is reactive rather than deep seated. The aim of the research was to determine whether the presence of obvious neurosis was related to a greater incidence of obstetric abnormalities. Comparisons were made between those in whom neurosis ante dated the pregnancy and the reverse. The sample was obtained by following up all the women classified as suffering with a neurotic illness and pregnancy. This produced a sample of 22, 9 of whom were having illegitimate babies and five of these were once married. A control group of 30 legitimate primiparous, 32 legitimate multiparous and 30 illegitimate primiparous were obtained. The two groups were then compared to see if the diagnosed neurotic patients had any more obstetrical problems than the 'normal' pregnant women from the ante natal clinics.
Eilenberg found that as far as the previous mental history of the neurotic illegitimate pregnancies was concerned they had less than the legitimate pregnancies. "The clinical picture that emerges from the two groups....is that the illicit group is characterized by a relative absence of previous mental illness associated with a minimal family history of psychiatric disorder; the pregnancy is unwanted and a temporal relationship exists between the pregnancy and the affective disorder. In effect the psychiatric illness is predominantly reactive". (p.1101) The author found that although pregnancy exacerbated the neurotic symptoms, with psychiatric help improvement was noticed in 72.2% of cases. As far as the short term prognosis was concerned the author thought this was very good for those with an illegitimate pregnancy given that their neurosis was reactive rather than long standing. As the sample is so very small the extent of generalisation from these results is not very great. Although Eilenberg shows the neurosis to be reactive rather than long standing for mothers of illegitimate babies there is no alternative causal process suggested. It does, however, show the limitations of trying to determine the psychological antecedents to an illegitimate pregnancy during the time of the pregnancy when there may be a reactive neurosis to the situation.

In a much larger, though biased, sample Pearson and Amacher found I.Q. and personality profiles of unmarried mothers to be similar to the population as a whole. Their sample was composed of 3594 unwed mothers who had been tested for various child placement agencies in
the State of Minnesota during the five year period July 1st 1946 -
June 30th 1951. This sample composed 40% of all unwed mothers in
Minnesota in that 5 year period and more than 95% of such mothers
who surrendered their child for adoptive placement. All the mothers
had done the Stanford Binet I.Q. test and in 3450 cases there was a
review of the social caseworker's report referring to the unwed
mother's social and psychological state. The mean I.Q. for the whole
sample was very similar to that which would be expected for the popul­
ation as a whole. When the negro and native Americans were excluded,
however, it was found that an excess of cases in the defective range
and in the bright normal to superior range gave an average I.Q.
slightly different to that expected in the general population. The
authors explain this feature of the sample by the fact that unmarried
mothers of defective mentality may come to the attention of the social
work agencies because of their inability to cope. Those at the other
end of the intelligence scale will go to a social work agency for
adoptive purposes to avoid the stigma and social ostracism they would
encounter if they kept their baby. The authors also compared the
I.Q.'s of those who only had one baby with those who had two and
found that although the I.Q. of the 'repeaters' was lower than that
of the others, it was higher than that generally reported elsewhere
for unmarried mothers in general.

In an attempt to estimate the incidence of personality disorders
amongst the sample the reviews of the social caseworker's reports
were examined in 3450 cases. Only evidence of lack of social adjustment
or personality disorder prior to the pregnancy was considered. It was
found that 72.6% of the 3450 unwed mothers were judged normal with
an incidence of psychosis and mental deficiency which closely approxi-
imated that found in the general population. The overall incidence
of personality deviation appeared higher among those of lower intell-
igence, but as the authors point out, this could have resulted from
the social caseworker's inability to empathise with these mothers.

Like the previous author Pearson and Amacher after showing the
inadequacy of the personality/intelligence theories do not discuss
alternative processes which could lead to illegitimacy. Even although
their sample is biased, however, they are able to show to some degree
the extent of 'normality' among these mothers and the likely response
to the situation of being an unwed mother in different intelligence
groups.

In a comparative study of unmarried mothers and single never
pregnant women Vincent showed very small differences between the two
groups. Vincent used a number of different samples in his research
but the sample on which psychological aspects were tested were 189
unwed mothers attending the ante natal clinics of a hospital in
Alamada County. U.S.A. As the majority of this sample were relatively
young and from two mother and baby homes, a comparative sample of single
never pregnant women were obtained from a suburban high school in the
same area. The samples were matched according to 'broken homes',
(although a similar proportion were found in each sample) age, education
religious affiliation, parents' education, father's occupation and
parents' country of birth. This matching produced a sample of 50 single
never pregnant females from unbroken and 50 from broken homes compared
with 50 pregnant females from unbroken and 50 from broken homes. Each
of the sample were asked to do the 482 item California Psychological
Inventory and to fill in a lengthy questionnaire about their social
background.

The number of statistically significant differences between the
group mean scores was smaller than expected, as only six of the thirty
six comparisons involving the variable of premarital pregnancy resulted
in differences between mean scores. A broken home differentiated
between group mean scores on almost as many scales, although not always
so significantly, as did a premarital pregnancy. When the variable of
broken home was neutralised it was found that the unmarried mothers
had scored lower on the dominance, socialization, responsibility and
achievement scales which according to Vincent showed the extent of the
reaction to the illegitimate pregnancy. Both groups of unwed mothers
scored lower on femininity than the groups of single never pregnant
women but whether this was a reaction to the pregnancy or a factor
prior to the pregnancy could not be assessed by the author. An exam-
ination of differences between the items in each of these scales was
made to try and assess which were previously existing or resulting
attitudes and behaviour patterns. Most items whose answers contri-
buted to the low scores of the pregnant women were not peculiar to
an illegitimate pregnancy and some items covered behaviour patterns
of some duration. The author therefore concludes that to a large extent
the C.P.I. measured pre-pregnancy behaviour.
Although the result of the research was to show that the unmarried mothers had less positive personality profiles than the non pregnant, Vincent states that these differences are much smaller than anticipated. This does not, however, produce very much evidence as to why some women become unmarried mothers. According to Vincent this arises from a complicated configuration and interaction of psychological and social factors which give rise to such behaviour. (explained in further detail in the chapter on sociological explanations). He does not think that the slight psychological differences on their own are sufficient to explain this phenomenon.

The research examined so far has been mainly concerned with white American or English unmarried mothers. The study of illegitimacy in other cultures, particularly the American Negro and the West Indian has usually been more sociological than psychological and this is discussed in the appropriate chapter. A few psychological studies on other cultures (particularly Negro) have been done, however, and these even more than the previous research discussed point to the subcultural 'normal' aspects of illegitimacy in the culture. This is probably because of the greater incidence of illegitimacy in these cultures and thus its more apparently 'normal' aspect.

In a sample of adolescent Negro and White unmarried mothers and a control sample of non pregnant adolescents Gottschalk found that it was different life experiences rather than individual psychopathology which led to the pregnancy. The sample of pregnant girls aged 16 and younger was obtained from the ante natal clinics of an American hospital. The non pregnant control group was obtained from two public
junior and senior high schools from which it was discovered 80% of the pregnant had attended. The total sample was composed of 131 girls, 26 of whom were white pregnant, 19 white non pregnant, 50 Negro pregnant and 36 Negro non pregnant. Each of the girls was interviewed using a semi-structured interview schedule and the pregnant girls were also seen by a psychiatrist and psychiatric social worker.

The author found that the Negro and white girls whether pregnant or non pregnant were more similar than dissimilar and that differences between pregnant and non pregnant were not necessarily causally effective in producing illegitimacy. As far as the Negro girls were concerned the pregnant were more likely to have a working mother, less likely to have had overt physical punishment and were more likely to have dated twice a week or more. The pregnant Negro girl was also more likely to have begun menstruating earlier, was less likely to have suffered problems with menstruation, was less likely to learn about sex from school, was somewhat more likely to have suffered a family death in the two years prior to the pregnancy. She was, however, also less likely to have experienced neurotic symptoms prior to the pregnancy although these may have arisen during the pregnancy. The differences between the white pregnant and non pregnant girls were very similar although there was no difference in where knowledge of sex was obtained, and the pregnant were more likely to have experienced neurotic symptoms, although this difference was not statistically significant. The author then concludes that social and individual factors relating to greater receptivity towards sexual intercourse
are the factors which are important in producing illegitimacy.

".....certain life experiences are associated with adolescent pregnancy and they are experiences which minimize the social taboos with respect to youthful, premarital sexual intercourse, such as the relative absence of parental supervision and discipline and the relative lack of reinforcement of Judaic Christian ethical codes." (p.532)

Other factors in the social situation leading to pregnancy were:

having a mother or sister who had a baby in her teens, having a seductive father or brother, being in a peer group with strong positive norms towards sexual relationships and pregnancy and for a small minority, psychological depression which leads to little attempt to resist sexual intercourse.

Having found that no psychological factors distinguished the pregnant from the non pregnant in both groups the author then produces a social explanation. This would have carried considerably more weight if information about sexual practices could have been obtained from the control group (the author was not allowed to collect this information by the Education Authority). As it was, the effect of particular family configurations on sexual practices had to be inferred as far as the control group was concerned so that on this point the data was not strictly comparable, greatly reducing the validity of the results. Nevertheless the similarities between the groups was brought out although, as the author points out, the results may not be generalised either to other age groups or to other sectors within society.
In a much more representative sample of Negro and white American women who were not married when they had their first child, Pope (a) found that the pregnancy was the result of an ordinary sexual relationship sanctioned by family and friends. The sample was composed of 387 white and 552 Negro unmarried mothers selected from those women in various North Carolina counties who were recorded on the birth certificates issued between 1960 - 61 as having an illegitimate baby. The final sample over-represented urban areas and under represented those in the higher socio-economic groups. They were interviewed between 6 months and 2½ years after giving birth to their illegitimate child. Pope found that only a minority of these women had had a liaison, unknown to and in isolation from, social ties of family and friends. Most of the women had known their partner for at least 6 months before having sexual intercourse and were often committed to their partner by regular dating or planned marriage. In most cases the backgrounds of their sexual partners were not very different to their own showing that these couples were similar to courting couples generally; they could not be characterized as deviant, exploitative or lacking in exposure to the normal social controls. Pope concludes that the so-called deviance arose from the attitude of society to the pregnancy rather than from the sexual behaviour of the women themselves. He states that the higher illegitimacy rate among the Negro reflected their lesser propensity to marriage rather than more individual psychopathology. While showing that most of the women in these groups had indulged in normal sexual behaviour, without a control group he was unable to show why these particular individuals had illegitimate babies.
He suggests that this would require a longitudinal study which compared individuals' sexual behaviour over a period of time and compared those who had illegitimate babies with those who did not. (summarised on pl26 & 7)

The psychological research described can be divided into two sections. Firstly that which, by comparing unmarried mothers with others, shows the personality differences among unmarried mothers which apparently led to the pregnancy and secondly, that which compares unmarried mothers with a control group to try and bring out the similarities and relative 'normality' of the former. The kind of explanation given in the first case is in terms of such factors as extraversion, neuroticism, ambivalent ego identity, impulsivity, poor tolerance and low I.Q. These kind of personality factors hypothetically lead to such behaviour, since being more outgoing and having more sexual contacts, being unlikely to use contraception, seeking a secure understanding relationship with sexual fulfilment, may on their own or in various combinations lead to an illegitimate pregnancy. This is summarised in the diagram on p128. The problem with most of this research is that while it shows the predisposing factors and the behaviour this could produce, which could in turn lead to illegitimacy, there is not usually the comparison with a suitable group to show why those factors lead to particular behaviour and resulting illegitimacy in individual cases. The discussion is therefore in terms of what are the necessary but not sufficient conditions for illegitimacy to occur.

In showing that much illegitimacy arises from normal sexual activities many researchers either fail to show that illegitimacy
<table>
<thead>
<tr>
<th>Author</th>
<th>Date</th>
<th>Sample</th>
</tr>
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<tbody>
<tr>
<td>Pearson &amp; Amacher</td>
<td>1956</td>
<td>3,595 unmarried mothers tested for I.Q. between 1946 - 1951 because placing child for adoption. (Sample composed of more than 95% of mothers placing their baby for adoption in Minnesota - 40% of all unmarried mothers in the area).</td>
</tr>
<tr>
<td>Eilenberg</td>
<td>1960</td>
<td>22 Neurotic women, 9 of whom were having illegitimate babies (5 once married). Control group of 30 legitimate primiparous, 32 legitimate multiparous, 30 illegitimate primiparous.</td>
</tr>
<tr>
<td>Anderson, Kenna &amp; Hamilton</td>
<td>1960</td>
<td>62 unwed adolescent primiparous women attending a hospital ante natal clinic. 86% of adolescent unmarried mothers in the clinic; was representative of a Northern lower middle class/working class group.</td>
</tr>
<tr>
<td>Eysenck</td>
<td>1961</td>
<td>100 unmarried primiparous women mainly from a Mother and Baby home. 100 married women from hospital and ante natal clinic.</td>
</tr>
<tr>
<td>Vincent C.</td>
<td>1961</td>
<td>109 unmarried mothers attending hospital ante natal clinics. Control sample of 100, 50 from broken and 50 from unbroken homes from the same area.</td>
</tr>
<tr>
<td>Hathaway &amp; Monachesi</td>
<td>1963</td>
<td>11,329 ninth graders from 92 schools in 86 cities and towns representative of 47 of 87 Minnesota counties. The 117 who eventually became pregnant were matched for age and socioeconomic status with similar number of never pregnant women in sample. Followed up 3 years later.</td>
</tr>
<tr>
<td>Gottschalk</td>
<td>1964</td>
<td>26 white pregnant and 50 Negro pregnant unmarried mothers from the ante natal clinics of 2 hospitals. Control group of 19 white never pregnant and 36 Negro never pregnant women from local schools.</td>
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<td>Author</td>
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<tr>
<td>Barglow et al</td>
<td>1968</td>
<td>78 'early adolescent' unmarried mothers aged 11-16. Sample were negro, low socio-economic status from 'culture of poverty'. Those pregnant once compared with those pregnant for second time.</td>
</tr>
<tr>
<td>Von der Ahe</td>
<td>1969</td>
<td>150 unmarried mothers from 4 maternity homes in Los Angeles.</td>
</tr>
<tr>
<td>Aug &amp; Bright</td>
<td>1970</td>
<td>24 unmarried and 22 married white and negro mothers from the obstetric clinic of University of Kentucky Medical Centre.</td>
</tr>
<tr>
<td>Weir S</td>
<td>1970</td>
<td>Representative sample of 247 mothers from all hospitals in Edinburgh.</td>
</tr>
<tr>
<td>Floyd &amp; Viney</td>
<td>1974</td>
<td>32 Unmarried mothers from a mother and baby home. Control sample of 30 never pregnant women students.</td>
</tr>
</tbody>
</table>
Diagram to show Summary of Psychological Explanations

Predisposing Factors

- Extraversion
- Neuroticism
- Ambivalent ego identity
- Impulsivity and poor tolerance
- Low I.Q.

Precipitating Behaviour

- Outgoing disposition and gets more sexual contacts
- Not used contraception
- Wants secure and understanding relationship and sexual fulfillment

ILLEGITIMACY

Figure 3:2
has any explanation at all or that various social factors are of more importance. These latter might be such things as knowledge and availability of contraception, opportunity for sexual activity and lack of parental supervision which may interact with the 'normal' activities described to produce illegitimacy, as shown in the diagram on p. 130. The problem with this research is that by showing the normality of the behaviour which precedes and leads to illegitimacy the explanation of illegitimacy in these psychological terms becomes impossible. If most people indulge in the sexual behaviour that results in illegitimacy then presumably this will include individuals with all types of personality configuration. Illegitimacy would be a chance occurrence and it would be expected that the personalities of unmarried mothers would be representative of women in the population. To demonstrate the psychological 'normality' of unmarried mothers is to show that psychological theories either cannot explain or only explain a small proportion of illegitimacy.

Comments on the Psychoanalytic and Psychological Theories

The particular theories so far discussed are theories which on the whole attempt to explain why women become unmarried mothers rather than why they have illegitimate babies. The psychoanalytic theories in particular focus on the young and adolescent single mother and on the whole ignore the once married mother. A few of the studies, notably that of Weir, have a representative sample of mothers of illegitimate babies rather than a sample of unmarried mothers but on the whole these studies focus on the latter rather than the former. This may relate to the way in which these types of unmarried mother are more
Diagram to show summary of Illegitimacy as related to Normal Sexual Practices

Individual Factors
- Normal sexual activities
- Normal emotional upheaval of adolescence

Social Factors
- Availability and general knowledge of contraception
- Opportunities for sexual activities
- Lack of parental supervision

Interaction between factors

ILLEGITIMACY

Figure 3:3
likely to be defined by a social agency as 'a problem' so that the focus of interest tends to be on them rather than mothers of illegitimate babies as a whole. The way in which samples were obtained from mother and baby homes tended to reinforce this particular focus. Attention was paid to those who needed 'help' so that many psychological explanations of 'illegitimacy' or 'illicit pregnancies' in fact refers to unmarried mothers from this category only. Some years ago before the rise in the divorce rate when the proportion of young once married women of childbearing age was much smaller there may have been rational reasons for doing this, but since the rise in the divorce rate 'once married' mothers of illegitimate babies have probably become an increasing proportion of mothers of illegitimate babies. Barbara Thompson found in Scotland, for instance, that once married mothers of illegitimate babies accounted for nearly a third of all mothers of illegitimate children. They are, however, ignored almost completely by the psychoanalytic and psychological theorists.

The psychoanalytic theorists ask the question why do unmarried mothers become pregnant? and explain the behaviour leading up to having an illegitimate baby in terms of unconscious motivation. The difficulties relating to the validity of the data have been discussed as have been the general problems relating to biases in the samples and lack of control groups. By focusing on the pregnancy these theorists ignore individuals who may be indulging in similar sexual behaviour but do not get pregnant. They also ignore married women who may have similar unconscious motivations but who have managed to get married so that they do not have an illegitimate baby.
The psychological theories ask the question what factor of personality is responsible for the type of behaviour which leads to an illegitimate pregnancy? Unlike the psychoanalytic theorists these theorists see the events leading up to the pregnancy more as a set of probabilities than a necessarily linked chain. Thus individuals who have a certain configuration of personality traits will tend to indulge in certain dating/sexual behaviour which could lead to an illegitimate pregnancy. Unfortunately, what distinguishes those who have an illegitimate baby from those who indulge in the same behaviour but do not become pregnant is not discussed in detail. It is, however, assumed that unmarried mothers have personality configurations which distinguish them as a group from the rest of the population.

In both psychoanalytic and psychological theories it is assumed that the individual's personality factors are the over-riding factor which determines whether an individual becomes an unmarried mother. Clearly, however, becoming an unwed mother does not just involve becoming pregnant. A number of decisions relating to abortion and marriage can be taken during the pregnancy so that all illegitimate pregnancies do not necessarily end up as illegitimate babies. Social factors such as the availability of contraception and abortion, and the social norms surrounding marriage will greatly affect the extent to which illegitimate pregnancies become illegitimate babies. Thus although the explanation for the illegitimate pregnancy may be made in psychological terms, what happens to the pregnancy may relate more to these social factors and the individual's interaction with them than to the personality of the individual, although the social factors are given less importance amongst psychoanalytic theorists. Given
the unconscious motivation towards pregnancy psychoanalytic theorists state that the individual will be impelled to ignore social factors (for example, abortion by not telling anyone about the pregnancy until it is too late for an abortion) so that the illegitimate pregnancy must result in an illegitimate baby.

Many of the apparent differences found between unmarried mothers and the rest of the population disappear when a representative sample of such mothers is obtained. By showing their apparent normality however, as mentioned before, gives more weight to social and interactive factors and makes personality variables only one aspect of the causal behaviour which leads to illegitimacy. A more serious criticism of all this work, however, is in the logical problems related to designing this research. All the unmarried mothers were seen either during the illegitimate pregnancy or after the birth of an illegitimate baby. It is therefore very difficult to assess the extent to which the psychological differences found are the result rather than the cause of the pregnancy. As Pauker asks "Are they different because they are pregnant. Are they pregnant because they are different?" (p.47) Comparisons will not overcome this as one cannot 'neutralise' the effect of the pregnancy by, for example, comparing with married pregnant women to whom the pregnancy has a completely different meaning. Thus, the only way to validate psychological theories of illegitimacy is to carry out a longitudinal study which compares the personality profiles of unmarried mothers with others prior to the pregnancy. Once they are pregnant there is no way of sorting out which personality variables are the result or cause of the pregnancy, and even retrospective information about past psychological factors are likely to be distorted by the present pregnancy situation.
Most of the psychological research discussed so far suffered from this logical problem, and it cannot be seen as an ultimate refutation of the psychoanalytic and psychological theories the researchers purport to be testing. Giel and Kidd discuss the pre-pregnancy medical records of university students, but this is a very specialized population and reservations could be made about the type of data used. A longitudinal study which gives the strongest evidence for the 'normality' of unmarried mothers and thus the limited scope of psychological theories is the prospective study of Hathaway and Monachesi. The results relating to unmarried mothers were analysed by Pauker.

In 1954 as part of a longitudinal study of adolescent personality Hathaway and Monachesi administered the M.M.P.I. to 11,329 ninth graders in Minnesota. The students came from 92 schools in 86 cities and towns that represented 47 of the 87 Minnesota Counties. At the time of testing the students filled out a personal datasheet, their teachers did a report of them and microfilms were made of school records. Three years later follow-up surveys were made and still later additional data was collected. Of the 5,207 girls in the 'statewide' sample 117 were reported to have become pregnant after they had taken the M.M.P.I. which meant that their test results would not have been 'contaminated' by the fact of pregnancy. These 117 were matched as far as possible on a number of variables such as age and socioeconomic status. The M.M.P.I. test results were compared and it was found that the girls who later became unmarried mothers were as a group more energetic, less bound by custom and more outgoing
or socially active. There was also some suggestion that the unwed mothers were not as bright as the control group. Disruption of the home by separation or divorce was a contributing factor in some cases but this situation was present in only 12% of cases. These were the detectable differences but the girls were more similar than they were different and there were large areas of overlap. According to Pauker in the matched pairs it was difficult to predict which one would become an unmarried mother although he does not justify this statement statistically.

The total group in the Hathaway and Monachesi sample a further 56 became pregnant after high school graduation. This sample were matched in a similar way to the previous one and comparisons made on the psychological and social data. In comparing these groups there were no statistically significant differences in personality or I.Q. test results, disruption of the home by death of a parent could have been a contributory factor in 13% of cases. The main difference between those who become pregnant while at school and those who became pregnant after school was that the former were slightly less intelligent than the latter.

This piece of research, which overcomes the logical problems related to the testing of psychological theories is probably the strongest evidence that previous researchers have greatly overestimated the influence of personality variables in producing the kind of behaviour which leads to illegitimacy. This is not to say that no unmarried mothers became pregnant mainly as a result of personality factors but the proportion doing so may be very small and this could only be tested by a longitudinal study which measured pre-pregnancy
differences as above. Social and/or interactional factors may explain more illegitimacy than psychological aspects of personality and these social factors will be examined in the next chapter.
Chapter 4.

**Sociological Explanations of Illegitimacy**

Sociological explanations of illegitimacy take as their starting point Malinowski's principle of legitimacy which derived from his anthropological work with the Trobriand Islanders. In 'Parenthood - The Basis of Social Structure' Malinowski attempts to elucidate the laws which define the constitution and nature of the family and parenthood by examining the stable and universal fundamentals within these relationships. Taking a functionalist standpoint Malinowski dismisses the evolutionary theorist. There were two aspects of these evolutionary theories against which Malinowski argued. The first was against the theories of Briffault, Bachofen and others which stated that originally humans lived in a state of promiscuity within the clan and that this gradually evolved to the forms of marriage and the family known today. These theories arose to explain the complicated classificatory kinship systems found amongst primitive tribes. Originally there was no marriage and no fatherhood, with women having a degraded position within society, debased as they were by male lust. Eventually women revolted against this position and created the right to love and exercise choice though not yet exclusiveness in mating. To help them in doing this they turned to their 'natural' male protector - the brother - and thus the avunculate became an institution associated with mother right. In this way some order was produced regarding the responsibility towards progeny which gradually developed into the mother's right to choose her lovers and own her own children. Evidence for this development was given in the form of the primitives' systems
of kinship. In the case where all men of the tribe were designated as 'fathers', all females as 'wives', men of similar generations as 'brothers' and those much younger 'sons and daughters', this was explained as the linguistic expression of promiscuity and of its later development, group marriage. Words and verbal usages therefore 'survived' after their sociological foundation had vanished. Such behaviour as the couvade and varieties of standardised sexual liberties and excesses were also described as survivals of this developmental progress.

The reaction to this type of explanation was exemplified by Westermarck. He used the Darwinian theory of natural selection to put a serious query against the assumption of promiscuity and group marriage, attempting to show that this was incompatible with selective mating which according to Darwinian theory was necessary to the survival of the species. Westermarck pointed out that both marriage and the family play a conspicuous part in the most primitive societies known to us and that the father is always the head of the individual family and household even where kinship is traced through women. Marriage was therefore rooted in the family, rather than the reverse, as a necessary requirement for the existence of certain species, owing its origin to an instinct developed through the powerful influence of natural selection. Westermarck produces evidence to show that among the earliest human ancestors the family, not the tribe, framed the nucleus of every social group. this being particularly true when food was short. With the progression of intellectual and material civilization came the growth of tribes so that this form of social organisation was the
secondary rather than the fundamental type. The author explains the nomenclature as related to the social status of people within the tribe rather than as survivals from the past. Similarly such behaviour as the couvade can be explained in terms of a custom which can itself be related to other economic or social factors within society rather than seeing it as a survival. In all societies marriage, particularly monogamy, was the norm with other types of sexual behaviour being seen as deviations explainable in the social situations of the societies under examination. Westermarck did, however, take an evolutionary approach by using the theories of Darwin and by showing that the history of human marriage was the history of a relationship in which women "gradually triumphed over the passions, the prejudices and the selfish interests of men" (p.550).

Malinowski, however, thought that evolutionary theorists were incorrect because they gave great importance to only some aspects of social life and constructed theories which explained these aspects rather than looking at the totality of social life. According to Malinowski it is not appropriate to view family and clan, individual and classificatory kinship as stages which succeed each other, one of which is a 'survival' the other an innovation. They are two aspects of kin which always appear in conjunction, although one or other side may sometimes be almost in abeyance. He thought that by discovering the way in which individual and classificatory kinship are connected the underlying principles of the procreative institution of mankind would be determined. Once the question of filiation, i.e. mother
right or father right is discussed a complex of problems deriving from kinship, i.e. the contribution of clans and moieties to the cohesion of society, the function of collective solidarity, the function of exogamy and group reciprocity will have to be faced. From a functionalist point of view, however, Malinowski maintains that the pieces will fit together once the underlying principles relating to parenthood have been elucidated.

Malinowski begins by asking: What is the main function of kinship? and says that although the biological answer of the continuity of race is the obvious one the continuity of culture is as deeply involved in kinship as is the continuity of the race. Whatever the similarity between the clan group and the family, however, the reproductive conditions within the clan are carried out by single pairs. This biological fact, however, does not imply particular social relationships. Assuming that human instincts are almost infinitely plastic there is no logical reason why the communally constructed clan cannot completely replace the biologically constructed family. For although the child is produced by one man and woman if it were brought immediately under the control of a group of fathers and mothers the early influences which shape its kinship ideas and kinship theories would be collective not individual. Deriving from this is the problem of what the initial situation of kinship really is. Is the child born into a clan or a family; is it brought directly under the influence of groups or individuals? Is it ever possible to have 'group' motherhood or 'group fatherhood' or must there always be individual mothers and fathers, not only in the biological but social sense of the words? Malinowski attempts to answer
these questions by examining the biological and social aspects of procreation and socialisation.

He begins by establishing maternity as both a biological, cultural and social fact. Any woman in any society has to undergo a period of hardship and discomfort in order to give birth to a child during which the child is an intimate and integral part of her own body giving rise to strong emotions. He then goes on to show how this individual link could not be broken by any sociological mechanism which severed the individual link between mother and child and merged it with a "collective motherhood". He then goes on to document the various ways in which most of the ceremonial, moral and legal rules surrounding conception, pregnancy and birth establish and reinforce the individual ties between prospective mother and future child. Social and cultural influences endorse and emphasize the original individuality of the biological fact. Even in the case of adoption where the cultural tie substitutes for the biological one the individuality of the mother-child tie will be stressed.

The mother's biological role is obviously of prime importance and continues after the baby is born, while that of the father is apparently less important and finishes when impregnation has occurred. As Malinowski points out, however, the father is regarded by tradition to be indispensable as the woman has to be married before she can legitimately conceive. The cultural recognition of the father is crucial if the child is to have family links with the wider society. It is from this situation that Malinowski derives his universal principle of legitimacy which can be stated thus: - "The most important moral and legal
rule concerning the physiological side of kinship is that no child should be brought into the world without a man - and one man at that - assuming the role of sociological father, that is, guardian and protector, the male link between the child and the rest of the community" p.35. The form which this principle assumes varies according to a number of factors; the laxity or stringency surrounding prenuptial intercourse, the value set upon virginity, the ideas about the mechanisms of procreation, and probably most importantly whether the child is a burden or an asset to its parents. Throughout all variations, however, the father is necessary for the full legal status of the family and freedom to have children outside marriage is, according to Malinowski, universally condemned.

This does not mean, however, that freedom of sexual intercourse outside marriage is also condemned as although sex and parenthood are linked biologically they are not necessarily linked culturally. Thus, in societies where prenuptial intercourse is perfectly legitimate marriage is still regarded as essential to equip the child with a full position within society. Even where an unmarried mother may not trouble about her sociological status because the fact of having children makes her more desirable, she is likely to quickly acquire a husband who may or may not be the biological father of her child. The link between sexuality and parenthood is made by marriage which cannot therefore be defined as the licensing of sexual intercourse but rather as the licensing of parenthood. Malinowski goes on to document various ways in which sexual license outside marriage may be socially acceptable and concludes that this may actually strengthen the institution of marriage which makes full sex, that is parenthood, exclusive and individual.
Thus, through the principle of legitimacy, marriage is the license for parenthood and is the key to understanding many of the customs surrounding procreation.

Malinowski described his principle as universal, a fact which would require further research and testing. In a summary of information on 250 societies George Murdock found that none of them accepted childbirth out of wedlock. All the societies distinguished between legitimacy and illegitimacy and applied legal or social penalties of varying severity to the parents and sometimes the children. In recent times, however, some countries notably Sweden and Jamaica have abolished the concept of illegitimacy, rather suggesting that the principle of legitimacy may not be as universal as Malinowski suggested. In the case of Sweden, however, whether a child is born in or out of wedlock the law recognizes that he is a person and, as a child, a helpless person in need of protection. Part of that necessary protection is the right of every child to have an acknowledged father and the aim of Swedish legislation is to provide this. Before the expected date of confinement the unmarried mother must notify the local child-welfare committee and a child welfare guardian is appointed, the responsibility of whom is to safeguard the rights of the child, to ensure that parentage is established and that the child will receive financial support. The duties of the guardian continue until the child is eighteen or until his help is no longer required. Paternity can be established either by voluntary acknowledgement or by judicial procedure which only involves the woman showing that he could have been the father. If it can be established that the man and woman had intercourse when the child could have been
conceived, then that man is considered to be the father and must support the child throughout its life and the mother six weeks before and six weeks after confinement. Unless they were engaged at the time of conception, however, the child takes its mother's name and although able to inherit from her and her family is not entitled to inherit from his father and his family — unless the father voluntarily decides that he wants this to be the case.

Far from negating the universality of this principle the example of Sweden shows that while accepting the fact of the unmarried mother the male link between the child and the society is nevertheless provided. The difference is that this male link is not necessarily provided through marriage so that although on the basis of this case one can question the role of marriage as related to Malinowski's principle, the principle itself as regards its function remains intact. There are no legal and possibly few social disabilities on the unmarried mother which force her to provide her child with a male link to the society through marriage. She does have to, however, provide this male link by other means which provide her and her child with support and a legitimate social status. While not disproving the universality of this principle it does show how it might be established by means other than marriage.

In attempting to explain illegitimacy, however, theorists usually assume the universality of this principle and explain illegitimacy by examining the strength of the norms either implicitly or explicitly surrounding the behaviour which leads to it determining why the norms surrounding legitimacy should be weak.

K. Davis, writing in 1939 attempted to explain the rising level of
American illegitimacy in this way within a functional explanation of reproduction. This states that the function of reproduction - i.e., the production of new socialised members for society, - can be carried out in a socially useful manner only if it is performed in conformity with institutional patterns. This is because only by means of an institutional system can individuals be organized and taught to cooperate in the performance of this long-range function, and the reproductive function be integrated with other social functions within society. The reproductive and familial institutions constitute the social machinery by which this process takes place. The birth of children in ways that do not fit in with this machinery must be avoided, otherwise the institutions will not be maintained and society itself may breakdown. Davis describes nine kinds of illegitimacy some of which are more severely condemned than others and some occurring more frequently than others. They are as follows:

A Cases violating the simple rule that procreation should come after the parties are married (1) illegitimacy as a result of simple fornication.

B Cases offending the rule of non adulterous fornication (2) one sided adultery with the illegitimate mother married (3) one side adultery with the illegitimate father married (4) symmetrical adultery.

C Cases disobeying the law of non incestuous procreation (5) brother/sister incest (6) father/daughter incest (7) mother/son incest.

D Cases violating the rule of caste endogamy (8) intercaste illegitimacy

E Cases violating the principle of non reproduction of celibate groups (9) celibate illegitimacy.

There are norms within society which discriminate against illegitimate children and thus reaffirm the approved way of having children.
Nevertheless illegitimacy continues to occur and, at the time Davis was writing was rising. Why is this?

Davis attempts to explain this by asking firstly why forbidden intercourse takes place and secondly why the intercourse sometimes leads to illegitimate births. He states that the former cannot be explained only by the 'imperiousness of the sex urge' as this is probably a universal biological factor. We must therefore look at the inconsistencies within the institutional system of which this behaviour is a violation.

"Our own culture extols quick and violent love for the accidental object of one's fancy in courtship but expects the person to forget such love after marriage. It defines intercourse as a mystical and important thing, and yet requires restraint during the period when youthful vigor is at its highest. It describes adulterous behaviour as one of the "joys of the flesh" and yet decrees that no one shall have a secret hankering to partake of these joys." p.220 According to Davis these inconsistencies can be found in all societies so that societies have to provide some sanctioned modes of release, hedged round with cultural taboos to keep them from going too far. When these vicarious thrills such as drama, music or dancing are not sufficient, individuals may push beyond the bounds to illicit consummation which may result in an illegitimate baby with consequent societal disapproval.

Intercourse on its own, however, is not sufficient for consequent pregnancy so that Davis then has to examine the reasons why intercourse should lead to pregnancy in certain cases. He thought that this arose from the failure of society to provide adequate contraception and abortion. The reason for this being that it would break the connection
between the sexuality and the bearing of offspring, and a powerful factor in the motivation to procreate would be lost. Thus, taboos against contraception, abortion and extra marital intercourse function to maintain a motivational gratification between sexual gratification and procreation within the socially accepted institution of marriage.

Davis then goes on to examine why the child should be socially condemned rather than the parents. This occurs because the child comes as a tangible and inescapable consequence of a clandestine act and is a point at which public indignation can "self confidently boil over" (223). According to Davis punishment for parental sin is not the sole motive as the legal and social disabilities reflect more on the child than the parents. The legal disabilities do not allow him to compete with actual or potential legitimate ties although the need to find support for the child by fixing responsibility on those who brought him into the world sometimes conflicts with this. This conflict is resolved to some extent by making him the responsibility of the mother and thus not interfering with the patrilineal family system as represented by the male line. These legal disabilities are also reinforced by the social shame which is put upon the mother rather than the father of the illegitimate child.

Although this is a consistent and plausible account of the reasons for a rising illegitimacy rate at a particular period in a particular time, a comparative study with another society with different illegitimacy rates would have given much more weight to his results. Davis himself states that the conflicting norms he describes as leading to illicit coition and illegitimate pregnancies are found in every society.
Presumably he must then mean that it is the degree of conflict in society which leads to particular levels of illegitimacy, but this cannot be assessed without a comparative study and was in any case not brought out clearly in the article. Thus, although interesting hypotheses could be derived relating to the degree of conflicting norms in society surrounding sexual behaviour as related to illegitimacy, this would need more research for validation. Davis could have done this using data from America only, either by doing a historical survey or by comparing the different levels of illegitimacy within different sectors of society; differences which he ignores completely in his writing. A further problem with the functional approach generally is the inability of it to explain a rising level of illegitimacy. Society's response to illegitimacy as a way of reaffirming the acceptable way of having children is only plausible when the level of illegitimacy is small and remains constant. Where it is very high or rising then presumably it is not performing this function very well. If the rising level of illegitimacy is being produced by the conflicting norms as described by Davis then there should presumably be other regulatory factors which can change this situation so that the illegitimacy rate is reduced; given the functionalist assertion that society is oriented to providing a particular type of family situation in which new socialized individuals can be provided for the society. Davis prescribes a course of action which could lead to a lowered illegitimacy rate such as compulsory sex education, free contraception and compulsory marriage or abortion for those who become illegitimately pregnant. He does, however, state that such action is likely to be unacceptable but is unable to offer an alternative
solution; thereby discounting the self regulating possibilities of society and calling into question the validity of functional theories as a whole.

How conflicting norms can lead to certain individuals having illegitimate babies is examined by Vincent. As described in the last chapter, Vincent attempted to find psychological differences between a sample of 100 unmarried mothers by comparing them with 100 single never pregnant women and concluded that the slight psychological differences found could not, on their own, account for the behaviour which led to having an illegitimate baby. Instead it was a complicated configuration of personality factors and interaction with the conflicting norms of society which were the causative factors in illegitimacy. By comparing the groups according to their personality profiles and whether they were pregnant or not, Vincent was able to show which configurations led to an illegitimate pregnancy which resulted in an illegitimate baby. He describes this as follows:— "The causal significance of a given configuration of factors for unwed motherhood is related to the degree to which the configuration either prevents the internalization of sex mores or minimizes the effectiveness of these mores after they have become internalised." p.181 Females would be subjected to a wide variety of value systems by mass communications media and in multiple reference and membership groups. If she has neither an internalized traditional value system of her own concerning sexual behaviour, nor the socialization experiences for developing one she is likely to be particularly susceptible to the sex enticement and fun morality themes being proffered and learned in a variety of 'differential association' and 'differential
identity' contexts. From the comparative data Vincent showed that traditional sex mores were not internalized when they were not taught, or not taught by 'significant others'. They were usually not internalized when superimposed by authoritarian, love withdrawing and rejecting socialization agents who severely restricted the female's freedom and opportunities to examine and evaluate given value systems on a developmental basis commensurate with her age. Aspects which minimized the effectiveness of internalized sex mores were early internalization and subsequent perception of greater value of non traditional (i.e. illicit) sexual behaviour than with traditional sexual behaviour. They were also ineffective when internalized if they had been inculcated on the basis of negative sanctions that the individual later perceived to be faulty.

Vincent uses a theory of deviant sexual behaviour represented in Sutherland's concept of 'differential association'. Illicit sexual behaviour is learned through identification and interaction with other persons within intimate personal groups in which definitions of illicit coition are more favourable than unfavourable. These definitions may have a 'positive' (e.g. as means to a cherished goal) or a 'negative' (e.g. as the rationale for behaviour to which guilt is attached) derivations. The favourable definitions may derive from a number of social practices and may be the accidental by products of the commercialisation of sex, research data on sexual behaviour, the philosophy of 'fun morality' and the emphasis on the primacy of primary relationships. There is thus a contradiction in the encouragement of the cause and censure
of the results in which those without strong internalized norms are likely to be caught.

Further evidence as to the way in which this is manifest in various social classes was obtained by combining the original sample of 189 from a maternity home with 427 unmarried mothers from physician's private practice in 1952 and 1954, 372 from an ante natal clinic and 74 from a mother and baby home. This gave a completed sample of 1,062 mothers which, while not representative in the strict sense of the word, did represent all social classes and also included once married mothers of illegitimate babies. All the mothers were asked what type of relationship they were in and it was assumed that the way this was described related to the kind of ego involvement the woman had felt in the relationship. Thus a 'love' relationship was seen as indicating high ego involvement, 'friendship' less ego involvement and a 'casual' relationship the least ego involvement. As hypothesised, the degree of ego involvement was closely associated with their socioeconomic status; more closely associated than race. Those reporting a 'love' relationship had partners whose occupational level was similar to or at higher levels than theirs, those reporting 'friendship' had equal but less closely related occupations while those reporting 'casual' relationships had partners with occupations at lower levels and not directly related to theirs. According to Vincent this gives some support to the hypothesis that for those in higher socioeconomic groups the opportunities for intimacy are more frequently selected from work. As work becomes less satisfying and the 'fun ethic' becomes more pervasive emphasis on ways of making work and working conditions more enjoyable will increase
opportunities for intimacies. For the middle and upper class woman sex is a means of self enhancement and status recognition evidenced by their propensity to have sexual relations with males of a higher socio-economic status than their own. Thus by a process of 'differential association' they put a high value on illicit sexual behaviour, which can of course result in an illegitimate baby. For the middle class as well as the lower class the process is the same although the social situation may be very different.

Although Vincent shows the social factors which relate to illegitimacy by focusing on illicit sexual behaviour he is examining only one factor relevant to the production of an illegitimate baby. As he did the research in the early 1950's when contraception and abortion were not freely available it is possible that these were not immediately important factors, but it is possible that they may have been available to certain sectors of the population and this should have been examined. The extent to which marriage during the pregnancy avoids the birth of an illegitimate baby is also not discussed.

Rains, in a study of mainly middle class women in a mother and baby home examined this concept of confusion and conflict over sexual behaviour, extending it to include attitudes and behaviour with regard to contraceptive behaviour. Like Vincent she found these mothers likely to report that they had been in a 'love relationship' with a partner of similar status. In response to cultural mores encouraging increased permissiveness and sometimes in anticipation of future marriage these women would enter into illicit sexual relationships. This would, however, be in conflict with their internalized norms relating to sexual behaviour.
so there would be ambivalence and guilt surrounding it. They would have to reconcile their behaviour as essentially 'bad' girls with their view of themselves as essentially respectable. They would question the status of the relationship (was it love or sex?) and their own self image (were they really respectable indulging in sexual intercourse?) With this conflict they could not bring themselves to obtain and use contraceptives as this would mean having to acknowledge the fact of sexual intercourse and thus facing up to the contradictions in their situation. By not using contraception they maintained a facade of respectability to themselves and were genuinely surprised when they became pregnant. Both Vincent and Rains identify these women as the most likely to go away, possibly to a mother and baby home, to have their baby, most of them putting it up for adoption. Like Vincent, however, Rains does not examine the other factors of abortion and marriage which can prevent an illegitimate pregnancy producing an illegitimate baby.

The research so far has been mainly concerned with illegitimacy in white societies, but many of the sociological explanations have derived from research into Caribbean and American Negro cultures. As the illegitimacy rates are much higher in these cultures explanations in terms of social deviancy have much less plausibility, although in America they have been described as 'deviant' or 'disorganised' subcultures in comparison with white culture. (Frazier). They have, however, posed an interesting problem in relation to the so called universal principle of legitimacy. When the illegitimacy rate is over 50%, as it is in some Caribbean cultures, does this not mean that the norm of
legitimacy is not to be found in this culture and cannot therefore be said to be universal?

This proposition is examined by Goode(a) who examines various claims that the high illegitimacy rate merely means that the norm of legitimacy has been redefined. Quoting writers such as Henriques and Herskovits, Goode describes how 'concubinage' (by which he means a man and woman keeping house together and raising children) or a consensual union is the equivalent or 'cultural alternative' of a legal marriage. It is a permissible way of founding a family and the children of such a union suffer no disadvantage from being illegitimate. At first glance this would seem to refute Malinowski's principle of legitimacy. Goode goes on to show, however, that although this form of union may be acceptable it does not follow that the norm of marriage does not exist. "Yet a closer examination of these and other reports prove conclusively that the norm exists, since in fact marriage is the ideal, and those who violate the rule do suffer penalties. The fact that perhaps a majority of certain of these populations do live in unions outside marriage, at some time in their lives, does not change the normative status of the rule." p.47 (reprint in Roberts) Goode examines evidence for this research done by other writers and describes how upper and middle class opinion in Jamaica is set against 'concubinage', how priests may shame a couple about the matter; how parents are angry when a single girl becomes pregnant; how few men accept illegitimate children into the union if they do marry; how illegitimate children are subject to more physical rejection and pressures of sibling rivalry. Finally, Goode points out that as individuals move through the life
cycle an increasing proportion do actually get married, which would be unlikely if the consensual unions were backed by a set of alternative norms. Similarly in Trinidad, Haiti, Martinique, Puerto Rico and Guyana where there were similar levels of illegitimacy.

Goode concludes that Malinowski's principle holds for these societies and that there is no special approval of the consensual union or 'counter norm' in favour of such a union. In none of these societies does the unmarried mother enjoy the same status as the married mother and her legitimate child. The degree of norm commitment, however, varies from one segment of the population to another. Individuals may reject norms and members of different strata may be less concerned than others about the norms. The lower strata being usually less concerned about the norms of legitimacy and less likely to obey them. It follows that Malinowski's principle needs reformulating in terms of the differences in norm commitment among different strata. Goode states that in fact the principle rests upon the function of status placement more than of locating a father as 'protector'. Consequently commitment to the norm of legitimacy will be greatest in the strata of society which enjoy the highest prestige and in which the concern with the father will be greater. The illegitimacy rate will, therefore, be related to some extent to the proportion of lower strata families within a society. Given a high rate of illegitimacy, however, the actual amount of stigma suffered by the child is likely to be less and the greater chance of the existence of the 'matrifocal' family.

Goode then goes on to consider how the lesser commitment of the lower classes of the Caribbean affects individuals in a way that results
in illegitimate babies and a high rate of illegitimacy. He says this can be shown in the courtship patterns where the woman must make essentially an individual role bargain. He sees courtship systems as market systems in which various commodities (beauty, personality etc.) are exchanged between the partners in a social situation where there is a community wide or stratum wide set of agreements about what is valuable and how valuable those characteristics are. There will also be a set of corresponding pressures which prevent the individuals from paying too much. In the Caribbean society, however, role bargains are struck in anonymity and isolation. Describing the work of Blake in Jamaica Goode describes how there is no 'free' adolescent courtship as in the U.S.A. where men and women meet under the protection of the women's relatives and peer group. Many or most of the men are ineligible for marriage because of their economic insecurity and as the first contacts are usually made away from home and without the knowledge of the family she must make the best bargain she can without the family's support. The average girl has little chance of marriage unless she is willing to gamble that a more permanent union will grow from one relationship to another. Motherhood lowers the girl's value in the marriage market, but if she does not produce a child for the man with whom she has a liaison her gamble of the liaison turning into a more permanent union is unlikely to pay off. A woman may, therefore, have several children by several different men in an attempt to find a long term relationship, but she will not be protected by her relatives or peers to the extent that she is able to demand marriage.

Other ways in which the norms surrounding legitimacy may break
down is examined in another article by Goode (b) where he describes the experiences of minority ethnic groups in the U.S.A. and emigrant African tribes. Here again the norms have broken down and high illegitimacy rates are the result, but the norm of legitimacy remains intact. Goode firstly considers the migration of Northwest European ethnic groups to the U.S.A. and using classical assimilation identifies the steps which lead to high illegitimacy rates. Prior to emigration the courtship system permitted considerable sexual freedom under indirect but effective adult and peer group supervision. The choice of sex partner and eventual spouse was restricted to a small group of the children of farmers where both young people would be known and accepted by both sets of parents. Illegitimacy would be likely to occur when there was some (probably economic) reason for delaying marriage rather than because either partner had rejected marriage. Childbirth outside marriage was not approved but the actual timing of the marriage was not a focus of intense moral concern. Goode thought that these customs were upheld within an integrated social and cultural system of norms which was not integrated with those of the dominant national society. When such groups emigrated to the U.S.A. they entered as individuals and families so that their initial social systems were undermined. They were dissolved by a numerically larger open class, individualistic, secular culture which gave substantial rewards to those who assimilated. In the transitional period the emigrant groups became somewhat anomic and lost their allegiance to their native cultural patterns, but for a while felt no great commitment to the norms of the dominant group. The in-migrants were typically at the bottom of the class structure.
where they were freed from both the older social controls and the social controls of the new country. The older generation was likely to be in conflict with the younger first generation immigrants who, although not measured in terms of 'anomie' or 'social disorganization' were likely to feel 'marginal' when they could not identify with the culture of the original immigrant population but did not identify with the host population either. Such transitional populations exhibited high rates of deviation in such areas as juvenile delinquency with illegitimacy as a similar deviant consequence.

Classical assimilation theory outlines the processes by which a 'native' system moves from being internally socially and culturally integrated to being internally non-integrated or anomic to being eventually absorbed. Individuals move from being in their native situation to losing this situation but gaining a new one in the host population. During this time, however, they pass through a period when they are not part of either situation during which illegitimacy may occur. This set of circumstances has to be modified somewhat to fit in with the experience of emigrating African tribes to the cities where similarly high levels of illegitimacy are found. According to Goode the natives in African urban areas have come from tribes where marriage was arranged and illegitimacy rare. Once in the urban areas, however, the knowledge of the elders was no longer respected because it was no longer effective. Even where the groups cluster together the social control exercised by such groups is likely to be reduced to the formal controls of the outside white society. At every turn the native is reminded that his parental culture and community have no prestige and can be ignored.
The emigrant African has, therefore, no need to bother about marriage as it no longer achieves its manifest objectives. It cannot maintain a respected lineage as kin has lost its importance in the urban agglomeration. It does not integrate tribes since the tribe itself is disappearing. It does not give a fully respected adult status to the young male since under the Western caste patterns his rank will remain a lowly one, and whatever rank he does achieve will be based on his occupation and not his tribal position. Without the social control and authority of the elders young people must make whatever individual role bargain they can, with the subsequent possibility of an illegitimate baby without the social control of family and tribe to force marriage when pregnancy occurs.

Goode then discusses the cultural penetration of the New World and describes the two different forms of destruction which took place. Firstly, in the Southern U.S.A. and Caribbean it was primarily an overwhelming of the native population together with the substitution of alien slaves, descendents of whom usually occupied the bottom strata of society. Secondly, and in a more complex way, in Latin America and Southwards the native population was overwhelmed and almost wiped out by forced dispersion and relocation in villages. With little economic expansion there was no need to use the natives in higher level jobs and with the whites opposing their culture it gradually disintegrated and was lost. The native social and cultural systems were therefore undermined by a closed class system rather than by the open class expanding industrial system described in the first instance. In the first case slavery undermined the status of the male and since the slave kin had no
social importance illegitimacy rates were high. In the second case the locus of economic and political power was in the hands of the whites. With no possibility of acceptance into the dominant social situation and not being allowed to follow their own culture Indian village norms were weak, with subsequent high rates of illegitimacy.

Goode therefore concludes that it is the community which maintains conformity to the norm of legitimacy. The individual decision within the role bargain will determine whether illegitimacy will be risked. Where the community cannot easily punish the deviant, as when it is lacking integration, more illegitimacy will be risked and a higher illegitimacy rate will be the result. In any population the maintenance of high commitment to the norm is dependent both on the commitment of the community to the cultural norm and the strength of its social controls. The extent and points of non integration in the cultures discussed could be described as lack of internal cultural integration in the communities with lack of social integration as well as a lack of integration, both cultural and social, with the dominant culture. Thus the illegitimacy rate would tend to decrease as integration was accomplished, as Goode shows with data from South America. The rates would also be indicative of the degree of national integration as well as the extent of internal integration of subcultures. Illegitimacy rates can therefore be explained in terms of low commitment to the norm of legitimacy arising from a lack of social control within the community, while the norm, as a norm, is held as the ideal by the community.

This approach has been criticised by Rodman (b) who then puts forward an alternative explanation for this phenomenon. He begins by
discussing the general high rates of illegitimacy and non legal unions found in the Caribbean and the disagreement on whether these patterns of behaviour are normative or deviant with respect to the value system of the lower class. As he says, this has some implications for sociological theory. "......if these patterns are normative, then they are very much at odds with the dominant values of the society, and if these patterns are deviant, then the behavioural patterns within the lower class are very much at odds with the normative patterns. As a result, the Caribbean data have an important bearing upon certain theoretical formulations, and most especially upon the general questions of the development of 'deviant' subcultures and the correspondence between behavioural patterns and normative patterns." p.673. He then goes on to show how Goode has taken the position that they are deviant but says that this is only partly correct. He considers that the factors which Goode uses as evidence for this proposition, such as the middle class' attitude to illegitimacy as deviant, the punishment by parents of illegitimately pregnant girls, the greater instability of cohabitation as compared to marriage, the fact that most people do marry and that marriage is preferred to cohabitation do not substantiate Goode's position. He considers that the values of other strata in society, the attitude towards illegitimate pregnancy and the relative instability of cohabitation are not relevant. The implication that most people do eventually get married is not to say that there may not be a set of alternative norms which back up non legal unions, which exists side by side with the norms which back up marriage. The two patterns may not be equally valued and there may be regularities as regards whether one or
other of the patterns will be followed. "The fluidity of marital relationships that is symbolized by the non legal marital union makes it possible for lower class individuals to adapt to the economic uncertainties they face. The lower class man's occupational and economic problems make it difficult for him to play the breadwinner role with ease; The non legal marital union provides a flexible relationship within which a marital exchange is made without the legal bonds of marriage. It is in the later age groups, after a non legal marital union has stood the test of time, that a marriage may be entered into in order to safeguard the legal rights of the wife and the children to the man's inheritance." p.675. Rodman therefore concludes that there is good reason for the increasing proportion of married within the older age groups even although the non marital union is normative and fulfills important functions within the lower class. He says that the mistake Goode makes is to confuse preferential information with normative information and to identify what is preferred with what is normative. To say that what is not preferred is deviant is fallacious as it is possible for a social institution to be less preferred and also normative. Rodman thinks this confusion derives from methodological factors in the fieldwork and goes on to describe how he avoided them in fieldwork in Trinidad in 1962.

The sample consisted of 97 men and 79 women, 14 of whom were interviewed at an Unemployment Exchange, the remainder being from remote villages where the author had previously carried out fieldwork. The sample was not representative but the interviews had been carried out in private so they were not contaminated by the presence of third parties.
Questions were asked of the respondents about marriage and non legal unions with deliberately worded differences to get an idea of the conditions under which legal and non legal unions were both preferred and considered acceptable. The predominant response within the sample was that marriage was preferred to the non legal union but that the non legal union was normative. Thus marriage is preferred but cohabitation is acceptable.

Rodman then goes on to discuss these results in the light of his thesis about a 'lower class value stretch' described in an earlier paper. "By the value stretch I mean that the lower class person, without abandoning the general values of the society, develops an alternative set of values. Without abandoning the values of marriage and legitimate childbirth he stretches these values so that a non legal union and legally illegitimate children are also desirable. The result is that the members of the lower class, in many areas, have a wider range of values than others within the society. They share the general values of the society with members of other classes, but in addition they have stretched these values, or developed alternative values, which help them to adjust to their deprived circumstances" p.209 (a)

It would be expected that social class status would be inversely related to normative acceptance of non legal marital unions and Rodman found some evidence of this although the class differences were not very great. He also found social class status to be inversely related to the existence of the 'value stretch' with the men having more acceptance of the non legal union than the women, with men 'stretching' their values
more than the women. Rodman then concludes that the factor which underlies these relationships is 'vulnerability to environmental circumstances.' The lower class have limited economic resources and face greater difficulty in maintaining a marriage relationship, the major impact of this falling on the man rather than the woman. He is therefore more likely to 'stretch' his values - as the results show. Thus, the more the environmental circumstances make performance in accordance with dominant values difficult, the more likely is the value stretch likely to exist, and Rodman thinks this might spill over into other areas such as education and occupation. Thus the value stretch is a response to a particular situation and is neither a rejection of dominant values with a development of alternative values or a sharing of dominant values and a rejection of alternative values. It is an acceptance of a parallel set of norms which makes it possible to share the dominant values while at the same time coping with a deprived economic situation.

Although Rodman has pointed out and made clear the way in which contradictory but acceptable norms may be held it is very unclear as to whether 'the value stretch' is an ex post facto explanation or rationalization of what has occurred or a set of norms which individuals use to come to terms with their situation. If it is the former then he cannot be said to have invalidated Goode's work. Goode, using the results of Judith Blake shows how the young male and female Jamaican have a relationship which they hope will turn into some kind of long term liaison. Given the social situation this is unlikely and when marriage is clearly not possible an illegitimate baby with unmarried mother is the result. It is unclear from this research whether at this
stage the two young people approach the relationship with a set of acceptable alternatives which include cohabitation as well as marriage, or whether they approach it with only the alternative of marriage in mind and change their ideas as a result of circumstance. Goode clearly believes that the latter is the case whilst Rodman is unclear on this point and presents no evidence either way. If the latter case is the true one, however, then the 'value stretch' is a set of ex post facto rationalizations which are not necessarily a set of normative standards, so that Goode's theory remains intact. Only if Rodman can show that the 'stretched' set of acceptable alternatives is present in most people throughout most of their adult lives will he be able to show that it is a set of normative standards rather than just a rationalization resulting from experience. This of course stems from the difficulty of establishing empirically what the norms of a society are, particularly when they are conflicting. In this situation, asking people about values and behaviour may give rise to data which is a mixture of rationalizations relating to the situation actually found with an affirmation of values desired.

Christensen, in an attempt to test the theory of cultural relativism examines the norms relating to sexual behaviour and the extent to which greater or lesser levels of permissiveness affected firstly levels of illegitimacy and secondly pressure either for hasty marriage or for subsequent divorce. To examine culture as a variable, Christensen took three widely divergent areas. Firstly Utah where the Mormon Church is dominant and where premarital sex norms are conservative and somewhat
puritanical. Secondly the state of Indiana which was in many ways
typical of the U.S.A. as a whole, with heterogenous culture, average
rural - urban distribution and average variation in social indices
such as socio economic status and education. Thirdly Denmark which
has a long tradition of sexual permissiveness, and a culture where
religion is not a strong motivating force. The author went on to
examine the incidence of premarital conception in the three areas by
looking at the rates of abortion, illegitimacy and the number of
weddings preceded by pregnancy. With regard to illegitimacy it was
found that the rate was lowest for Utah, highest for Denmark with
Indiana in between. By using various record linkage studies in each
area he found a similar relationship with premarital conceptions with
the least in Utah and the most in Denmark. In each area he also found
differences in relation to the different sectors of society which ex­
hibited this behaviour, with the lower classes in each area having
higher illegitimacy and premarital conception rates. Christensen
also found that the time lag between conception and pregnancy was
shorter for those in Utah suggesting that having indulged in sexual
intercourse was sufficient to hurry couples into marriage. In Indiana
the time lag was slightly longer, most people marrying two months
after conception suggesting that people get married as soon as a
positive diagnosis for pregnancy has been given. In Denmark, however,
most couples get married five months after conception which, the
author suggests, may point to the norm for this society.
Christensen therefore concludes that the evidence supports the theory
of cultural relativism with the most liberal culture having the highest
level of premarital conceptions. The extent to which high levels of
premarital conception relate to age and class in each society, however, suggested to the author the existence of certain universals independent of the cultural variable.

Unfortunately this argument is very circular as there is no definition of 'culture' and no indications of the way in which the culture impinges on individuals to bring about the results described. From the way Christensen uses the concept of culture he probably means the rather general definition of 'the total life style of a society' which is so general that it could be used to explain any phenomenon in society and does not therefore have very much explanatory value. In the same way Christensen does not clearly define the concept of 'permissiveness' or how it could be recognised in terms of norms to bring about the described behaviour. In fact, the results which Christensen describes could equally be the indicators of the permissiveness which is used to explain the results, making the whole exercise tautologous and of no explanatory value.

Cultural (or subcultural) explanations of illegitimacy among the American Negro have firstly focused on the transitions which occurred when the Negro was taken as a slave to America. These brought about the subcultural elements which produce high illegitimacy rates. Secondly the 'culture of poverty' theorists have attempted to show the elements within their subculture which have reinforced the behaviour which leads to illegitimacy so that they have continued to have high illegitimacy rates compared with the white population of America. An example of the way in which slavery brought about the subcultural differences
between Negro and white is described by Billingsley in an article which attempts to show how six major social transitions have led to changes of norms and consequent subcultural changes in attitudes and structure of the Negro family. The first major transition occurred when the Negroes came as slaves from Africa which, because of the attitude of slave owners in America, led to cultural discontinuity and break up of their original culture. With marriage not being allowed, Negro women being exploited by the whites, more males than females and continual dispersion of slaves by slave owners, all children by necessity, were illegitimate. As a result of this social situation, when the slaves were emancipated (second transition) the Negro woman emerged as the most 'responsible' member of the family, with families tending towards matrifocality. The third and fourth transitions occurred with emigration from rural to urban areas and from South to North Western communities. This migration was accompanied by relatively expanding social and economic opportunities but there continued to be various psychological constraints with the disruptive influences of urban life 'falling particularly hard on the Negro. The fifth and sixth transitions were the change from a negative social status and self image to a more positive one, although this was still constrained by the structure of American society which bred feelings of inferiority. The authors conclude that it was these transitions which brought about a matriarchal family pattern where there might be no father, a temporary father or a stable father who was weak economically. Negro families therefore continued a tendency towards matrifocality although the pattern of family life would depend very much on the economic
status of the father. Those of higher economic status would tend to be two parent families who served as role models for other families.

The authors then go on to examine the various forms of Negro family pattern and assess their relevance to illegitimacy. They examine first the 'matriarchal family pattern' which may occur when there is no father in the home at all and where there may be two generations of females who together look after the children and provide economic support. The second pattern is where there may be a temporary father of succession of fathers who may, or may not, reside with the mother for short periods of time, although, as in the first type the mother retains economic and social control of the household. The third pattern is where there is a regular but economically weak father where again the mother is likely to be the dominant authority figure. The authors then describe the egalitarian pattern of family life which consists of two parents with complementary and flexible roles, often happening when the husband has stable employment but little education. The wife may also go out to work depending on the economic capabilities of the husband. The authors consider that this form of family life is most likely to be found among the stable working class and some of the middle class. The third pattern of family life, the patriarchal pattern, is found among the Negro upper classes and here the father is present and dominant in the economic, social and psychological sense.

Following the work of Franklin Frazier the authors then discuss the relevance of these family patterns to illegitimacy. They see the patriarchal family as the most stable with its accordance with strict patterns of socialization and social control according to the values
shared by the dominant group in society. As might be expected illegitimacy as a social problem is not found amongst this group. The egalitarian pattern, however, is seen as less stable as it depends to a large extent on the economic security of the man. If this security is removed the family may 'degenerate' into the matriarchal pattern with all the consequent problems. The matriarchal family is seen as the least stable by these authors, leading as it does to all the various problems of lower class Negro life. "This is the family pattern out of which illegitimacy and other indices of unstable family life occur most frequently. These are the families most often and most commonly supported by public assistance. These are the families whose members are most deprived, economically, socially and psychologically. These are the families whose members are most alienated from the norms and values of the larger society. In short, it is among Negro families of this matriarchal pattern whose opportunities, performance and rewards are at such a minimal level that families in this group often come to be characterised as 'multiproblem families.'" p.151 (reprinted in Roberts)

The authors then go on to say how these social situations (particularly that of not having a father) can lead to a lack of basic socialization and internalised social control which leads to a similar type of 'family disorganization' in the next generation. This theme has been echoed by some of the 'culture of poverty' theorists who see the lower class Negro life as being so disorganized, without social control or community institutions and without the basic elements of organization that the 'culture of poverty' takes on the paradoxical meaning of life without culture. Thus illegitimacy is merely one of a number of factors
which are both the product of and an indicator of this situation. As Frazier puts it: - "Undoubtedly, much of the illegitimacy issues from social disorganization and results in personal demoralization... During the course of their migration to the city, family ties are broken, and the restraints which once held in check immoral sex conduct lose their force." Along with Glazier and Moynihan and Matza, Frazier sees illegitimacy as one of a number of social ills resulting from the disorganization of family life which is the effect of individual psychopathology, itself presumably arising from the social disorganization described, which could either be explained in terms of previous experience of slavery or in the 'natural inferiority' of the Negro race.

The crude and narrow conception of the poor and the processes by which the social pathology is handed down through the generations has led to research on the 'culture of poverty' which seeks to explain the reinforcing cultural norms and values which give rise to this behaviour through succeeding generations. Oscar Lewis's concept of the 'culture of poverty' for instance, is described as a subculture of Western society with its own structure and rationale which would be handed down through the generations, providing a 'design for living' with a ready made set of solutions for human problems. The distinctive patterns of lower class life would be determined by the structural conditions of the larger society. Their cultural design would therefore be as much a response to deprived conditions as by the passing on of socialization committed to a separate cultural design. Using the work of Lewis, Miller and other writers on various subcultures
Valentine identifies three models relating to the 'culture of poverty'. The first is a self perpetuating subsociety with a defective, unhealthy subculture. The poor would not therefore share the dominant larger culture and the disorganization inherent within it would be self generating in that socialization would perpetuate both the cultural patterns of the group which included the psychological inadequacies blocking escape from poverty. The second model is the culture of poverty as the result of oppression by the dominant society leading to an imposed, exploited subculture. Thus the structurally distinct subsociety with its elements of pathology, distortion and incompleteness are derived from the dominant society which denied economic and cultural resources to the poor. The disadvantaged position of the poor is maintained primarily by the behaviour of the higher strata who preserve their own position by denying cultural resources to the poor which at the same time reinforces the distinctiveness of the poverty subculture. Valentine criticises the first model as a middle class intellectual rationale for blaming poverty on the poor and although agreeing with the broad propositions of the second model says that it does not cover all the available evidence. He therefore puts forward a third model a synthesis of the previous two models, with the 'culture of poverty' as a heterogenous subsociety with variable, adaptive subcultures. In this model the poor are seen as possessing distinct subcultural patterns while at the same time subscribing to some of the norms of the dominant class. The distinctive patterns of the subculture will include not only pathogenic traits but also creative adaptations to conditions of deprivation, the types having a multicausal combination depending on the history of the subculture.
and its present position vis a vis the dominant class. On this model illegitimacy could therefore be seen either as pathogenic or as a creative response to particular circumstances, both of which could be present at the same time according to the reasons for this behavior in the people concerned.

As far as the black family is concerned recent research has queried both the extent to which slavery produced the present so-called characteristics of the black family and whether the black family as described in the literature is distorted in the characteristics which are emphasised. The work of Frazier and Moynihan already described saw the American Negro as an American trying to build a stable life after the total disorganization of slavery in a society which was hostile and discriminatory towards him. In contrast, Herskovits working during the same period in the British West Indies saw the mother and children unit as being derived from the polygynous family. Thus, Herskovits saw the black family as mutated but not destroyed by the experience of slavery, although like Frazier he thought the present characteristics of the black family owed much to the destruction of the male role during slavery leaving the mother child family unit as an African cultural survival. Unlike Frazier's work with the American negro which looked on the characteristics of the black family as manifestation of social disorganization further work by Simey and Henriques directed attention to the colour class system and to the fact that there seemed to be a close relationship between colour, occupational level and family type and that various family types were 'normal' within these various strata. There was still an implicit assumption, however, that the classes which had the least proportion of legal marriages were
somehow more 'disorganised' than the higher classes which tended towards the European Middle class pattern. It was also assumed that the factors responsible for the differing family patterns within the social strata were the factors originally responsible for the black family which was the experience of slavery and consequent diminution of the man's role. Thus in the lower classes where the man found it difficult to support a wife and family there was a greater preponderance of female headed families, whereas the reverse was true for the higher classes where the man was able to perform a similar economic function to that found in white middle class families.

Although there is disagreement between these writers on the origins of the black family they are agreed on the extent to which slavery was a crucial influence on the family. It was assumed that the black family in slavery were unlikely to have long lasting family unions as the majority would be dissolved by personal choice, death or the sale of the partner. In these circumstances the male's traditional function was eliminated and he was relegated to working in the fields and siring children without the possibility of providing economic maintenance or physical protection for his family. In this situation the mother child family unit became the most enduring form of family unit even after emancipation. Gutman queries these conclusions based as they are, he believes, on distorted evidence from biased observers rather than on more substantial manuscript evidence. Gutman examined various types of evidence about the slave family in different parts of America between 1850 and 1880. Information was obtained about black individuals and their families from manuscript state, federal and Freedman's Bureau
censuses on black families that lived alone and those in white households in twenty-one distinct urban and rural communities. In each city and rural area the percentage distributions were calculated for thirty types of Afro-American families ranging from the augmented-extended family headed by a black father to a subnuclear family headed by a black mother living in a white household. Five main types of family were studied: nuclear, extended, augmented, households and subfamilies living with either other black or white families. Both the composition and characteristics of the individuals within the families were examined. This information was obtained from a wide selection of areas in both North and South U.S.A. to provide a comprehensive picture of the slave family during this period.

The communities studied consisted overwhelmingly of urban and rural lower class families. In rural areas blacks were mainly described as farm labourers or workers whereas those from the cities worked mostly as unskilled labourers or domestic servants. Only minute proportions could be described as middle class in terms of occupation or property ownership. Gutman therefore considered class factors alone could not account for the existence of the one parent family. The differences found in the proportions of children in male headed families in different areas could not be explained by economic factors alone. The male headed family was not the prerogative of a small black 'elite' as described by Frazier so that the latter's concept of two separate 'streams' of Afro-American family life developing to produce a middle class where the two parent family predominated and a disorganised lower class where the one parent family predominated was, Gutman thought, very misleading.
Gutman then went on to examine the extent to which the two parent family was found among the Afro-American households during this period. He found that although there were variations, no fewer than 70% and as many as 90% of households contained a husband and wife or just a father. Northern cities did not fall below 85% whereas the Southern towns and cities revealed the lowest percentage of male-present households ranging from 70% to 74%, with Southern rural households ranging from 81% to 87%. After emancipation black households and family systems were shown to be exceedingly complex but nevertheless not more than 30% of households contained extended or augmented families. The majority of black households were therefore nuclear in composition. Gutman therefore concludes that the extent to which slavery was disruptive to the slave's family system has been greatly over emphasised.

After slavery had ended information from the Freedmen's Bureau manuscripts showed firstly that many couples had had a marriage, within slavery, of some duration; 40% of the men and 35% of the women had been married for at least five years and some for more than twenty years. Death and force (i.e. physical separation) were the most usual reasons for terminating a marriage although one out of twenty men and women had parted through mutual consent. Although slavery broke up many marriages Gutman concludes that it did not break the slave's consciousness of marriage and the value of the two parent family. The 1866 census of the Freedmen's Bureau in Princess Anne County, Virginia showed that 84% of the black families in this area were two parent nuclear families within which a large proportion (two thirds in all) contained two individuals who came from separated owners. It is difficult to tell
how many of the families were reconstituted slave marriages and how many were new marriages. Nearly two thirds of the entire population in the area, however, had resided in a different area prior to emancipation.

Gutman than goes on to examine the prevalence of the female headed black household during this period and thus the extent to which this family type was a legitimized counter norm. Gutman found few mother headed households had one or two children younger than 18 and given the age distribution of the female household heads their position could be explained by the death of their husband. Between 23% and 30% of female headed households examined had at its head a woman aged at least fifty. Of all single women examined those who headed households with children were a very small minority. In one area more than four times as many women were married, with or without children, as headed households with children. This was particularly striking given the sexual imbalance of females who far outnumbered males in the reproductive age groups. The 'classic' grandmother - daughter - grandchildren household was a minority form of family type being found in a significant proportion in only one area (16%) dwindling to half this proportion and below in all other areas.

Gutman therefore concludes that the effect of slavery on the black family in terms both of social disorganisation and the resulting family structure has been greatly exaggerated. Questions must now be asked about why the Afro-American family was not seen as it existed and how the racial stereotypes of Negroes arose. The extent to which these images led to occupational exclusion after emancipation also need to be
examined, as does the way in which the slave family related to the
dominant white family structure and the way in which freedmen and
freedwomen adapted, transformed, retained or rejected older forms
of family life.

Work by Fogel and Engerman also questions the extent to which
the family was broken up by slavery. According to these authors
planters assigned three functions to the slave family: an administrative
unit for the distribution of food and clothing and provision of shelter,
as an instrument for maintaining labour discipline and as the main
instrument for promoting the increase of the slave population. Given
these functions the planters encouraged marriage and family living
although slave marriage was explicitly denied under the legal code.
There was thus a dual legal system in which the planter was given wide
latitude over his slaves and these authors consider that this led to
a strong commitment to supporting the slave family rather than the
reverse.

Fogel and Engerman then discuss various arguments which appear to
militate against this conclusion. The first of these relate to the
argument that planters sexually exploited their slaves. The evidence,
however, was extremely limited as the reported incidences were very
small in comparison with numbers of planters and their slaves in the
South. A more irrefutable fact would appear to be the numbers of
mulattoes reported by travellers in the South, but here again, they
might have been reported because they were more noticeable rather than
because there were more of them. In fact the proportions of this
group never rose above 10% of the rural slaves who constituted 95% of
the population - a figure which strongly militates against the contention that black women were exploited to a large degree.

There is also little evidence, apart from the allegations of the dominant white group, that slave men and women were any more promiscuous than similar whites. The distribution of the ages of mothers at the birth of their first child showed that the average age was 22.5 and that the majority were married. The spacing of children showed that slave mothers were not indifferent to their children and would in fact breast feed them for long periods. There was also little evidence to show that black families were matriarchal in form with the husband no more than his wife's assistant with his only function being that of siring offspring. The dominant role in slave society was played by men who occupied all the available managerial positions open to slaves. While females might work with males their role was strictly limited and there was a division of labour as far as jobs were concerned as well as within the family.

The authors therefore conclude that, contrary to popular opinion, the family was supported by the planters and also that the nuclear family was not merely imposed on slaves by them. The interplay of internal and external factors which shaped the family is unknown but the authors hypothesise that the nuclear family form arose and the slaves abandoned the African family forms because the latter did not satisfy the needs of blacks who lived and worked under conditions in a society much different from those which their ancestors experienced. On occasions, of course, slave families were split up and this brought
into sharp focus the slave's regard for his family as it was this which might lead to his attempting to escape to be reunited with his family. On the whole, however, the authors consider that slavery supported rather than broke up the family.

Further evidence of the extent of conventional two parent families amongst the slave population of Louisa County, Virginia in 1880 is given by Shiffler. He examined a sample of black and white families from the Louisa County census of 1880. The sample was a random 40% of all black and white heads of households who listed their occupation on the census as 'farmer'. The group included owners, share renters, share croppers, and agricultural labourers and totalled 254 black and 290 white households - a number equal to approximately 13% of all black and 21% of all white households in the County in that year. The families were then classified according to whether they were a simple nuclear family, a supplemented nuclear family (simple nuclear family with relatives in the household) or an augmented nuclear family (simple nuclear family with outsiders in the household). The simple nuclear family was the most common among both blacks and whites with just under half (46% and 47% respectively) in each group displaying this type of structure. The nuclear family was therefore an important element of black family life but Shiffler then goes on to argue that to examine families in such a static way is to be blinded to the dynamic elements and thus an important aspect of black family life. If the family is seen as a 'workshop of social reproduction' the domestic group proceeds through a developmental cycle so that residential patterns at any given moment are crystallizations of the developmental process. For this
purpose the families were divided into groups according to the stage of the cycle: newlyweds, young families (wife less than age 45 with no employed or married children), mid stage families (wife of any age with employed or married children) and mature families (wife more than age 45 and all children left home). When domestic groupings were distributed according to this model the black families were most often nuclear when children began to arrive (young families) and when children began to leave their families of origin for employment or marriage (mid stage). The black families were least likely to be nuclear when they were newlyweds. Like the black families the white families were more likely to have a nuclear structure at different periods in the cycle with very much more likelihood in the newlywed and mature stage in comparison with the blacks. Again, however, simply counting the number of nuclear families says very little about why these changes occurred at different times in the family life cycle. Shiffler, using the work of Chayano, then examines hypotheses relating to the consumer worker ratio as an explanation for the changes found. The changes in household composition among young and mid stage families was largely the result of increased pressures to produce more. As children began to arrive and the burdens of support became heavier on adult members of the household, families of both racial groups were forced to make changes necessary to ensure family survival although the response of the two communities was not the same. Among black families, as economic burdens mounted with the arrival of children, the number of consumers was reduced and black families rid themselves of relatives and other outsiders who could be taken in again only when the children began to work. White families also reacted to the same pressure to expand the
volume of economic activity during the same stages but did so by exploiting the readily available servant labour. Although this explanation was satisfactory for the two middle stages of family development it failed to explain the relative lack of nuclear families at each end of the developmental cycle when economic expansion is least necessary. The simple economic explanation is therefore unsatisfactory so that the socioeconomic conditions must also be examined. The black families were considerably more impoverished than the whites and this impoverishment was more likely to persist because of the kinds of economic resources that blacks possessed. Aid therefore had to be obtained mostly from family help or friends willing to take outsiders into their households. It was at the beginning and end of the family developmental cycle that families were the poorest and thus the most likely to be living with relatives or friends. In contrast the white families were less likely to be dependent on the family in this way and were more likely to employ servant labour. Shiffler therefore concludes that the black family showed remarkable vitality and adaptability in the face of economic factors outside their control. These factors were also relevant to white families and although there were differences between black and white in response to these factors it was clearly not only cultural factors which were responsible for the differences found.

Other research by Lammermeier and Pleck also testifies to the importance of the nuclear model among black families. Lammermeier examined the characteristics of all male and female headed black families based on a census in the Ohio Valley between 1850 and 1880.
He found that the urban black family's structure during this period was predominantly a two parent male headed family, few of which retained any so-called structural characteristics of the slave family. Four out of five families had a male parent present and more than 96% were employed. During this time there was an increasing trend towards residential segregation and the only sign of a lessening of the two parent family was a rise in the proportion of female headed extended families in this group. Pleck obtained her data from historical records of nineteenth century Boston. The occupational structure kept blacks at the bottom of the ladder and they tended to have bad living conditions. Child mortality was high (41% in 1886) although seven out of ten black adults could read a few words and sign their names so that the rate of illiteracy was decreasing. The sex ratio showed an increased proportion of females, but despite this the rate of separation and desertion was low and most black children lived in homes where both parents were present. In this area also the nuclear family was the most common form of family structure amongst the blacks.

The research so far discussed has been related to the black family in America, but research by Higman (1976) suggests that similar factors were also relevant amongst the black slave families of the West Indies, although the experience of slavery was different and led to different family responses. Nevertheless in this area also the view of the slave family which emerged was one of residential units dominated by mothers and grandmothers in which the husband's or father's place was always insecure. Unlike the United States, the Caribbean slave population always depended heavily on the Atlantic slave trade, maintaining a high proportion of Africans. The slaves lived in much
larger units, suffered a higher mortality and freemen always made up a small minority of the total population. These contrasts suggest that the Caribbean slave family was subject to greater stresses than in the United States so that if the slavery explanation for the emergence of the black family is true the family in this area could be expected to be more 'disorganised' than in the United States.

Higman then goes on to discuss examples from three West Indian colonies - Barbados, Jamaica and Trinidad which were at different stages of economic development. Barbados was a mature sugar colony with only 7% slaves born in Africa in 1817; Trinidad was at the edge of an expanding sugar frontier and during the same year had 37% of slaves born in Africa; Jamaica was a mature sugar producing area but there were newly settled sugar and coffee regions. The data available for analysis of slave family and household structure was derived from the total population only in the case of Trinidad, whereas for Barbados and Jamaica information was available for certain properties only. Higman found that in Trinidad only 53% were attributed to family groups in 1813 and that those who appeared to have no family ties were predominantly single men on small plantations. More children lived in single parent families with their mothers than with their fathers, a product of the definition of slave status through the maternal line. In contrast the slaves of Montpelier, Jamaica, lived mostly with their kin, only 30% not doing so. This may be seen as a direct result of the smaller proportion of Africans in this area. In Barbados even fewer (20%) did not live with kin and of these the great majority were men and
women more than 30 years of age suggesting that parents, mates or children had died or been sold to other plantations rather than that they had never had kin. In both Trinidad and Jamaica the most common household unit was that of the nuclear family; although the population was greater in Jamaica than in Trinidad suggesting that the growth of familial ties and the nuclear family unit increased with increasing creolization. Unfortunately data about family structure was not available for Barbados, although there is evidence to show that planters on this island encouraged family life. As far as existence of mother headed households is concerned only 34% of families were like this in Trinidad, with 35% in Jamaica. The most common form of 'family extension' was downwards with the household taking in the spouses of children and grandchildren. There was, however, little evidence of the 'grandmother family' or evidence that the nuclear family structure within a household was not the most important level of organisation. Although this snapshot picture of the black family suggests that it was not 'chaotic' this may have concealed some 'disorganisation' within the development cycle. By examining the family structure in terms of age Higman shows that the nuclear family unit was the dominant residential unit for women in Jamaica between the ages of 35 and 49 years. This arose because the woman and her husband tended to live in extended family units prior to that time rather than that the mother and child household type dominated. Similar results were shown for Trinidad and there is evidence to show that in all areas marital instability was rare. Higman therefore concludes that the nuclear family unit's dominance at particular
points in time was not a chance occurrence resulting from the vagaries of the developmental cycle. The nuclear family model as a unit of residence could be stunted by the process of birth, death and mating and could be used in larger spatial groupings of kin. It suffered from the institution of slavery but remained the model. Thus the black family during slavery in the Caribbean was similar to that of the United States under a harsher system of slavery, suggesting that slavery cannot be the sole reason for the present characteristics of the black family and that other factors such as urbanisation need also to be considered.

Furstenberg examines the impact of urbanisation on the black family in comparison to other ethnic groups and shows how economic factors relative to this experience were responsible for family variation amongst all the groups. The analysis is based on samples drawn from decennial Federal population manuscript schedules for 1850 through 1880. Families were compared of black, immigrant Irish and German as well as those of American origin. In the data from one urban area (that of Philadelphia) in 1880 it was shown that complex households were less common than those having a simple nuclear structure, there being little variation amongst ethnic groups. When the household composition of black families in 1880 was compared with the family structure of the black households in the antebellum period of 1850 there was a remarkable degree of continuity with similar proportions of nuclear family structures in each period. In comparing the proportion of mother headed families between the ethnic groups, however, it was found that black families contained a
larger proportion with this type of family structure. Even among blacks, however, only one fourth of households were headed by a female so that the predominant model was that of a couple headed household. Furstenberg also shows that ex-slaves were more likely than the freeborn to have a two parent household and that the northern born were less likely than the southern born to have female headed families.

Furstenberg then goes on to show that economic conditions were strongly related to the incidence of female headed families. These families were found far less often among families with property valued at more than 500 dollars than among the propertyless. This was true amongst all the ethnic groups although it was more pronounced among the blacks. This probably occurred because the 'propertyless' included both those with property of small amounts as well as the completely propertyless. Even amongst this group the female headed family was related to propertylessness which was a feature more predominant among black families than any other ethnic group. Amongst these female headed families, however, widowhood, found in three quarters of such families, was the most common reason for this status. With a higher proportion of females than males among the black community few were able to remarry. Furstenberg therefore concludes that the female headed family which appeared during this period was not a legacy of slavery but as the result of the destructive conditions of northern urban life.

In all this research it is assumed that the black family is different to the white family, primarily in terms of the extent to
which it tends to be matriarchal (and hence the high rates of illegitimate found) and matrifocal. This in turn leads to socialization patterns which lead to behaviour which results in more matriarchal and matrifocal families which continues the economic disadvantage found among the black population. These factors are considered by Heiss in "The Case of the Black Family".

Examining the work of Frazier and Moynihan Heiss describes the 'charge' against the black family as follows: - "First of all, they state that certain family characteristics are more common among blacks. Second, these traits are said to be typical of black families but not of white families. Third, it is suggested that these differences are not merely a result of the fact that the black group has more lower-status persons, more Southern-born people etc. The differences are assumed to be more intrinsic to racial status. Fourth, and most crucially, it is claimed that these traits are causally related to outcomes which are undesirable. It is not merely that the black family is assumed to be different. The key aspect of the accusation claims that blacks would be 'better off' if the differences in family form did not exist." (p.4) In essence the general charge against the black family is that it is at least partially responsible for the economic, social and personal problems faced by black Americans."

Heiss examines the validity of these 'charges' by secondary analysis of material gathered by Crain and the National Opinion Research Centre in the summer of 1966. The initial study sought to determine the effects, if any, of attending integrated schools, but many questions were asked about the respondents' family life and it was these which
Heiss used for his analysis. The main sample was defined as all blacks living in metropolitan areas outside the South, the sampling design being a multistage type or 'block quota' sample. Although not a strictly random method of sampling, the sample and population were similar on traits not included in the quotas. The sample was quite close to census statistics on socioeconomic status; although people with only grammar school education were under-represented by 3% - 5%. The completed sample was composed of 1,651 blacks which were then weighted (to allow for the sampling design which over sampled in high income and some metropolitan areas) to give an N of 4,153. In addition to this data, material from a general survey of the population in which similar questions were asked was also used for comparative purposes. From the 1,526 respondents in this survey, northern metropolitan whites aged between 21 - 45 were chosen which provided a sample of 343 which were directly comparable to the blacks of the Crain sample.

Heiss first of all examined the age of marriage for blacks and whites and found there were few differences and that the few differences shown were more closely related to social class than to race. Census data showed that on the whole black fertility was higher than white fertility, but data from the samples showed that socioeconomic characteristics also contributed towards the differentials. Black women with less than four years of high school had a much higher fertility than white women with equal education, but the gap was narrow for high school graduates and was reversed amongst women who went to college. Every married black women aged 35 - 44 had borne on average 3.9 children and comparable white women had borne 3.1. Among higher status women the means were less divergent being 2.9 for blacks and 2.5 for whites.
Thus the fertility of black women would appear to be higher, but there were a few sub groups in which this was not so and the differences were large only in certain segments of the population. Using census material Heiss concluded that black families were also larger, but that the relative sizes were smaller than anticipated so that the differences should not be exaggerated.

Information was also obtained about the extent of maternal dominance in the family. This was done by asking about the extent to which either mothers or fathers were responsible for punishment, economic and household decisions while the respondent was growing up; all items which factor analysis showed reflected an underlying trait. Results showed that there were black/white differences of considerable size which were not related to the differential distribution of parental socioeconomic status in the two racial groups. Given the nature of the data, however, Heiss was unable to reach a firm conclusion concerning racial variation in maternal control. In the data only a quarter of black mothers controlled in all three areas and an equal balance of power was almost as common. Again, therefore, Heiss thought that typical descriptions of the black matriarchy represented an exaggeration of the facts. Data on family structure was not obtained for the whites so Heiss was unable to test the hypothesis that whites are more likely to live in nuclear families than blacks. He found, however, that the highest proportion of extended families was found in the best educated group but that differences were small: Most black families were nuclear and lower status blacks were not more likely to live in extended families than other blacks. Data also showed that there was little variation between the races in terms of kin availability.
Testing the hypothesis that black families are more likely to be broken than white families, results showed that in this sample blacks were more likely to come from broken homes, more likely to come from homes broken by conflict and were more likely to have been brought up without a stepfather or father. With socioeconomic status controlled the differences between the races were almost equally pronounced. Heiss considers, however, that such differences do not necessarily typify the black family as unstable and riddled with conflict. Evidence from the study showed that 60% of blacks, regardless of parental socioeconomic status lived with both their parents throughout their early years. About half of those who did not live with parents failed to do so because of the death of a parent. Of the blacks from lower status backgrounds 80% did not have their families broken by divorce or separation before they were 16. By far the most common family arrangement for the respondents was the husband and wife living together so that the image of the collapse of the black family could not be validated empirically. Heiss therefore concludes that in comparison to whites blacks have a higher fertility, larger families, are more likely to live in a multigenerational household, their marriages are less stable and they have fewer relatives to call on in an emergency. Some of these variations, however, can be explained to some extent by socioeconomic status or region and the difference varies in different segments of the population. To typify the black family in terms of these traits is wrong, as although black families are somewhat more likely to have these traits most black families do not have them.

Heiss concludes that the black family is characterized by these traits
only in a relative sense, and that the data support various theories worked out for white families as to the antecedents of such family structure, suggesting that the antecedents of family structure are similar in the two races. More qualitative data would, however, be required to show this adequately.

Young (1970) collected such data from an unspecified number of negro town dwellers in the South Eastern U.S.A. (Georgiatown). Observation of parent child relations showed highly distinctive behavioural styles which were viewed as aspects of the American Negro culture rather than deviations from a white middle class or psychoanalytical norm. Family life in this area was relatively secure despite instability in some of its phases. First borns were frequently illegitimate but suffered no discrimination or social disadvantage, the grandparents usually providing secure family units for these children until their mothers made a stable marriage. Although many children did not have their own father's care, there was usually a male provider in the home who filled an authoritative role. The Negro man's frequent moves to different households were not considered a measure of inadequacy, but rather as an adequate role in a functional system which values free response to emotions and true and continuing compatibility between man and woman. Young therefore concludes that to interpret these practices as deteriorated forms of a general American culture is to introduce an ethnocentric bias and to obscure the values and inner workings of Negro society. Young therefore saw the Negro family as different but neither better nor worse than that of the white family. Processes described could explain some of the differences found by Heiss but without comparison
with white families the extent to which they are part of a specific type of culture relevant to a particular racial group cannot be known.

Other researchers have found the characteristics of the black family to be similar to those described by Heiss. Teu Houton interviewed 148 black and 138 white families of husbands, wives and children. Data was gathered on socioeconomic status, conjugal power, male dominance, ideology, conjugal decision making power, parental power and socialization and educational goals. The data was used to test the Moynihan thesis of male subdominance in conjugal and parental roles. Results showed little support for this hypothesis: lower class black husbands were higher on male dominance ideology than middle class black and white husbands of both classes. For the variables measuring conjugal decision making power, the lower class black husbands did not differ from the other three groups. In general, therefore, the data from the study did not show that lower class black husbands were powerless in either their conjugal or parental roles and in this respect were similar to husbands of other classes and races.

Babchuk and Ballweg also questioned stereotypes about male and female activity within black families from 74 urban Negro American couples. Primary group resources of lower and working class couples were not only found to be greater than expected but were often shared by husband and wife. The man was found to be an important force within the primary group structure. Differences between middle class, working class, and lower class families were found to be more differences of degree than kind, relating more to the extent to which structural variables, such as their economic position, was
responsible for the differences. The authors therefore conclude that re-examination of the nature of primary ties in the black family is necessary, but again, comparison with white families would also be necessary to test these hypotheses.

As far as the kinship ties of black families are concerned, like Heiss, Feagin found them to be very important. In a sample of 120 urban Negro blue collar families, relatives, almost all of whom resided within the ghetto, were found to be of importance to a majority of the respondents. This was manifested in terms of mutual visitation and reciprocal aid suggesting the importance of informal social networks in ghetto areas. In a more detailed comparative examination of extended kinship relations in black and white families Hays and Mindel found the extended kin network to be a more salient structure for black families than white families. The data was obtained from a subsample of a larger study conducted in a midwestern city of U.S.A. in 1966. It consisted of 25 matched pairs of black and white families matched in terms of both socioeconomic status, sex and marital status. Comparisons were made in terms of both intensity and extensity of interaction with extended kin, with specific comparisons being made of contact, help patterns and number of kin living in the household. The increased salience of the kin for black households over the white households showed the importance and durability of this aspect of family life to black families.

Empirical research on the black family therefore shows that it has many similarities to that of the white family and that although
there are differences these are not so large that the black family can be typified in terms of these differences. Thus, although there are more fatherless families amongst the blacks with a consequently higher rate of illegitimacy, most black families are of the conventional nuclear type. It is also clear that many of the differences shown stem partly from the structural position of blacks in society and although there may be some cultural behaviour and beliefs which reinforce these differences, it is by no means the only explanatory factor. Previous research has tended to focus on only one segment of the black population (the lower class) which has highlighted the differences rather than the similarities. This was particularly true when such empirical data was compared with either a cross section of or middle class white families, or when the 'social welfare' approach was used which viewed the differences of the black family as a 'problem'. The higher illegitimacy rates found amongst black families cannot therefore be explained in terms of either the history of black races or of a specifically Negro culture which resulted from this. Other structural factors such as urbanisation and poverty are important, as is the negro's reaction and response to it which has led to the present situation and manifested behaviour. Explanations of illegitimacy must therefore be sought amongst those more general factors such as structural position within society and how this is responded to rather than by focussing on aspects thought to be intrinsic to race and ethnic background.

The mother-child family as a creative response to particular economic conditions, particularly relating to the relationship of the woman to her society's mode of production has been explored in more detail by Blumberg and Garcia. This type of family is not
necessarily seen as a creative adaptation to the conditions of poverty (although it can be) but is related more fundamentally to the woman's relationship to the means of production. The authors consider both the mother headed family common among marginal lower classes in diverse wage labour societies and the mother child residential arrangement found among certain polygynous horticultural tribes. They then go on to show how these two apparently different forms share certain economic variables that account for their emergence despite the widely differing circumstances. They begin by firstly discussing previous approaches to the mother headed family which include the racial/historical approach which shades into discussion on slavery, social pathology and the culture of poverty which leads to the persistence of the social disorganization of these groups. The historical approach may also refer to a process of diffusion both from the original African polygynous society (Herskovits) and from 17th century England (Greenfield). Gonzalez suggested a differentiation theory whereby matrifocality tends to increase with a separation of domestic and economic functions in society. This has been further expanded by Winch and Blumberg who show how the mode of production within a society affects the sexual division of labour and suggest that where women contribute little to subsistence the minimum family unit that can survive will be headed by a male. To explain how the mother headed family emerged and persists Blumberg and Garcia outline four conditions for its emergence and persistence which are as follows:

1. The unit of labour, compensation and property accumulation is individual and independent of sex.

2. That females have independent access to subsistence. This is a function of there being viable economic opportunities for women
and females being permitted to head a separate residence and control property.

3. That the subsistence opportunities open to females can somehow be reconciled with child care responsibilities.

4. That the woman's subsistence opportunities from all sources in the absence of a male head are not drastically less than those of men in a similar class.

5. That the political economy produces and profits from a surplus labour population and that the female headed family successfully reproduces the surplus labour population to the benefit of those who control the political economy.

The extent to which these conditions are fulfilled in societies and subcultures where mother headed families are predominant is then discussed with examination of data from the societies concerned. In the U.S.A., for instance, Blumberg and Garcia found that of those in the lower income brackets 65.2% of blacks and 65.1% of whites were in female headed households, thus discounting the racial explanation for the large number of mother headed families found among Negroes. The authors think that two structural factors are relevant to this result; these being the high participation of women in the occupational sector and the welfare system which underwrites the survival of the mother headed family. To examine the relationship of employment on the family cycle data from a non representative sample of poor Venezuelan women was discussed. This supported the hypotheses that women heading their families tended to work more than their counterparts in male-headed families and that the extent of labour participation depended on the age of the children although actual participation depended on whether the children were an economic asset (i.e. that they could work) or a liability. The authors then go on
to discuss the mother child residential unit and to show how this too, relates to the women's employment opportunities. By examining data from a number of polygynous societies and submitting it to statistical manipulation they come to the conclusion that the 'package' of; the importance of extensive hoe horticulture, the high contribution of women to subsistence production and their concentration as producers is more important than 'ethnic location' as an explanation of their situation.

"... if a woman who has a certain amount of strategic power by virtue of her autonomous contribution to production, bridewealth vested in her, a political or military alliance she cements, or inheritance potential in her kin group is brought to her husband's kin residence and/or descent group in a situation of general polygyny, there might well be a convergence of interest on the part of the woman and the husband's kin group in giving her the measure of independence represented by 'a home of one's own.'" P.137.

For the woman it represents a gain in autonomy and facilitates individual accumulation of property whereas for the husband it ensures that her strategic resources remain within the group while keeping her from allying with others in a similar structural setting. The authors therefore conclude that the genesis of the mother child family can be explained by the woman's relationship to the society's mode of production whilst its persistence depends on the extent to which the mother child household serves the interest of those who control the society's political economy. As with the 'culture of poverty' illegitimacy may, as one form of the mother child family, be present to a large degree in particular economic circumstances. The authors
do not discuss in detail what these economic circumstances are but imply that it is the first type of society discussed, i.e. in the lower strata of wage labour societies, where it could be expected that illegitimacy rates would be high. In the second type of society, where the mother child unit was part of a polygynous type of family, it is probable that illegitimacy rates would be low, but as mentioned before, the distinction between the two types of mother child family were not discussed in detail.

To see illegitimacy as part of the wider phenomenon of the mother child family is an interesting insight and although the authors show a fairly convincing relationship between this type of family and the economic status of the woman, how social conditions impinge on individuals to give rise to this behaviour is hypothesised rather than based on field research. The problem is that further fieldwork would almost certainly show a different process at work in each case giving rise to a completely different social status and, it could be argued, distinct types of mother child family with a different status within the societies and a different set of attitudes and behaviour surrounding them. In the case of the polygynous societies, for instance, the mother child unit is an accepted institution which is probably desired by most of the women in society. The norms are therefore probably consistent in terms of what is desirable and right in terms of family structure with consequent favourable attitudes surrounding a woman when she reaches this status. In the lower strata of society, however, the mother child family is likely to be a response to deprived economic circumstances with conflicting norms surrounding its status. (Whether the norms exist side by side as suggested by Rodman or
whether the norm of legitimacy is ascendant as suggested by Goode).

Given that the mother child family might also be condemned by the
dominant society the attitudes and behaviour surrounding such a family
will be more conflicting and the woman in such a case is likely to have
a more insecure status, particularly if that type of family is not
supported in society. Thus the mother child family in the polygynous
society has a secure and desired status with societal support, whereas
the mother child family of the lower strata in wage labour societies
has an insecure and possibly undesired status (although this would be
subject to conflicting norms) with only small and grudging support
from society, these factors relating to the legitimacy or otherwise
of the family structure in the different societies. Thus, although
it could be argued that the result (of the mother child family) derives
from the same cause — the woman's relationship to economic production —
the process is different and leads to a family which has a different
status in each of the societies which depends on its perceived legiti-
macy or illegitimacy. Further research would therefore be required to
show whether the different processes by which the same result was
obtained had different implications for the families concerned, when
the legitimacy or illegitimacy of the family structure would be an
important variable. Only then would it be possible to show whether
the undoubted similarities in the different types of mother child
families would be great enough to treat them as the same or similar
thing.

Comments on the Sociological Theories

The sociological theories discussed could be described as cultural
relationism and cultural relativism. Cultural absolution derives from the work of Malinowski who thought that there were certain universal principles (in this case legitimacy) which were necessarily found in all societies. These derived from the functions which society necessarily had to perform, in this case reproduction. Explanations of illegitimacy were therefore, in terms of the result of a breakdown of norms surrounding parenthood for various reasons as described by Davis and Goode. Apart from the logical problems relating to functionalist theories already discussed there was also the methodological problem of establishing whether norms had broken down, whether there was an alternative set of norms and whether, therefore, the principle of legitimacy held or not.

Cultural relationism derives from Mannheim who rejected both relativistic and absolute definitions of knowledge and said that all of the elements in a given situation had reference to one another and derived their significance from the reciprocal relationship between them and the perceptions of the individual. This is the approach used by Vincent and Rains who attempt to show how the conflicting norms within society, previous socialisation and the present situation lead to individuals having illegitimate babies. Given the complexity of this approach it could be argued that it is more appropriate for ex post facto analysis rather than predicting either which individuals will have illegitimate babies or the level of illegitimacy within a society. Nevertheless, computing techniques which can sort out the intricacies of all the variables in a situation and the possibilities of using them to handle large quantities of data should overcome this problem. The main problem of the work so far is that important
variables, such as marriage, the use of contraception and abortion have not been included in the analysis, so that it is incomplete.

Cultural relativism, which explains illegitimacy in terms of norms which either positively sanction illegitimacy or show an absence of any norm about the phenomenon, is the third approach. Used by Christensen it was particularly related to 'permissiveness' and the behaviour which sprang from it, but used by Frazier and Lewis it was concerned with the 'culture of poverty' where illegitimacy was one of a number of phenomena which resulted from the culture in which a particular way of life was a response to deprived circumstances. As well as being rather circular in explanation these theories have been criticised by Valentine and Blumberg as not taking into account the dominant culture and its influence both on the maintenance of the 'culture of poverty' and on the norms of the individuals within it. Thus the results of poverty (and in Blumberg's case the mother child family) must be seen as both a creative response to deprived circumstances and a recognition of the values in the wider society. The conflicting norms surrounding this situation being well expressed by Rodman and 'the value stretch'. A resume of these theories can be seen in diagrammatic form on p. 205 206 & 207

These theorists have taken a holistic view over society and have indicated broadly the factors which lead to 'less' or 'more' illegitimacy within a society. There is usually little information, however, on who is likely to have an illegitimate baby and the process by which this occurs, although the work of Goode, Vincent and Rodman make good this lack to some extent. They do not, however, show in
detail how the norms regarding family life as related to marrying, contraception and abortion relate to illegitimacy. They do not document the process of becoming the mother of an illegitimate baby in relation to the broad family norms discussed and like the psychological theorists they almost completely ignore the once married mothers of illegitimate babies. Like the psychological theorists also there is a tendency for illegitimacy to be viewed as deviant although not necessarily in the individual's terms. Goode, Davis, Frazier and to some extent Lewis acknowledge that illegitimacy may not be seen as particularly deviant from the individual's point of view, but that it might be considered a deviant subculture either in terms of an absolute functional necessity of legitimacy (Goode, Davis and Frazier) or in terms of the overall norms and values of the dominant culture (Frazier, Lewis and Vincent). More than in the psychological writing some writers have suggested that there might be positive norms towards this behaviour (notably Rodman and to some extent implied by Valentine and Blumberg).

The methodological problems related to establishing what the norms are and what effect they have is demonstrated by the work of Rodman. It can be shown (as Blumberg did) that certain economic situations increase the likelihood of the mother child family being the dominant type in a society, but the process and as a result the final type of mother child family may be very different, with different implications for society. Valentine states that various phenomena might be a creative response to a deprived situation or a deviant response to the norms of society and presumably the phenomenon of illegitimacy could cover both these possibilities. These theorists show the general
factors which produce 'less' or 'more' illegitimacy but only a closer focus on empirical work showing the process of becoming the mother of an illegitimate baby can show whether and how a particular general cause such as the economic conditions in society produces a particular result like a particular level of illegitimacy. This process will be examined in the next chapter.
Diagram to show Explanations for Illegitimacy

Deriving from Cultural Absolutism

Society condemns behaviour reaffirming legitimate way of having children

Cultural Absolute
'Every child must have a father'

Legitimacy

Norms in Society sanction behaviour which leads to acceptable way of having children.

Illegitimacy

Norms 'break down' because of economic deprivation, Emigration etc.

Figure 4:1
Diagram to show Cultural Relationism as Explanation for Illegitimacy

Previous socialization has not given female secure internalized value system with regard to sexual behaviour.

Identification and interaction with groups with a positive attitude to illicit coition

ILLEGITIMACY

Contraception and abortion difficult to obtain

Conflicting ideas about sexual morality from mass media etc. 'encouragement of cause and censure of result'

Figure 4:2
Diagram to show Cultural Relativism

Explanation for Illegitimacy

Simple model
Christensen  
Frazier
Few norms or norms which reinforce culture of poverty
'Disorganized conduct'  
Juvenile delinquency, Illegitimacy etc.
Deprived circumstances.
Response - 'Family disorganisation'

Complex Model

Socio pathological response to deprivation
Subcultural norms  
ILLEGITIMACY
Creative response to deprivation
Dominant norms

Working class society

Middle class Society

Individualistic M.C. Ethic

Figure 4:3
Chapter 5

Becoming an Unwed Mother - Other Factors Relating to Illegitimacy.

The object of this chapter is to examine the variables relative to illegitimacy in terms of the process of becoming the mother of an illegitimate baby. There are various factors which are a necessary but not a sufficient condition of becoming such a mother. These are sexual intercourse outside marriage which leads to pregnancy, the 'decision' not to terminate the pregnancy in abortion and the 'decision' not to get married before the birth of the baby. This process must be seen from both the individual and societal point of view as it is not only the fact that abortion is possible in society but that it is interpreted as being acceptable by the individual concerned. Although the above variables have been identified in terms of decisions made by the individual it is possible and indeed probable that such 'decisions' are the result of a complicated configuration of unarticulated feelings, social pressure from family and her peer group as well as the wider society and expediency in terms of the present situation, rather than a pure act of will on the part of the individual. The way in which these interactions occur for any individual to give the result of an illegitimate baby can best be examined by a comparative study of those who have an illegitimate baby with those who take some other course of action, a diagrammatic form of which is on p.209 Each variable will therefore be examined in terms of its incidence in society and relevance to illegitimacy, particularly where comparative studies have been done.
Becoming an Unwed Mother

Those who have sexual intercourse outside marriage

Those who do not become pregnant by luck or design

Those who become pregnant

Those who have a miscarriage

Those who apply for and obtain an abortion

Those who apply for and are refused an abortion

Those who have the baby by default or design

Those who give the baby up for adoption

Those who keep the baby as a single parent

Those who keep the baby and cohabit

Those who keep the baby and marry the baby's father

Those who keep the baby and marry someone else

Figure 5:1
Finally, the work of Foster Hartley, who has attempted to build up a statistical model of this nature to predict a given level of illegitimacy in society, will be examined.

**Marriage and Premarital Sexual Activity**

The proportion of the population and their age at marriage are important determinants of the size of the group 'at risk' of an illegitimate birth. Kumar has identified the demographic factors relating to this and their interaction which lead to a particular level of illegitimacy. The demographic factors identified were age distribution of females in the childbearing ages, proportion of total females at a particular age who are unmarried, age specific rates of illegitimate births and age specific rates of legitimate births. Identifying the term 'level of illegitimacy' as 'the probability of occurrence of an illegitimate birth to a specified female' Kumar examines how the interaction of these factors produced particular levels of illegitimacy (defined as the probability of having an illegitimate baby in Scandinavia from 1900 - 1960.) He showed how in Norway both marital distribution of females and marital fertility rates were important determinants of changes in the illegitimacy ratio, which was not the same as a change in the level of illegitimacy. In Sweden over the same period he found that the general probability of illegitimacy remained stable during 1900 - 20, dropped abruptly by 35% in 1930 and had fluctuated around the same level since then. The main cause of this reduction was in the greater probability of marriage which continued with the greater level of marital fertility to be the main cause for the reduction in illegitimacy level until 1960. On the whole both the illegitimacy rate and the greater probability of illegitimacy have decreased to a lesser extent than in Norway during the same period.
Illsley and Gill examined similar factors relating to the illegitimacy rate and ratio in Scotland between 1910 and 1965. They showed that for both England and Scotland there were similar large increases in illegitimacy during the two World Wars. Since the end of World War II the trend was downwards with Scotland's rate being consistently above that of England. In 1952, however, the English ratio was above that of Scotland with Scottish ratio continuing to fall until 1958 whereas the English ratio ceased to fall in 1952. The English ratio then began to rise in 1956 compared with 1959 in Scotland with the rate of increase being much higher in England than in Scotland. The authors explain these changes in terms of an urban - rural reversal which occurred in England before Scotland. The authors then go on to examine the relationship between age and the level of illegitimacy. As they point out, the illegitimacy ratio which is a measure of the proportion of illegitimate births compared to legitimate births is highest for young women and falls with increasing age. The illegitimacy rate, however, which shows the probability of how many unmarried women in each age group are likely to have an illegitimate child, is lowest for those in the younger age groups and increases up to the age of 30. The latter result can be explained by the high proportion in the age group 15 - 19 who are unmarried and 'at risk' but who have relatively few births whether married or unmarried. With increasing age more women become married so that the rate is calculated against a decreasing number of women 'at risk'. The illegitimacy ratio, which is concerned with the legitimacy of the birth rather than the civil status of the mother, produces a high proportion of births in the
younger age groups where there are relatively few births but nearly all are first births and rates of pre-marital conception are high. They then go on to show how an increase in the population at risk (i.e. those aged 16 - 19) and an increase in teenage marriage has led to an increase in the total number of maternities to teenagers and an increase in pre-nuptial conceptions. The illegitimate maternities in the young age group, however, increased at a faster rate than legitimate maternities in the same group and were not accompanied by a fall in pre-nuptual conceptions as during the second World War.

The authors then go on to discuss the relevance of these results in the context of early age at marriage, higher rates of pre-nuptial conception and changing views on sexual relations in and out of marriage with greater use and effectiveness of birth control techniques. They conclude that illegitimacy among teenagers may be a by product of modern marriage with its emphasis on emotional and sexual satisfaction. Adolescents are mixing with sexually sophisticated peers who are likely to see sexual relations as less concerned with procreation and more with providing mutual satisfaction and support, about which they are likely to be quite open. Some adolescents may be 'reaching for the symbols of adulthood' (p429) in deviance of traditional adult morality or adopting their parents' discovery of sex as enjoyment rather than sin. Both these factors would give rise to an increase in the sexual activity of adolescents, and with it a subsequent rise in the numbers of them having illegitimate babies.

Illsley and Gill also discuss the extent to which the rising divorce rate can affect the illegitimacy rate, both in terms of marriage
not being possible to legitimate a birth and in terms of the increasing proportion of women, particularly in the older age groups, 'at risk' of an illegitimate birth. At the time of writing the laws relating to divorce required one partner to sue the other so that as the authors point out, divorce could be presented by the 'innocent partner', thus encouraging consensual unions and the birth not only of illegitimate children but illegitimate families. Illsley and Gill discuss the work of Thompson in Aberdeen who identified and described all the women in Aberdeen who gave birth to an illegitimate baby between 1949 and 1952. She points out that 52% of the illegitimate pregnancies were second or subsequent pregnancies (compared with 67% of legitimate births) and that 31% of the women involved were married, widowed or divorced. Of the 30 primipara who were once married 21 were cohabiting on a marriage-like basis with married men and could not be considered as a 'social problem' as none required help from social agencies. Data was obtained from 200 of the 282 multipara and this group was composed of 52 in a stable cohabitation who had two or more illegitimate children by the same father; 52 who were having their first illegitimate child which seemed to be symptomatic of a chronically strained or already broken marriage; and 96 who had at least 2 illegitimate pregnancies by different fathers, many of whom were in unskilled occupations and likely to be in contact with social work agencies. As the authors point out this is an important group of mothers of illegitimate children who have been relatively ignored by the theorists but who have characteristics very different from the young unwed mother. As Mac Donald found in Leicester 41% of mothers of illegitimate babies in his sample were married, widowed or divorced and almost three quarters of them were
living with the putative father. Peel and Carr (in an investigation about contraception) found in their sample that 27 of the 114 couples who had a pre-nuptial birth were brides of divorced men. Illsley and Gill presented evidence to show that, in Aberdeen at least, this type of illegitimacy had decreased proportionately and they explained this in terms both of the increase in illegitimate births to young single women and the greater availability of divorce for the ultimate resolution of marital conflicts.

Cultural ideas concerning the relationship of premarital sexual activity to marriage are also important particularly with regard to the 'normality' of the illegitimacy and whether it is 'resolved' by marriage. Such cultural norms have already been described by Goode in Northwestern European families prior to their immigration to the U.S.A. Cutwright (a) describes a similar process in pre industrial society whereby premarital sexual activity followed by pregnancy, possibly an illegitimate baby and marriage was part of the normal process of getting married. By examining the illegitimacy rates in Europe between 1750 - 1965 however, he shows that the factors usually associated with a rise in illegitimacy rates—such as 'social disorganization' as urbanization, industrialization, wars, depression and social strife—were actually related to a fall in illegitimacy rates in this area during the period 1880 - 1945. He then goes on to show how this decline in illegitimacy was accompanied by a decline of marital fertility rates also which was due to an increase in the use of birth control. The decline in rate for teenage girls, however, was less pronounced and the author considers that this could be explained by the
improvement in health conditions which decreased sterility and spontaneous foetal loss and like Illsley and Gill, considers that the decreasing age of marriage affected the extent to which normative control over premarital sex was weakened. When there was little control over fertility Western nations tended to have a late-age-at-marriage pattern to control completed family size, but once birth control was possible there tended to be a move towards an early-age-at-marriage pattern. Cutwright therefore suggests that the lower illegitimacy rates found in the former type of society were not related to the more effective use of birth control but rather to the effect of the norms which delayed marriage and thus the norms of premarital sexual permissiveness. Once birth control became available, for the married at least, these norms were released with a consequent increase in sexual activity, both marital and premarital, among the young with a subsequent increase in illegitimacy.

Paavola describes the situation in pre eighteenth century Finland where premarital cohabitation was common but illegitimacy rare. "The custom of premarital cohabitation had become fairly common among the rural population of the country. 'Keeping company' by the young, a sort of trial marriage or the beginning of cohabitation, at least from the time of engagement, was practised with the knowledge of the parents and village community as a whole, and it was not considered immoral or harmful. Marriage followed regularly, although one third or even one half of the brides were pregnant at the time of the wedding. If for some reason a man intended to jilt a girl he had seduced, he could in Church, faced with the congregation, be 'persuaded' to marry her. In the worst case, there lay an appeal to the capitular body or the man
was fined by the assize court. The way of life of the village community, together with the discipline enforced by the Church, kept the illegitimate birth rate at a relatively low level." p.9. The author then goes on to document the rise in illegitimacy rates from 1880 onwards and explains this in terms of the changes from an agriculture-dominated to an industrial dominated society. The process of secularisation, the emancipation of women together with the breakdown of the old way of life which enforced marriage led to a rising illegitimacy rate until the 1920's since when it had decreased, Paavola explaining this in terms of the increasing use of contraception and abortion. Unlike Cutwright, however, he does not take into account the relevance of marriage or the trends concerning legitimate births. Since he discusses the ratio rather than the rate (confusing the two terms) this is of particular relevance. Thus, although there may be some relevance in the social factors which he discusses unless they are put within the demographic framework the full weight of their explanatory value cannot be assessed. Nevertheless the description of the configuration of social attitudes leading to premarital sexual permissiveness but low illegitimacy rates is an interesting one.

Premarital sexual experience may be part of the process of getting married as described by McEwan in a sample of 17 year old pregnant women containing 54 women, 29 of whom were attending an ante natal clinic and the remaining 25 at an abortion counselling clinic. None of the abortion group were married but just over a third (34%) of the ante natal group were. The 'wantedness' or otherwise of the pregnancy was not discussed in detail (although it was assumed, perhaps wrongly, that
everyone who asked for a termination had not wanted to become pregnant) but the authors do suggest that for some of the married, pregnancy may have been planned at the same time as marriage but possibly not in the Family Planning Association's terms. They thought, however, that there was a large proportion of 'unplanned and doubtfully wanted' pregnancies in both groups as well as 'planning' of the pregnancies for various other reasons - to force marriage or to get their own home for example.

Anderson et al., as mentioned before, found that a proportion of women in their sample of adolescent women were having illegitimate babies because plans for marriage had broken down. Pearson, in a sample of 80 women, 40 of whom were originally single in the ante natal clinics and 40 of whom were from termination clinics also found that for the women continuing the pregnancy, marriage to legitimate the child had been the expected and/or preferred outcome in over half (57.5%) of cases. Fourteen of the 40 continuing the pregnancy had married the father by the time of the interview and for many, the experiences occurring after the pregnancy was confirmed determined whether the pregnancy was wanted or not. Of the women continuing the pregnancy 90% either got on well with the father or planned to marry/cohabit before conception took place, with 95% considering that the relationship they had with the putative father was the most meaningful they had had to date. Only when the relationship broke down after conception would they have to consider some other alternative and for most of the continuers the status of unmarried mother was more acceptable than having an abortion. Three people in this sample had decided to have an illegitimate baby and fourteen eventually married but for the remaining 22,
having an illegitimate baby could be seen as the result of a particular sexual and marriage pattern.

Attitudes and behaviour towards premarital sexual permissiveness may differ between various subcultural groups, Kantner and Zelnick (6) for instance compared the sexual behaviour of white and negro adolescents aged 15 - 19. The data was obtained by interviewing a national probability sample of the 15 - 19 year old female population living in U.S. households. The sample contained 4,240 never married women of whom 2,839 were white and 1,401 were black. After allowing for differences in socioeconomic status and other socioculture variables the blacks were more likely than whites to have experienced intercourse although the intra cultural differences found were similar. As expected there was an inverse association between socioeconomic status and coital experience and those from mother headed families were on the whole also likely to be more experienced, although this relationship was not a simple one. A low degree of confidence sharing within the family was also related to more sexual experience, nominal religious affiliation had little relationship to amount of sexual experience although regular church attendance did make a difference. The level of knowledge about conception was low in all groups although whites tended to be better informed than blacks and the upper social classes in both groups were better informed than the lower socioeconomic classes. In both groups three fifths of the women had only ever had one partner and half said they had only had sexual relations with the man they intended to marry, although marriage may not have materialised. It is unfortunately impossible to assess the extent to which the latter
data is the result of the 'halo effect' between interviewer and respondent.

Marriage was more relevant to whites than blacks in a sample of 254 negro and 314 white unwed mothers as described by Pope. The sample contained 32% of all illegitimate births between 1960 and 1961 in selected counties of North Carolina. Over one quarter of the white and one fifth of the Negro women married after giving birth and before being interviewed. The more significant contrast, however, was that the Negroes were four times more likely to marry the putative father as some other man whereas the whites married the putative father only one half as often as another man. The author states, however, that rather than suggesting that whites who become premaritally pregnant marry their sex partners less often than do Negroes it may suggest that if whites are going to marry the putative father they do so before the child is born. Once the child has arrived they are less likely than Negroes to marry the putative father but they are more likely to marry someone, although the sooner they marry after the birth of the child the more likely are they to marry the putative father. The author concludes that the reason for these differences lies in the fact that whites have more incentive to get married than Negroes as they have more to gain in social status, economic and emotional security. Negroes however, may find that there are positive advantages in not getting married with few social pressures on them to do so.

The way in which socialisation occurred and its consequent effect on sexual behaviour and attitudes towards marriage has been discussed
by Hammond and Ladner. Their data was obtained from 150 males and females in an all Negro population of a housing project in St. Louis. The authors say they worked intensively (presumably they mean social work, but this is not clear) with about half the sample who were aged 5 to 18 from which the descriptions were obtained. The authors found that the American middle class belief that pre-adolescents are asexual in their interests did not apply to a large segment of Negro lower class life who in many cases accepted the very opposite view. The child was expected to be highly sexual in his interests and capacities and the parents' main concern was how to protect the child and prevent him from becoming involved in sexual activities based on this knowledge. Nevertheless sexual involvement did not carry a stigma and sex was discussed openly and heatedly if not very realistically by children and adolescents of all ages. The authors then hypothesized that one of the major ways in which sexual socialization occurred was through conversation with others. The housing conditions were such that led to a gross lack of privacy which meant that sexual activities, normally carried out in private, had to be carried out in public. The child was thus exposed to a wide variety of visible sexual behaviour which the authors hypothesized as being the second major way in which sexual socialization took place. Once the children had seen and talked about this behaviour they attempted the sexual behaviour themselves; sexual experience was then hypothesized as the third main agent of socialization.

Sex was therefore seen as a form of play and initiative of what the child sees and hears around him. As he grew into adolescence
sex became a strategic game of survival as well as fun. The authors concluded that the children were socialized into an environment where the controls which prevented or delayed early sex activities were either very weak or non-existent. Inevitably illegitimate pregnancy was the result of this adolescent sexual activity, but was either accepted with fatalism or positively sought in some cases. Schultz also found that, among the black population of St. Louis, brought up in a similar environment to the above, black teenagers accepted they would have sexual relations by the time they were twelve or thirteen. It was considered normal to have sexual intercourse to 'please' your boy-friend and with the friendship of girl-friends' brothers and the mutual support of the many girls having illegitimate babies, the peer group was an important source of support.

As well as these intercultural differences there are various intra cultural factors related to marriage and premarital sexual behaviour. As already mentioned Kantner and Zelnik found that higher social status, religious activity and the two parent family were positively associated with low premarital sexual activity for both whites and blacks. They also found, like Pope, that Negroes were less concerned than whites about getting married and that there might be disincentives for them to do so.

Coombs et al found, however, that socio-economic status was more strongly related to what happened after the pregnancy than in the prior premarital sexual experience. Coombs was investigating whether the marked economic disadvantages associated with families which had a premaritally conceived child were related to the social strata to
which they belonged prior to marriage or whether it was the early pregnancy which accounted for their subsequent economic disadvantages. The sample consisted of a random sample of couples in the Detroit area who had just had a first, second or fourth child and consisted of 1,053 respondents. The data was derived from the first interview which was one of a number of interviews in a longitudinal study. A further sample of 1,570 respondents contacted by postal questionnaire were also used when the data complemented that of the first sample.

To test his hypotheses Coombs examined the social backgrounds of the couples who had conceived premaritally and found that the relatively low present economic status of these families did not result from low status family backgrounds as measured by education and occupation of the fathers of both husband and wife. The highest proportion of these families came from middle status backgrounds with the next highest in the upper status and the least from lower status; the differences were greater but in the same direction with education for the fathers of both husband and wife. The authors conclude that those of higher status tend to 'solve' the problem of the premarital conception by marriage more than those of lower status although they have no evidence to support this hypothesis. The consequent relative economic deprivation of those who conceived premaritally was related to their young age at marriage and consequent disruption of education which led to little chance of asset accumulation in later life.

The differing attitudes towards premarital sexual behaviour, marriage and parenthood have been described by Aug and Bright. They interviewed 24 unmarried and 22 married women 28 - 48 hours post partum which contained an unspecified number of Negro and white respondents.
They found that there were four groups within the sample the first of whom were all married and came from families with stability and warmth of interpersonal relationships, clear cut family role patterns and a constant relationship to surrounding social and cultural norms. The second group were well adjusted to their particular environments which were tolerant of illegitimate pregnancy. Most of them had faced the possibility of pregnancy with equanimity without taking any contraceptive precautions. Most were happy about the pregnancy but did not consider themselves ready for marriage. The third group, which included both wed and unwed, showed pronounced disturbance of interpersonal relationships with previous economic and psychological deprivation. The fourth group consisted of married Negro women who were experiencing conflict with the middle class norms to which they subscribed with the mores of the environment in which they were reared. Although illegitimate themselves they were very sensitive about having illegitimate children while at the same time being very ambivalent about their husbands and marriage. Thus all four groups showed a difference in attitude towards marriage, premarital sexual behaviour and parenthood. The authors pointed out particularly the subcultural attitudes in group two where it was accepted that the status of parent was taken before that of mate.

As far as the level of illegitimacy is concerned the proportion of those married and divorced are important determinants of the population 'at risk' of having an illegitimate baby. The extent to which this 'at risk' group is 'at risk' of having an illegitimate baby, however, is partly determined by the attitudes towards premarital
sexual experience and marriage. Premarital sex may be part of the normal pattern of marriage with greater or lesser social persuasion to marry once pregnancy occurs according to the social situation. There are intercultural differences related to the amount of premarital sexual behaviour experienced, with blacks tending to have more experience than whites. The intracultural differences show that in both groups, however, socio-economic status, education, and family structure are important determinants of the amount of sexual behaviour experienced. In the most experienced groups, however, marriage is least likely to be used as a way of 'solving the problem' of the unwanted pregnancy and may be positively avoided with the status of parent preferentially being sought prior to that of mate. Thus illegitimacy can be the result of normal sexual practices prior to marriage (those having illegitimate babies being the 'casualties' of such a system) or a positively desired end where parenting and marriage are not necessarily synonymous. It can also be used by certain groups to solve the problem of the unwanted pregnancy. It is, however, only one factor in becoming the mother of an illegitimate baby, as premarital sexual experience does not necessarily lead to pregnancy.

Conception and Contraception

As premarital permissiveness in sexual matters has been shown to be related to class it has often been assumed that premarital conception was also a lower class characteristic. Illsley and Gill reporting on a study of Thompson (who looked at all births in Aberdeen during the period 1949 to 1952) found that illegitimacy rose from 2% in the professional and technical group to 40% among fish workers with
premarital conceptions rising similarly from 11% in Class 1 to 58% in the lower classes. The authors also report on the similar findings of the Registrar General in 1930 and 1951. Since 1950 in Scotland, however, the highest ratio occurred in Social Class IV and the ranking order became IV, II, III, V, I. The authors are at a loss to explain this change but point out that it could relate as much to a change in occupational opportunities for women as to actual changes relating to illegitimacy within the classes.

Part of the problem, however, has been in the way in which class was defined as in the case of single pregnant women her own occupation has been taken as the social class indicator rather than that of her father. Crellin et al. have pointed out that many pregnant single women have firstly not been able to finish their education because of the pregnancy and secondly may have been forced to become downwardly mobile and take a job below their ability and sometimes their educational qualifications for the same reason. Crellin's sample consisted of 679 illegitimate births which were part of a cohort of 17,000 births from all areas of the United Kingdom born during the week 3rd - 9th March in 1958. This was a longitudinal study designed to examine the administration of British maternity services and later to follow up the children in a National Child Development Study. With the information obtained about the backgrounds of the mothers of both legitimate and illegitimate babies the authors were able to show that there was no difference between the classes concerning who had an illegitimate baby as far as first births were concerned. As far as premarital pregnancy and illegitimacy was concerned, however, the incidence was
lowest in Social Class I (10%) and highest in Social Class IV and V (20%) with marriage following more frequently in the manual than in the middle class. As the authors had no information about the extent of abortion within the different classes it does not follow that there is a higher rate of premarital conception in the lower classes. It may be that there are similar rates, but whereas the middle class woman chooses between having an abortion or an illegitimate baby the lower classes choose between getting married and having an illegitimate baby. Without the necessary figures on abortion this cannot be shown definitively although various studies (discussed later) do show that abortion is used more by the middle class to solve the problem of the unwanted pregnancy. These authors found, however, that the girls most at risk of illegitimacy were those whose own father had either been permanently away from home or who had died. The incidence of extra marital pregnancy amongst this group was as high as in Social Class IV and V but only about half subsequently married, a fact for which no explanation could be given.

Reporting on figures for 1972 in Aberdeen, McIntyre describes the occupational distribution of primigravida single at conception as: students and professional women 15.8%, clerical workers 26.5%, distributive and skilled manual 32.5% and semi and unskilled manual 25.2%. Like premarital sexual permissiveness premarital conception is not therefore only characteristic of those from lower class backgrounds, although the way in which the conception is dealt with may be different. There are also differences in the extent to which attempts are made to avoid conception.
Changes in family planning policy have made contraception freely available in most advanced Western and many Third World societies. Use of contraception, however, depends on attitudes as well as availability, this being particularly relevant to single women, where, as described before (Vincent, Rains) various attitudes towards pre-marital sexual activity may inhibit their use. Much research on use and attitudes to contraception has been directed at married couples, but indirectly this often gives some indications of the attitudes of single people as well.

Cartwright found that 83% of a sample (representative of all classes and areas of England and Wales) of married women approved of using contraception with 10% expressing ambivalence and 6% disapproval. Although most of the sample were aware of the main methods of birth control 56% said they did not know as much about contraception as they would like. Information about contraceptives came mostly from non professional sources, particularly for those in the lower social strata. Those of higher social status were more likely to seek professional advice, to use more effective contraceptives and to have fewer intentional pregnancies. These class variations were accentuated by area differences in the amount of family planning advice available. In a more modern study using a similarly representative sample Cartwright found the same high acceptance of contraception with more couples using the more reliable methods. This had led to a significant reduction in the number of unintended pregnancies which were the result of faulty use of contraception. These unintended pregnancies were, however, viewed with more dismay than in
the previous study, probably because of a rise in expectations about the ability to control fertility; although the author does not have any evidence to support this latter point.

Peel and Carr, in a similarly recent study of married women found the same class differences in attitude towards contraception and type of contraception used. They found that those of lower manual status were more likely to have had a pre nuptial conception and to have got married after a shorter courtship. Similarly in America, Bumpass and Westoff found that those with higher education and income were more likely to be able to control their fertility and to have fewer unwanted births. The more children there were in a family the more likely were the later births to be unwanted in all classes, with the larger families more prevalent in the lower classes.

As might be expected, research shows that the users of Family Planning Clinics tend to be middle class. In a Family Planning Clinic run by a charitable organisation in London, MacDevitt and Goldman found that of the 979 women interviewed most were single and middle class. The majority had not approached their G.P through embarrassment or fear of his reaction and the minority who had done so complained of a lack of interest on the part of their doctor. This research was done, however, prior to the taking over of Family Planning by the N.H.S. Since that period it could be expected that the middle class bias among clinic users is not so predominant.

It is interesting to note that the majority of these studies focused on women although Peel and Carr and Cartwright did interview some of the husbands. They found that as far as men were concerned the
longer the relationship had been established, the more the subject of
c contraception was likely to be discussed and the more reliable forms
of contraception used. Acceptance of contraception appears high for
married couples but there appear to be class differences in the extent
and efficiency of their use. Similar differences are found with regard
to single people with the added influences of psychological attitudes
and practical attitudes and practical difficulties of obtaining con-
traception, particularly where there is an ambivalent attitude in society
towards giving contraception to single people related to an ambivalent
attitude towards premarital sexual behaviour.

As mentioned previously, Vincent and Rains describe the process
of denial by which some mainly middle class single girls become preg­
nant. They may be unable to admit to themselves that they are likely
to have sexual intercourse and will therefore be unable to take the
premeditated action necessary for using contraceptives. They will
'take a chance' with pregnancy as the result. In a follow up study
of 80 married and single women who subsequently obtained an abortion
through a pregnancy counseling service in America, E.M. Smith found
similar reasons for not using contraception. 54% of the women had
not been using any form of contraception when pregnancy occurred and
a further 16% were using unreliable methods such as rhythm or with­
drawal. The reasons given for not using contraception seemed to indicate
a need to deny that there had been a conscious decision to have inter­
course, that use of contraception implied premarital sexual activity
and that this was associated with guilt. Most of the women who had
had a contraceptive failure seemed to have a lack of knowledge on the correct use and reliability of their method. Similarly, Kane and Lachenbruch found in a sample of 99 unmarried white girls admitted for an abortion compared with 33 single girls in a maternity home that attitudes to contraception were the same. The majority in both groups had never used contraception although a larger proportion of the aborters had attempted fertility control than those carrying on with the pregnancy. Of those who did use contraception the rhythm method was most used often in conjunction with withdrawal although this was known to be the least effective method. Guilt about the use of contraceptive measures was elicited in 15% of those in the abortion group whereas this was true of less than half of this proportion in the group carrying on with the pregnancy. The comments made by such respondents highlighted the ambivalence of having sexual intercourse but being unable to see themselves as the type of person that did that sort of thing.

Denial and ambivalence as reasons for not using contraception have been further expanded by Sandberg and Jacobs. They describe 14 reasons for the non use of contraception based on a search of the literature, information from gynaecological and psychiatric practitioners and from an unspecified large number of women acquiring a legal abortion. Presumably some of them were single, but this like all other characteristics is unspecified. Important reasons for the non use of contraception were denial of the possibility of pregnancy, that contraception could prevent pregnancy or denial of personal responsibility for behaviour which could lead to pregnancy. Love and its demonstration by taking the risk of pregnancy, guilt associated with both the
interruption of the normal results of sexual intercourse and the thought of having intercourse were also important reasons. Other less important reasons for non-use of contraception included shame and embarrassment related to getting contraceptives, coital gamesmanship, masochism, eroticism related to the sexual thrill of 'taking a risk', nihilism, fear and anxiety, abortion availability, opportunism and the negative attitudes on the part of those responsible for distributing contraception. The authors conclude that the contraceptive rejector is immature, self-punishing with low feelings of self-worth and self-esteem and little desire to control her own life. While acknowledging that some of the categories described may be applicable in terms of why some women become pre-maritally pregnant the extent to which each of the categories applies to such women cannot be assessed from this work.

In a piece of research which relies more on empirical data Abernethy investigates the psychological reasons why women do and do not use contraception. Participants in the study were selected from 1000 females who responded to a mail questionnaire of whom 76 said they had had an abortion. Disregarding the 2 people who had had an abortion for medical reasons the remaining 74 were approached for interview of whom 65 (45 once married and 20 single) agreed to participate and were matched with a similar number of women who had not had an abortion. Abernethy found that the aborters came from families where they recalled that their parents were not affectionate to each other and may have been actively hostile. They also tended to have the pattern of early closeness with the mother followed by alienation
with greater household and child care responsibilities during adolescence. The aborters' less than satisfactory relationship with her mother seemed to extend into their current relationships with women, as they found their neighbourhood unfriendly. Looking back on their lives they described their father as the most approachable parent and their most important relationships as having been with men. Those who had experienced abortion had had earlier sexual experience than the controls but tended not to like it. Abernethy then concludes that the reason for non use of contraception is related to the family dynamics and the extent to which the mother provides an adequate role model, as a sexual and loved woman, with which the daughter can identify. If this is not provided then she may practice feminine behaviour vis a vis her father extending to sexual precocity with other men. For full feminine identity, however, she will need to become pregnant. This theory is very similar to that of Young's on illegitimacy, but whereas Young's unmarried mother avoids an abortion to have a baby - as this is the way in which identity as a woman is obtained, Abernethy seems to be saying that pregnancy is sufficient. She gives no reason as to why the pregnancy should end with an abortion. Contraception is not therefore used, or a method is used which gives a substantial risk of pregnancy, so that the woman can become pregnant and thus gain identity as a woman. Like the previous research this data was derived from people who had abortions and, as will be described in the next section, their contraceptive behaviour is very different from those who continue with the pregnancy.

The contraceptive behaviour of adolescents was described by Kantner
and Zelnick (a) who found that most young women who had had intercourse had used contraception at some time. Their sample was composed of a national sample of adolescents aged 15 - 19 years of whom 712 black and 630 white had had some sexual experience. The individuals in the sample were interviewed in 1971. Age was an important determinant of whether contraception was used, with more use being reported with increasing age so that by age 19 only 11% of blacks and 12% of whites had never used anything. There was, however, a considerable amount of risk taking with 53% of the sexually active adolescents not using contraception the last time they had intercourse and less than 20% reporting that they always used contraception. Those who regarded themselves as highly susceptible to conception were the ones most likely to use contraception consistently. Those who had sex more regularly were also the more likely to use contraception. The authors also found that non use was more prevalent among the lower income and educational groups with family structure having little influence. The greatest amount of risk taking however, was found among women from mother headed families who tended to be in the lowest income groups. Whether marriage was planned or not did not seem an important variable apart from whites who had marriage planned for more than a year in the future, who were the most careful in contraceptive use. Religion was an important variable only in regard to whether church was attended regularly or not. Regular attendance was related to low rates of premarital permissiveness but where such people had had sexual intercourse whites were more likely to avoid contraception whereas blacks were more likely to use it. As far as the use of various contraceptive
methods was concerned the pill, condom or withdrawal were the most popular methods. The pill and I.U.D. were the most popular methods among the lower class blacks with the association between socioeconomic status and method being less marked in whites. The upper class whites, like the blacks of the same status, used contraception more often than the lower class groups with the whites using more effective methods than the blacks. The poor in both groups were more likely to rely on clinics for their supplies although as far as oral contraceptives were concerned the blacks were more likely to get these from the clinics than the whites who got them from private doctors.

Examining the birth control of black teenagers who became pregnant Furstenberg tested the hypothesis that members of the lower class subculture would be too impulsive and present oriented to anticipate the prospect of pregnancy and too fatalistic and apathetic to care if it did occur. The sample consisted of 337 unmarried black adolescents who entered an ante natal clinic for pregnancy care. They were therefore a sample in which contraception had either not been used or had failed for some reason. They were interviewed initially and were followed up by two more interviews to evaluate the efficiency of the hospital contraceptive program to avoid future unwanted pregnancies. Only 6% of the sample were unable to identify any method of contraception and most had a wide if superficial knowledge of methods available, tending to be most aware of the methods that they had least access to. Only two girls had ever used oral contraceptives (which they had borrowed from their mothers) and there was a strong aversion to the more available forms of contraception which required genital control. The most likely
form of contraception, used by 37% of the sample, was the condom but it was usually only used sporadically normally because the boyfriend was unprepared or unwilling to use it. Even sporadic use of contraception delayed pregnancy for some time, however, as 30% of those ever using contraception delayed pregnancy for two years compared with only 11% of the non-users. Girls were more likely to have used contraception if it had been talked about within their families, even although this may only have been in terms of 'getting the boy to use something' (p197). The author hypothesised, however, that as well as transmitting expectations about contraceptive use and information about methods of contraception such discussions accepted the fact of the daughter's sexuality. She was then able to define sex less as an uncontrollable act and more as an activity subject to planning and regulation. In families where premarital sexual behaviour was condemned the mothers may have refused to consider their daughters as sexually active and be reluctant to encourage use of contraceptives. The adolescent, in maintaining her mother's optimistic outlook concealed her sexual activity and maintained her mother's belief that instruction was unnecessary. When the girl became pregnant the mothers were genuinely astonished and the girls very embarrassed. Even where the girl had been encouraged to use birth control, use was still problematic as most had to persuade their boyfriend to 'use protection'. The single most important factor was the extent of involvement between the adolescent and her sexual partner. Frequency of sexual activity was also important and combined with above to form a strong predictive factor in contraceptive use, particularly when the influence of the family was also strong.
There are thus a number of reasons why contraception may not be used by single people. Total ignorance is likely in only a very small number of cases although, as Schofield found, a large number of young people may want more information about contraception. The ignorance is likely to be in terms of the practical aspects of obtaining and using supplies, as Furstenberg describes: "Girls tended to be most aware of those forms of contraception to which they had least access and about which they had only limited practical knowledge....a third of the sample mentioned one of several non prescriptive methods for females....most were uncertain about how these methods worked, where they could be obtained, or how they should be used" p195. Even where ignorance has been dispelled and psychological conflict overcome attitudes expressed or implied in clinics concerning the acceptability of contraception for single people could prevent people from attending clinics and obtaining supplies. Pearson, for instance found that women in their sample who had gone to clinics for advice were put off by the setting or manner in which they were received and some were actually refused help (in 1973) Cartwright and Waite found that 6% of a national sample of G.P.'s refused to help an unmarried woman asking for birth control advice and refused to refer her to anyone else. Wadsworth found in a special clinic for single people in Edinburgh that the people referred via G.P.'s were very likely to already have a child. This clinic was used mostly by university students and clerical workers who had found out about it through friends. These factors are part of a wider issue of the way in which contraception is controlled and dispensed through the medical profession. While this is the case the least well
informed and those most intimidated by professionals will find it the most difficult to obtain contraceptive advice that they want.

The research therefore shows that premarital conception occurs in all classes although the way in which the conception is 'solved' is different. Contraception can avoid unwanted conception and is on the whole accepted by most married couples with the middle class making more effective use of services than the working class. With single people the situation may be different because of psychological difficulties related to the guilt of indulging in premarital sexual behaviour. Comparative studies between users and non users, whether they become pregnant or not, seem to suggest that use is related to class, certain aspects of religion and family relationships, particularly in relation to whether contraception is discussed or not. Total ignorance is not an important determinant of non use, but ignorance about the practical issues of obtaining advice and supplies is. The availability of contraception is therefore important as is the way in which it is controlled and dispensed to single people which, with interaction of the other factors determines whether it will be used or not. As Furstenberg points out, however, a proportion of women, through low fecundity, irregular sexual relations and sheer chance will reach marriage without becoming pregnant while indulging in the same behaviour which causes illegitimacy in others. Many girls may miscalculate the odds for avoiding pregnancy, hoping that they will be among the lucky survivors. Only a prospective study would show the proportion of survivors in comparison to the more visible proportion that become pregnant.
Abortion

The 1967 Abortion Act which came into effect in April 1968 greatly extended the grounds under which an abortion can be performed. They can now be performed provided (a) that two medical practitioners are of the opinion that continuing the pregnancy would involve greater mental or physical risk either to the woman or her children than if she had it terminated or (b) that there is a substantial risk that if the child were born it would be seriously mentally or physically handicapped. There are area differences, however, in the ease with which an abortion can be obtained and also class differences in the extent to which this facility is made use of. Schofield, for instance, found that middle class women were much more likely than the working class to solve the problem of the unwanted pregnancy by abortion. Baird also found that in Aberdeen requests for abortion from unmarried women tended to come from social classes 1 and 11. Hall found in America that white private patients were much more likely than black public ward patients to secure an abortion. The reasons for this could be the greater ability of the middle class to manipulate the health system in order to get what they want or in possible stronger attitudes against abortion in the working classes. Greater availability of abortion does not therefore mean that it will be used to the same extent by all sectors of society.

Comparative studies which examine the characteristics of those who have an abortion with those who carry the pregnancy to term should show the factors relevant at this crucial decision point which lead
to having an illegitimate baby. Not all the comparative work is specific to single women but often the processes by which the decision is made are similar. Athansiou et al. examined a quota sample of 373 women, 268 of whom were expecting to have an abortion and 105 of whom were planning to have a baby. The sample was selected to obtain three comparison groups who were similar in colour, age, parity, marital and socioeconomic status. This was so that other variables which might influence the patient's psychological status could be isolated in order for the process by which the decision to terminate was made could be focused upon. If a cross section of abortion and delivery patients had been taken the abortion patients would have been shown to be more frequently unmarried, younger, black, of lower parity and higher socioeconomic status than all patients having babies in the hospital. Those who obtained abortions later in pregnancy, however, were more often unmarried, younger, black and of lower socioeconomic status than the women who obtained abortions early in pregnancy. The data was obtained by means of a structured interview, the Srole Anomia scale which measures an individual's sense of social integration and the Rosenberg Self Esteem scale which as its name suggests measures the individual's self esteem. Two follow up interviews were done on 34% - 36% of the sample in which the M.M.P.I. and the Symptom Check List were also administered. The authors found no differences between the two groups either pre or post operatively on either the anomia or self esteem scales. The groups were also no different regarding their own estimates of time to emotional recovery after hospitalization in terms of number of sex partners, change in enjoyment of sex, change in religiosity or change in relations
with parents and husband. It is then suggested on the basis of these results that there is neither great harm of benefit in either early or late abortion or term birth. From the few differences found it did appear that early abortion was possibly more therapeutic than carrying a pregnancy to term, but what was meant by therapeutic is not clearly defined. Predicting scores for individuals rather than looking for group differences revealed that among the abortion patients low self esteem, low contraceptive knowledge, high alienation and delay in seeking abortion were related to long recovery times, psychopathology (as predicted by the M.M.P.I.) and a large number of unpleasant body symptoms after abortion. A larger proportion of these patients were single than in the other groups but it is suggested that these features were independent of the marital status of the patient. Unfortunately the single aborters were not compared with the single term pregnancies so that the features which differentiated those who decided to have an abortion rather than carry the pregnancy to term could not be assessed.

In an attempt to measure the psychological differences between those who have an abortion and those who carry the baby to term Niswander et al. (1972) administered the M.M.P.I. to 126 patients 106 of whom were having an abortion and the remainder having a baby both before and after the operation or the baby's birth. There were pre-operative differences between the aborters and the maternity patients with the aborters scoring higher on all four scales of depression, anxiety, impulsivity and overall adjustment. In the post operative test the aborters had a more marked downward adjustment on all four scales while continuing to show greater anxiety and impulsivity than
the maternity patients. The author therefore concludes that abortion patients did evidence significantly more stress than maternity patients and even after the operation this group were generally less well adjusted. The problem with this work, however, is that the maternity patients were all married whereas most of the abortion patients were single. The abortion patients would therefore have experienced the stress of both being single and pregnant as well as having an abortion. Niswander concedes that these patients would have got pregnant under very different circumstances to the married patients and that marital status was an important variable in terms of the post operative psychological state. Unfortunately, however, this comparison does not show the relevant factors relating to why some single pregnant women have an abortion rather than a baby.

In a study which examined the characteristics of 155 applicants for abortion at a London Hospital Ingham and Simms were able to compare married and single aborters. Of the 155 applicants a total of 102 (71 single, 23 married and 8 widowed, divorced or separated) were granted an abortion, there being a higher proportion of single in the sample than in the National average. Nearly two thirds of the single women came from broken or unhappy homes which the author estimates was above the average for individuals nationally. They also came disproportionately from larger families of four or more children although this may have been because of the over-representation of immigrant families (mostly West Indian) in the sample. A large proportion of both married and single were Catholic with most in semi or unskilled work although a significant minority (20%) were nurses. About 57% of the sample had
never attempted to use contraception and most of these were single women and all but four of the 30 or so women who had had previous abortions of illegitimate children were single. The author then concludes that this is probably a highly vulnerable population, particularly the 7% of such patients who came to the hospital for their second abortion. Unfortunately, however, there is no indication as to the reasons why these women decided to have an abortion rather than carry on with the pregnancy, although the authors imply that the social situation of the unsupported mothers was of importance and that abortion could be seen as a method of breaking the cycle of deprivation in which many mothers found themselves.

The characteristics of single women who have an abortion can therefore be described, in the terms of the research so far discussed, as possibly more emotionally disturbed and from more deprived backgrounds than married women having a baby or other women having an abortion, particularly the late presenters for abortion. This disturbance may be the result rather than the cause, however, particularly in view of the fact that the single woman has to face the double stress of both being pregnant and having an abortion. Thus the variable of marital status is an important one which has not been allowed for in the previous research.

In a sample that compared single aborters with those who continued the pregnancy Pearson found that aborters were more likely to have accepted the idea of contraception and have made some effort to obtain them. The sample was composed of 80 single women experiencing their first pregnancy, half of whom continued with the pregnancy, some of
them marrying the father. The women selected all had the characteristics of never being married prior to conception, aged 17–30 years, white ethnic status and had not delivered or terminated the pregnancy at the time of the interviews. They were contacted at antenatal and gynaecology clinics in two London hospitals. There were few differences between the two groups as far as preconception experience was concerned. A detailed examination of the contraceptive background showed that the women having abortions were more likely to have accepted the idea of using contraception and a small number were also more likely to have made an effort to obtain a clinical contraceptive device. The only other preconception difference was that for the aborter: the relationship with the father was either more uncertain and less meaningful than previous ones or a social rather than a romantic one. In contrast to the preconception period almost all the analyses of events subsequent to conception revealed differences between the two groups. Both concern over being discredited by other people and concealing the pregnancy were traits associated with having an abortion. These aspects of social stigma were evident amongst all the women prior to confirmation of the pregnancy but increased more in those who had an abortion than those who carried on with the pregnancy. The effect of the pregnancy on the relationship with the putative father was also different with the aborters more likely to find themselves in a relationship that had either finished or was likely to finish once he knew of the pregnancy.

McEwan, in a sample of 24 pregnant women who had an abortion compared with 29 attending an antenatal clinic all of whom were aged
around 17 found similar differences. The aborters knew much more about contraception and more of them had attempted to use contraception, although not always of the most reliable kind, although this may have been related to difficulty in obtaining contraceptives under the age of 16. More of the terminaters were involved in schooling, (which was not related to age, as the compulsory leaving age was then 15) with more being involved in some kind of further education. More than 50% of the ante natal group were either married or engaged although a proportion of those married had only just done so. None of the terminaters were married and a smaller proportion (20% compared with 25%) were engaged, although there was nothing to suggest that their relationships with the putative father were any less steady than those in the ante natal group. Unfortunately there is no data to show whether the type of relationship influenced the decision to abort or not.

Abortion could therefore be described as most acceptable to those who have an 'interventionist attitude' towards childbearing and control of fertility as in both these studies the aborters were more likely than the continuers to have attempted to control their fertility. The attitude of the baby's father both to the pregnancy and to the woman herself also appear to be important considerations in deciding whether to have an abortion or not.

Abortion may be available but for various emotional and moral reasons be totally unacceptable to women otherwise eligible to have an abortion. Zelnick and Kantner (a) found, for instance, in a sample of 166 Negro women of various marital and socioeconomic status that abortion was not an accepted way for the single girl to escape the consequences
of an illegitimate pregnancy. Although at the time of writing abortion was illegal and therefore something of a clandestine and squalid act this was not the main reason for its rejection. The main rejection was in moral terms with heavy emphasis on the importance of preserving life once it was begun with the underlying justification being an interpretation of Christian morality similar to that of the Roman Catholic Church.

Similar results were found by Perez Reyes and Falk, who found the white girls much less ambivalent than the black about having an abortion. This particular piece of research was a follow up study of 41 girls aged 16 or under who had had an abortion in an American hospital. Like the previously discussed comparative research these women had applied to have an abortion because of an insecure financial situation, wanting to carry on with their education and obtaining little support from the putative father. They also feared the social repercussions of an illegitimate pregnancy, had parents who were willing to support the child and expressed the opinion that it would be more painful for them to give the baby up for adoption than to have an abortion. The reaction to the termination was confined mostly to the postoperative period while they were in hospital and was soon overcome. The patients who expressed most regret over the termination, however, were those who had been criticised by their family and friends who had themselves become pregnant and had a baby. They were mostly black with several illegitimate children within the family.

Michielutte et al. found similar strong negative reactions to abortion in a sample of 990 urban black females. 77% of the sample were opposed to abortion under any circumstances. These attitudes were in substantial agreement with the evident behaviour
of the women. Only 9.7% of all the legitimate and illegitimate conceptions they experienced had terminated in an abortion, although the authors think there may have been some under reporting of those in the older age groups.

Fischman compared single black women who had an abortion with women who had an illegitimate baby and showed how a different cultural attitude towards abortion influenced the women who took this course of action. The sample was composed of 229 adolescent single pregnant black women between the ages of 13 - 18 in an American hospital; 151 of whom continued with the pregnancy and 78 choose abortion. The women lived in poverty preceding the pregnancy with the continuers tending to be of lower socioeconomic status than the aborters. More than 50% of the continuers reported that they never worried about becoming pregnant and only 17 of the 151 expressed unhappiness over the event. Fischman considers that these results support the view that 'within the milieu of poverty and inadequate education, childbearing may be sought deliberately because it is one of the few acceptable roles available to girls who feel unable to achieve success in the competitive social world." (p222). Conversely, she considers that the decision to abort may demonstrate a girl's ambition to self improvement and upward social mobility, particularly as the aborters tended to be of higher socioeconomic status and were more likely to remain in and perform better in school. The girls who had decided to continue with their pregnancy, however, had much better relationships with their mothers than those who decided to have an abortion. The latter also had lower self esteem (as measured by Rosenberg's self esteem scale)
and were less likely to have been in a steady relationship with a boy and to be receiving support from him. The aborters were also more likely to come from families in which the fathers had died although absent fathers were found in equal proportions in both groups. The aborter can therefore be characterised as isolated from her family, with low self esteem and yet (rather conflictingly) with higher educational aspirations. The extent to which this is the result of attitudes against abortion or the reason why such an individual decides to have an abortion cannot be assessed from this work. There would obviously be varying conflicting factors on the individual in terms of the overall attitude of accepting the pregnancy and not accepting abortion while at the same time being of slightly higher socioeconomic status with, presumably, higher social aspirations. It would be interesting to know the extent of repeat pregnancy in this group.

Age has been found to be an important variable in the acceptability or otherwise of abortion. Kinch, in a research already mentioned compared 149 unmarried mothers under the age of 25 with 99 married mothers of a similar age. Very few of the younger single group in the study considered abortion, but it was considered most often by those aged 17 - 21 than either the younger or older age groups. The 50% who had attempted abortion (illegally, as this was before the extension of the grounds for abortion) were all unsuccessful although the seriousness of the attempts were not discussed. Butts and Sporakowski also found in a sample of 109 single white pregnant women that those who continued with the pregnancy were younger, less well educated, more regular church attenders, less aware of abortion, less sexually permissive
and in contrast to the other research, in poorer relationship with the putative father than the aborter. The continuers, were however, less likely to be satisfied with their pregnancy decision than their counterparts who choose abortion. Hatcher in an indepth study of 13 unwed pregnant adolescents found that attitudes towards pregnancy and abortion were strongly related to the stage of adolescent development.

Age and ethnicity therefore appear to be important variables relating to whether abortion is acceptable or not, but there are various other indirect factors which can affect whether an abortion is obtained. In a sample of 2,665 cases of abortion at a London hospital A. Davis found that abortion complications were higher in the single women than the married. This research was done before the extension in the grounds for abortion so that women who presented themselves at the hospital had either attempted abortion themselves or through a 'back street abortionist' or were having a spontaneous abortion. (There was some doubt about in which category some of these patients should be placed) there were only 28 (1%) cases of therapeutic abortion in this sample. From the clinical point of view there were more serious complications among the single women although the author thought this was not due only to later abortion. The difference between married and single in terms of when abortion had been attempted was very slight. Davis therefore concludes that a combination of several factors such as their inexperience, isolation and desperation led to these higher complications. Both McEwan and Anderson found, however, that adolescent pregnant women were likely to delay booking at the hospital ante natal clinic until they were aged 16 and/or married. This could lead to inadequate natal care or to a later abortion and greater risk of complications. It could
also lead to a refusal of termination, particularly when the girl had waited for marriage and it had fallen through or had been unable to acknowledge the pregnancy to herself. Kaltrieder stresses the latter point in comparing late and early applications for abortion. She interviewed a small sample of 18 women who were white, unmarried and aged 20 - 26 who had contacted a Family Planning/Pregnancy Advice Centre in America. Ten presented at 10 weeks pregnancy or less who were defined as early applicants the remainder being defined as late applicants. There seemed to be no difference in either the use (or non use) of contraception or in the incidence of previous psychiatric problems. The late applicants, however, were characterised by a more disturbed relationship with both parents prior to the pregnancy marked by little meaningful communication. They had a poor self image and cope with the unwanted pregnancy by a process of denial rather than realistic appraisal of their situation. After the abortion the early applicants were characterised by a sense of relief and a desire to take up their life where they left off. The late applicants, however, expressed mixed feelings or tried to continue coping by denial, which was in part a reaction to the late abortion itself, which was very much like childbirth.

Hospital procedures are also an important determinant of who gets an abortion, particularly in relation to the 'kinds' of single girls who will be given an abortion as well as the procedures by which abortions are processed. Chalmers and Anderson found that when abortions were put on the ordinary gynaecology waiting list the resulting time lag could lead to more late abortions (with more complications) and to women being refused abortion if they were a late applicant in the first
place. Hospitals may also have rules regarding how many abortions they are prepared to do for any one individual. McEwan, for instance cites the case of a hospital who refused a second abortion to any individual regardless of their reasons for wanting it. The interaction between doctor and patient during applications for abortions is discussed by MacIntyre. From a sample of 25 illegitimate pregnant women 14 attempted to obtain an abortion. The G.P.'s could be divided into two groups according to how they dealt with the subject of abortion. The first group considered that any women who wanted an abortion could have one and their search procedures were directed firstly at ensuring that the woman had thought about the alternatives and secondly at seeking the appropriate information to make out a good case to the gynaecologist. The second group based their decision on the woman's moral behaviour based on their past sexual and contraceptive history. If they were 'bad girls' (i.e. if they had slept around and not used contraception) they did not deserve an abortion but if they were 'good girls' (i.e. if they had a steady boyfriend and had attempted contraception) then they could have an abortion to remedy 'the mistake'. Similarly groups were found amongst the gynaecologists, with one group being most concerned that the women were absolutely certain about their decision and the second group deciding on the basis of the moral character of the women concerned. This interaction was therefore of prime importance in whether the women obtained abortions or not. If they had a G.P. or gynaecologist who made the decision in terms of their moral character, an abortion would only be granted if the women presented the right image (whether consciously or not,) otherwise their request was refused.
Comparing premaritally pregnant women who have an abortion with those who carry the pregnancy to term shows that the aborters are on the whole of higher socioeconomic status, more likely to have attempted contraception and to have an interventionist attitude towards controlling their own fertility and are also more likely to have a more uncertain relationship with their baby's father. There may be differences between early and late applicants, however, with late applicants likely to be more emotionally disturbed, of lower socioeconomic status and more ambivalent about the pregnancy. There may be various intercultural differences in the acceptability of abortion with blacks finding it much less acceptable than whites and thus being more likely to present themselves later for abortion and being much more disturbed by the procedure. Age is an important intra cultural variable with acceptability being least in the younger age groups and most in the 17 - 21 age group. Other important but more indirect factors relating to abortion are the hospital referral procedures and the way in which decisions are made about who may have a termination.

Comments and Conclusions

It can be seen from this research that there are various connecting strands which link both to the extent of premaritally conceived pregnancy and the way in which the pregnancy is resolved. There are intercultural differences such as the level of premarital sexual permissiveness, the extent of marriage and divorce, the availability and use of contraception and the availability and acceptability of abortion which affects the extent to which people have illegitimate babies. The research shows for instance that blacks have comparatively high levels of premarital
sexual permissiveness compared to whites, a low investment in marriage so that marriage tends not to be used to solve the problem of the unwanted pregnancy. With a lower proportion of the population married, blacks therefore have a higher 'at risk' population as well as using contraception less and finding abortion unacceptable, even where it is available. Intra cultural differences are also found however which tend to be in the same direction within each culture. In both whites and blacks it has been found that there is an inverse relationship between class and the level of premarital sexual permissiveness, the use of contraception, whether marriage will occur to legitimate the child and whether abortion will be used. Thus in both cultures the lower classes will tend to have more illegitimate babies than the upper classes with the blacks having more than the whites in each class overall. This is represented diagramatically on p. 253.

The problem with this research is that although the links can be shown between the different variables without following through a cohort of women through all the decision points as regards becoming pregnant and having an illegitimate baby the differences between all the groups cannot be assessed. The research which cross tabulates types of pregnancy with various outcomes (such as Illsley and Gill) does not always investigate all possible outcomes. (The above authors exclude abortion for instance) the research which compares, say single women who have an abortion with those who continue the pregnancy does not compare this single group of pregnant women with whom contraception failed with a similar group of single women with whom contraception was successful. The decisive factors in the various outcomes are not
Diagram to show Inter and Intra Cultural Factors Related to Various Illegitimacy Levels

**Inter cultural variables**
- High premarital permissiveness
- Low rate of marriage
- Low use of contraception
- Abortion unacceptable

**Intra Cultural variables - relationship within each culture**
- Class
- Religion
- Family structure
- Education
- Age

**Premarital permissiveness**
- Rate of marriage
- Use of contraception
- Acceptability of abortion

Rate of illegitimacy in inverse relationship to class and related variables

**Inter cultural variables**
- Low premarital permissiveness
- High rate of marriage
- High use of contraception
- Abortion acceptable

**Low** Illegitimacy

Figure 5:2
therefore always explicit. It is also made more complicated by the fact that at each decision point about the pregnancy there is a complex interaction of psychological and social variables. The data for the research which cross tabulates premarital pregnancy with pregnancy outcome is not usually of the type which is informative about such interaction, whereas the samples from which such data is obtained are usually biased and do not represent a complete cohort of women (or if it does as in MacIntyre's work, the sample (of 25) is too small to be of statistical significance.) A further problem in this work is that the once married woman is again almost ignored and to examine them in contrast with other groups would greatly complicate the research. Once married women who had illegitimate babies would have to be compared with similar non pregnant women, women who used contraception and those who had abortions. What evidence there is (notable Thompson) suggests that they are more like other married women than the unmarried mothers who are the focus of much of the research.

Foster Hartley has nevertheless attempted to formulate a statistical model that quantitatively links the factors in becoming an unwed mother to a particular level of illegitimacy within a society or cultural group. She begins by considering the previous theories of illegitimacy and shows how such mono-causal physiological, psychoanalytic and psychological, structural and cultural explanations are deficient in explaining illegitimacy in all cases. Foster Hartley considers that while the explanations each have some plausibility none are universally adequate. The reason that she gives for this is that most of the causal factors suggested are 'class A' factors
(after David Yaukey's (1969) identification) in that they relate to the physical environment, the social structure or the cultural norms, without delineating how these factors work through the series of intermediate or 'class B' variables (identified by Davis and Blake (1956)). Thus, an explanation of societal levels of illegitimacy require an explanation of how the social structure and cultural variables influence those intermediate variables appropriate to births out of wedlock. Foster-Hartley attempts to do this with a concatenated or interdependent theory where a series of variables is viewed as determining illegitimacy directly as each one is influenced by environmental, structural and cultural forces. The argument is not, however, that society in some way 'causes' illegitimacy but rather that various societal factors are interpreted by individuals in society. This comes about as a result of interaction with others over time, the interpretations and influence of significant others and the attitudes and behaviour of individuals in membership and reference groups. Her theory therefore attempts to show how various factors in society are related to the interaction and perceptual interpretation of individuals which lead to certain individuals having an illegitimate baby and thus a particular level of illegitimacy. As she points out, no variables are completely independent as the illegitimacy level can be seen as both a 'result' and a 'cause' of future levels of illegitimacy.

Foster Hartley then goes on to construct her concatenated theory by identifying five concatenated or linked factors. These produce a 'funnelling' process that narrows the range of alternatives as regards
to possible behaviour and leads finally to registration of a birth as illegitimate. The first of these factors is the marital patterns within the society and the proportion of unmarried women 'at risk' of contributing to illegitimacy. Not all unmarried women will be 'at risk', however, as only some will engage in non marital sexual intercourse and of those who do only some will become pregnant. Once pregnant, as an alternative to an illegitimate birth some will marry prior to the birth and some will have a spontaneous or induced abortion. Finally, a certain proportion will give birth to an illegitimate baby. The way in which these factors are connected can be seen in the diagram on page 257. At each stage in the chain of events resulting in illegitimate births, positive and negative social controls lead to specific persons producing illegitimate children, to different patterns of illegitimacy among subcultures and to national levels of illegitimacy that are patterned over time.

Following the ideas of Smelser (1963) Foster Hartley treats the phenomenon of illegitimacy as the result of a process with each crucial variable in the process either increasing or decreasing the likelihood of the end phenomenon. Unlike Smelser who emphasized the additive aspects of the variables considered, however, Foster Hartley concentrates on the alternative outcomes available over time in various societies. She then hypothesises that social groups which reject or reduce the possibilities for all alternatives to illegitimacy will report high levels of births out of wedlock, whereas where the alternatives to illegitimacy are both encouraged and provided, low levels of illegitimacy will result. Each of the variables is then
Figure 15. Diagrammatic Representation of the Concatenated Theory of Illegitimacy

From "Illegitimacy" Foster Hartley
examined to determine the extent to which their rejection or encouragement produces a particular illegitimacy level.

In examining the first factor of the proportion of women unmarried Foster Hartley shows that this factor does not necessarily relate to high illegitimacy. By examining both overall and age specific marriage rates she shows that whereas a large proportion married is predictive of low illegitimacy the reverse does not necessarily hold. It is the behaviour of the unwed women which is more important. She also shows that there is no statistical relation between the level of divorce and illegitimacy within a society. In examining the behaviour of unmarried women in society Foster Hartley finds some support for the hypothesis that in societies where women avoid coitus, either through seclusion or some other extreme form of separation of males and females, the levels of illegitimacy are very low. Similarly the higher the structural conduciveness and cultural acceptance of non marital intercourse the higher the levels of illegitimacy although there may be other relevant intervening variables such as the use and availability of contraception and the type and strength of social sanctions against non marital sexual intercourse. In discussing the availability and use of contraception Foster Hartley concludes that knowledge and availability are a necessary but not sufficient condition for the reduction of illegitimate births. There may be many individual and social reasons why contraception is known of as available but not used to prevent an illegitimate pregnancy.

She then goes on to discuss the two possible ways of avoiding an illegitimate birth once pregnancy has occurred - that of early marriage
or abortion. Societies where "marriage following on pregnancy" pattern occur are described and the extent to which factors such as war, migration and urbanisation can upset this pattern are discussed. Foster Hartley shows that historically high rates of premarital conception can result in low rates of illegitimacy where marriage is the accepted response to premarital pregnancy. Where this is related to strong social pressures to marry the relationship is particularly strong. As far as abortion is concerned Foster Hartley quotes figures to show that the liberalisation of the abortion law has reversed the upward trend in illegitimacy, at least in parts of the United States although this is not the case in Eastern Europe, Scandinavia or England. Japan appears to be the only country in which the level of illegitimacy has fallen dramatically since the liberalisation of the abortion laws. Liberalisation is not in itself sufficient, however, for as Foster Hartley points out women must have both the knowledge and the willingness to have an abortion if it is to be an alternative to having an illegitimate baby.

Foster Hartley concludes by saying that in a society all these factors will be linked and interact to produce a particular level of illegitimacy. Some alternatives may be stressed at the expense of others and this will vary both between and within societies so that two societies with the same illegitimacy level may have a different interaction of factors which result in that level. The concatenated theory is thus a scheme for elucidating the variables and their relationship, but more empirical research is needed to show their relative importance and interaction. This approach could be used for
explaining illegitimacy at both the individual and societal level.

The main criticism of this work is that Foster Hartley has been unable to use her scheme for determining the levels of illegitimacy in various societies. Although she uses a very wide selection of evidence on each of the variables she has elucidated, because most of the research was related only to the variable under discussion its connection to all the other variables relating to illegitimacy as well as to the actual level of illegitimacy itself remains obscure. For example, she discusses the extent to which contraception is available in different societies and then examines various research studies on the subject. Because of the nature of the research, however, she is unable to show how it interacts with all the other factors relating to illegitimacy and thus its relative importance in producing particular illegitimacy levels. By examining a mass of statistical data and research relevant to each variable under discussion she shows (sometimes not very conclusively) that each variable affects the level of illegitimacy. What she is unable to show, however, is the relative importance of that variable in relation to all the other variables in producing a given level of illegitimacy. This could only be done either by following through a cohort of women throughout their reproductive lives or assembling all the relevant material on each variable for a particular society or section of society. Without doing this the main strength of this theory - its ability to show all the variables and how they are linked - is lost. The concatenated theory may be an intuitively more satisfactory way of examining illegitimacy but Foster Hartley does not have any empirical evidence to show that it is a more reliable way of predicting and explaining various illegitimacy levels.
Chapter 6.

Conclusion to the Literature Review

The review of the literature on illegitimacy shows that there are three explanatory models which although superficially appear to be asking different questions and using different modes of analysis are making the same or very similar assumptions which lead to an explanation in similar terms. These models can be described as the individual model of explanation which attempts to answer the question 'Why do some individuals become unmarried mothers?'; the social model which attempts to answer the question why do illegitimacy levels vary in different societies or sections of society? and the interactive model which attempts to answer the question what factors in society and in individuals interact so that certain individuals have illegitimate babies and thus produce a certain level of illegitimacy in society?

These models of explanation can be summarised as follows:-

**Individual Explanations**

These explanations attempt to show how the personality of the women who have illegitimate babies is somehow deviant and how this leads to the behaviour which results in an illegitimate child.

1) Women who have illegitimate babies are not truly feminine (psychoanalytic theories) resulting from the tensions inherent in their family situations. Factors such as adolescent conflict, broken homes, inadequate families, separation, depression, or lost love object may reactivate the neurosis. While not necessarily suffering from deep seated personality conflict according to the psychoanalytic model they may nevertheless have deviant personalities. (psychological theories). They may be extroverted, neurotic, have a more ambivalent ego identity, be more impulsive, with poor
tolerance and low I.Q. A minority will suffer from more serious mental illnesses such as schizophrenia.

2. These personality features lead to acting out of deep seated neurosis, (psychoanalytic theories), the woman unconsciously organising her behaviour and social life so that she ends up with an illegitimate baby. Where the personality problems are not thought to be so deep seated (psychological theories), the psychological differences found will lead to behaviour where an illegitimate baby is the probable result. As far as psychoanalytic theories are concerned illegitimacy is the inevitable result whereas for the psychological theories illegitimacy is the probable result. The woman with a warped feminine development in the psychoanalytic sense, will, guided by her unconscious conflict, indulge in behaviour of which an illegitimate baby is the inevitable result. The neurotic extrovert, however, is likely to be outgoing, to have more sexual contacts and to use contraceptives ineffectively. It is very likely, but not inevitable, that she will have an illegitimate baby.

There are various criticisms which can be made of these explanations. In these types of studies there are problems relating to sample bias and comparison with a control group. In only a few cases was this adequately overcome. In the case of psychoanalytic theories there was the problem of the collection and subjective interpretation of the data. In the case of psychological theories there was the problem of collecting the data in such a way that the personality differences could be shown to be the cause and not the result of the illegitimate baby. For these reasons, on present evidence, individual explanations have been shown to be inadequate and at best probably only explain a proportion of illegitimacy. Different research designs are needed to show the extent of their explanatory value.
Social Explanations

These explanations attempt to show why the levels of illegitimacy vary in different societies and cultures by examining how various factors in society can be related to high or low levels.

1) In all societies there is a 'principle of legitimacy' (cultural absolutism) whereby the child, through the institution of marriage, is provided with a social father as the male link between itself and society. Through the pressure of norms in society which show disapproval of the unmarried mother and her child (by not allowing them the same rights and privileges as the legitimate child and mother), most people are encouraged to have children in wedlock. A higher illegitimacy rate, therefore, results when for some reason the norms which surround the behaviour leading to illegitimacy break down. This might occur when groups are disrupted through emigration, urbanisation or conflicting norms in society which sanction the cause (permissive sexual behaviour) without sanctioning the result (illegitimate babies).

2. Where it is accepted that there is no absolute principle of legitimacy, illegitimacy can nevertheless be the result of a configuration of social and personality factors (cultural relationism). Thus individuals will have had a previous socialisation through which, for various reasons, they have not fully internalised the sexual mores prohibiting premarital sexual intercourse. If they find themselves in a social situation in later life where the sexual norms are confusing they will be more likely to indulge in sexual intercourse and thus have an illegitimate baby.

3. In some societies or sections of society there may be norms which sanction either the behaviour which leads to illegitimacy or illegitimacy itself (cultural relativism). These may be norms which sanction premarital sexual behaviour or norms which sanction illegitimacy as a way of coping with deprived circumstances. In both cases this will tend to lead to high levels of illegitimacy.

In the case of cultural absolutism there is a problem in showing whether in societies where the illegitimacy level is high this results from a breakdown of the norms or because there is a set of alternative norms.
It is therefore extremely difficult to show whether there is such an absolute as the universal principle of legitimacy. In the case of cultural relationism the explanation is more descriptive than predictive, and in the work examined only one or two factors in the process of having an illegitimate baby were examined. There tended to be a focus on premarital sexual experience with an implicit assumption that this led to illegitimacy. Cultural relativism was shown to be both circular in argument and to take too narrow a focus. The permissive norms which were said to explain illegitimacy could themselves be explained by the high illegitimacy level. The norms relating to the 'culture of poverty' which sanctioned permissive sexual behaviour, non use of contraception and illegitimacy did not derive only from the 'culture of poverty'. Such cultures were not closed systems but were open to influences from the dominant culture both at an individual and cultural level. High illegitimacy levels could not therefore be explained by subcultural sanctioning norms only. While showing the variables at the society level which can be related to high or low levels of illegitimacy the way in which they act upon individuals to produce those levels is obscure and their explanatory value is often suspect owing to the circular nature of the argument.

The Interactive Model

Unlike the other two explanatory models this explanation attempts to bring together the social and individual factors and their interaction on individuals which leads to certain people having illegitimate babies and thus high or low levels of illegitimacy. Unlike the other models also, illegitimacy is seen as a process whereby various factors interact in different ways to produce a particular outcome.

1. There are unmarried women in society some of whom will indulge in premarital intercourse. Some either by luck or design will not
become pregnant. Of those who become pregnant some will terminate it with an abortion, others will legitimate the birth by marrying before the baby is born.

2. Those who have illegitimate babies will therefore be those who have come through the process and have either been unable or unwilling to use any of the means to avoid an illegitimate birth. The actual process which leads to an illegitimate birth will depend on various factors in society such as the availability of contraception and abortion and the pressure to marry, and how these factors are interpreted by the individual. In different societies these factors will be weighted differently although the outcome in terms of the illegitimacy level might be the same.

The problem with this explanation as it was presented was the way in which it had been used. To validate the points described a cohort of women would need to be followed through their reproductive careers so that all the relevant control groups could be compared. For example, studies have been done of those who have an abortion with those who carry the pregnancy to term, but this group as a whole need to be compared with those who had premarital intercourse but did not get pregnant. Unlike the other theories, however, this explanation attempts to show all the factors relevant to illegitimacy and presumably if the relevant empirical work were carried out would have high predictability.

General Comments on the Explanations

Both individual and social explanations of illegitimacy make implicit or explicit the deviant nature of the phenomenon. This is most apparent in the psychoanalytic and psychological literature where the unmarried mother is seen as a social problem and thus deviating from the norms of society. In these individualistic explanations this deviation is thought to spring from some personality malfunction or predisposition to behaviour which leads to illegitimacy. This approach is less explicit in many of the social explanations of society, particularly as these explanations have examined societies where the illegitimacy levels are
high, unlike the individual explanations which have usually been formulated in societies with lower but increasing illegitimacy levels. In this situation it is hardly appropriate to explain illegitimacy as deriving from deviant individuals unless one is prepared to say that most of the individuals in society have personality defects and are therefore deviant. This has been explicitly stated in the work of Moynihan and Frazier and others who tried to show that the black family was inferior to that of the middle class white model and sprang from a disorganized culture. This is much less explicit in the other social theories, but even here marriage is taken as the norm and illegitimacy a deviation from that norm which has to be explained. (This is particularly apparent in cultural absolutism). Only the evolutionary and to some extent the cultural relativism theories see illegitimacy as something which may be 'normal'.

The questions which have been asked in trying to explain illegitimacy have therefore been along the lines 'why does this unmarried mother deviate from the norms of society by having an illegitimate baby? or why do these societies have higher illegitimacy rates than legitimacy rates like other societies? The emphasis has been on explaining a deviation from the norm of marriage and the family rather than taking illegitimacy as the norm and asking why do most people get married before having a family? This could be seen to be a more plausible way of examining this phenomenon for as various writers have shown (Malinowski and Fox in particular) the mother and child could be seen to be the basic dyad from which springs the family, rather than the mother husband dyad which usually precedes it. Given the
tenuous nature of the link between father and child in that there is no way of establishing without doubt who the biological father is, marriage and the conventional two parent family would seem to be the thing that needs explaining rather than illegitimacy. Instead of looking either at illegitimacy or marriage and the family as deviations from a norm, however, it might be more productive to look at them both as possible ways of childbearing and childrearing. In different societies one way of childbearing may be thought more appropriate than another with sanctions against what is thought to be the most inappropriate form but in other societies these two forms may co-exist with few sanctions against either. Instead of asking about the reasons for either illegitimacy and the one parent family or marriage and the two parent family it might be more appropriate to ask what ways of childbearing are there in this society? Without making any preconceived assumptions as to what will be found in the society under discussion. The various forms of childbearing found could then be related to other factors in society so that a predictive model could be formulated. Having an illegitimate child would then be one of a number of ways in which reproduction would take place and would thus lead to a much more value neutral way of examining and explaining the phenomenon.

Both individual and social theories tend to explain illegitimacy by examining only one aspect of the process by which illegitimate children are produced. The psychoanalytic theory tends to focus on the way in which unmarried mothers have 'chosen' to have sexual intercourse with men who they cannot possibly marry. Other psychological
theories also tend to focus on the personality features which lead to premarital intercourse rather than to examine all the other factors such as use of contraceptives (although Eysenck mentions this) by which an illegitimate birth could have been avoided. Social theories such as that of Vincent and Christensen also focus on this aspect of the process. A breakdown of norms which pressure marriage may lead to a higher illegitimacy rate but the way in which these impinge along the whole of the individual illegitimacy process remains obscure. Only the concatenated theory makes explicit the process of having an illegitimate baby and points to the way in which a complex interaction of individual and social features can lead to a given outcome. By focusing on illegitimacy rather than childbearing as a whole this theory implicitly takes the phenomenon to be deviant although in this case there is no reason why the factors included should not be widened to include all aspects of childbearing, although it would produce a much more complex research design.

Although the concatenated theory would therefore appear to be a very productive way in which to examine the processes of childbearing and thus illegitimacy there are various problems in designing the research, although they are not, in theory at least, insurmountable. In this theory Foster-Hartley elicited all the factors relating to both the individual process of having an illegitimate baby and the social aspects of the level of illegitimacy in a society. These factors were the proportion at risk in society, the amount and attitude towards sexual activity, the availability and use of contraception, the availability and acceptability of abortion and the extent to which
marriage took place before the birth of the baby. The problem with Foster Hartley's work, was, however, that she was unable to show how all these factors were in fact linked together and weighted in various ways to produce a given level of illegitimacy. She was only able to examine one factor, such as the level of abortion and link it directly to illegitimacy rather than to have a cohort of women and to cross tabulate these crucial factors in the illegitimacy process with all the various outcomes. Foster Hartley also did not include the factor of divorce in her model, which in a society with a high rate of divorce would produce a substantial increase to the proportion at risk of having an illegitimate baby in that society. If, however, the linked features are related to reproductive behaviour as a whole rather than just to illegitimacy this problem can be overcome. The way in which these factors are linked and give rise to various comparative groups is shown on p.270. By examining those who have premarital sexual intercourse with those who do not, those who use contraception and those who do not and similarly with all other factors relevant to the process of illegitimacy, the factors and their interaction which lead to illegitimacy and all other outcomes can be elucidated.

As mentioned before the only satisfactory research design for showing the factors and their interaction which lead to a particular outcome would be to follow through the reproductive careers of a cohort of women. To obtain numbers large enough to make comparison between the groups possible on the factors under discussion a very large sample would be required. To cross tabulate the relevant factors with a given reproductive outcome they would have to be followed up
Diagram to Show Various Reproductive Processes and Comparative Groups as Related to Various Pregnancy Outcomes.

Those who have sexual intercourse prior to marriage

Those who become pregnant

Those who do not become pregnant

Those who have miscarriage or abortion

Those who have the baby

Those who keep baby as single parent

Those who keep baby and cohabit

Those who marry either the baby's father or someone else

Those who give up for adoption

Figure 6:1
throughout their reproductive life as only in this way would it be possible to show the processes relevant to all the different outcomes. In the case of illegitimacy, the process by which divorced women had illegitimate children would be particularly relevant. If the reasons for different illegitimacy levels were to be ascertained a comparative study would have to be mounted in which the processes in different societies or sections of society could be compared. This would be an extremely costly and time consuming piece of research but would be the only design which would firstly elucidate all the factors and secondly show the links between them which this theory demands. Thus, while the concatenated theory is the most productive way of looking at it and explaining illegitimacy the research design needed to test it adequately is beyond the resources of most researchers. If it is to be any use to researchers on a smaller budget, therefore, various research designs must be derived from it rather than using it directly.

One possible way in which this might be done would be to compare two of the groups at one point of the illegitimacy process (such as aborters and non aborters) and examine the factors relevant to the differing decisions made at that point. This is the kind of research which Foster Hartley used when trying to test empirically the factors relevant at different points of the illegitimacy process. The problem with this is that much of the strength of the concatenated theory is lost. Although factors relevant to the decisions made at that particular point in the process are elucidated the links to other factors in the process are impossible to show with this research design. To show the links between the different factors one must examine them in
relation to the process of having an illegitimate baby. Examining
and comparing the groups in isolation at various points in the process
will produce a snapshot picture of relevant factors at those particular
points. From this it would no doubt be possible to show the
relevance of those various factors at critical points in the process,
but the only way of showing links and weightings of those factors would
be to examine the process on a particular cohort of women which would
mean using the research design already suggested.

Another method would be to examine the process of illegitimacy
in societies with high and low levels of illegitimacy. Thus instead
of comparing the process of illegitimacy with other reproductive
processes as suggested previously the process of illegitimacy could be
compared in different types of society. Unlike the previous research
design this would have the advantage of showing the way in which the
factors interacted at crucial points and the way in which they were
linked throughout the process. It would then be possible to formulate
a taxonomy of the different processes of having an illegitimate baby
according to the factors which were important at different parts of
the process and the way in which they were linked in that process.
For example, in a low illegitimacy society the process might be char-
acterised by guilt over sexual activity, non use of contraception,
unacceptability of abortion with considerable pressure to marry and
intolerance of illegitimacy. By contrast in a high illegitimacy society
the process might be characterised by acceptance of premarital sexual
activity, mistakes in contraceptive use, unavailability of abortion,
no pressure to marry and high tolerance of illegitimacy. Each critical
decision in the process of becoming the mother of an illegitimate baby
could be examined and the social and individual factors relevant to that decision assessed in relation to all the other decisions in the process, always remembering that such decisions will relate to attitudes and pressures in the social situation as well as acts of pure will.

Various processes which might lead to having an illegitimate baby and thus high and low illegitimacy level societies could be formulated as follows:

a) High levels of illegitimacy may be found when there are few alternatives to either becoming pregnant, terminating the pregnancy or getting married; in other words when these possibilities are unavailable in the society.

b) High levels of illegitimacy may also be found when these alternatives are available but unacceptable to individuals in society.

c) Conversely low levels of illegitimacy may be found in societies where all these alternatives are found i.e. availability of contraception and abortion and pressure to get married.

d) Low levels may also be found where all these factors are acceptable to individuals in society even although they may not be completely freely available.

These are simplified possibilities which do not exist in real life as any given level of illegitimacy is likely to be the product of the availability, knowledge and acceptance of each of the factors under discussion. This will be manifest in the process that individuals make in becoming the mother of an illegitimate baby, which, as mentioned before, is likely to be different both in societies which have different levels of illegitimacy and possibly in societies which have the same level of illegitimacy. Once this process has been elucidated it will provide both an explanation of illegitimacy on the individual and
societal level and could be related to other factors in society.

The object of the empirical work will therefore be to examine and compare the process of becoming the mother of an illegitimate baby in societies with high and low levels of illegitimacy. The actual societies chosen to examine this will be Jamaica; as an example of a high illegitimacy level society and Eire as an example of a low illegitimacy society. England will provide a good example of a society which has an illegitimacy level half way between these two and with sectors of society which have different illegitimacy levels. It will be interesting to determine whether the process of becoming the mother of an illegitimate baby in the working class is similar to the process in Jamaica, both of which have relatively high levels or whether the process is more closely related to differing factors in each of the societies.

As mentioned before, research on illegitimacy has tended to focus on and make comparisons of groups at a particular decision point in the process such as comparing contraceptive users with non users or aborters with non aborters. Nevertheless hypotheses can be formulated which attempt to link these factors and to suggest tentatively what the processes might be in the differing societies.

Hypotheses to be tested

1) The process of becoming the mother of an illegitimate baby in Eire.
   a) Extra marital sexual actitivy is negatively sanctioned by the Catholic Church so that when it does occur the couple are likely to feel very guilty about it.
   b) Contraception is unavailable and would in any case be unacceptable to the participants, again because of the Church's teaching.
c) Abortion is both unavailable and unacceptable.
d) There will be considerable pressure to marry if the girl becomes pregnant.
e) Intolerance of illegitimacy will manifest itself both in the feeling of stigma by the individual concerned to the extent that she might either choose or be sent away from home.

It could therefore be hypothesised that the process of becoming the mother of an illegitimate baby can be related to a low acceptande of extra marital sexual activity, the unavailability and unacceptability of contraception and abortion and intolerance of illegitimacy should the girl be unable or unwilling to marry. If this turns out to be the case then various other hypotheses follow relating to the characteristics of the Irish unmarried mother.

i) They will tend to be young and sexually inexperienced and thus to 'have made a mistake'
ii) They will tend to be very confused and embarrassed about their situation and will feel stigmatised and possibly ostracised.
iii) They are likely to have come from family backgrounds which have exhibited some social pathology prior to the pregnancy.

2) The process of becoming the mother of an illegitimate baby in Jamaica will relate to the following factors:-
a) Extra marital sexual activity will be widespread and accepted although not openly condoned.
b) Contraception may be available but unacceptable either through ignorance or embarrassment in obtaining and using supplies.
c) Abortion may be available but unacceptable.
d) There will be little desire or pressure exerted to get married with little feeling of stigma relating to the fact of illegitimacy.

It could therefore be hypothesised that the process of illegitimacy (both in Jamaica and in Britain) will be related to high acceptance
(or at least tolerance) of extra marital sexual activity, the
unacceptability of contraception and abortion and a high tolerance
if not acceptance of illegitimacy and the one parent family. Various
other hypotheses relating to the characteristics of Jamaican mothers
of illegitimate babies are as follows:—

i) They will be of all ages.
ii) While they may at first feel ashamed of their pregnancy,
particularly if they are young, they will quickly come to
accept and be positive about their situation.
iii) They will come from all social backgrounds although there
may be a slightly larger proportion from the working classes.

3) The process of becoming the mother of an illegitimate baby in
England is more complex in that in different sectors of society
there is likely to be differential weighting of the various
factors. Nevertheless the factors may be related in the
following way:—

a) Extra marital sexual activity may be tolerated if not openly
accepted, more so in the working classes than in the middle
classes.
b) Contraception is available but will be more acceptable and
have higher usage in the middle than in the working classes.
c) Abortion is available but acceptability and possible availability
will be greater for those in the middle class than in the
working class.
d) Pressure to marry may be exerted more on those in the middle
classes than the working classes although this may be replaced
by pressure to have the baby adopted.
e) There may be more stigma related to being the mother of an
illegitimate baby in the middle than in the working classes,
but this may also depend on sectors within these classes.

The different processes within English society would therefore relate
to the acceptability of various alternatives within those different
groups. It could be hypothesised that the working classes have a
high tolerance of extra marital sexual activity with less acceptability and possibly availability through ignorance, of contraception and abortion than the middle classes with a greater tolerance of illegitimacy. Conversely the middle classes will have a lower acceptability of extra marital sexual activity with higher acceptability and use of contraception and abortion with more feelings of stigma through having an illegitimate baby. Characteristics of English mothers of illegitimate babies are therefore likely to be as follows:

i) They will on the whole be young with an over-representation of the working classes who will be younger than the middle classes.

ii) Reaction to the pregnancy will vary from possibly grudging acceptance in the working classes to non acceptance in the middle classes.

iii) Acceptance of illegitimacy will be considerably greater in the working than in the middle classes who will be more likely to 'solve' their problem by adoption or marriage than by becoming a one parent family.

Within each of the three cultural groups under examination illegitimacy will manifest itself in three different ways.

**Eire.**

Illegitimacy will be a generally deviant act either of rebellion or as the result of a disturbed family background, as both the taboos against premarital sexual intercourse and the avoiding action of marriage will have been ignored, probably in the teeth of strong social pressure. The Irish mother of an illegitimate baby will therefore feel stigmatised and ostracised.
West Indies

Illegitimacy will be generally the result of normal sexual behaviour which, starting early and with the partners in ignorance about contraception, is likely to lead to pregnancy. Both early abortion and early marriage will be unacceptable and is therefore likely to lead to an illegitimate baby. The initial shock and shame at the pregnancy will be tempered by an acceptance of the baby after it is born with probable feelings of pride on the part of the mother.

England

Illegitimacy will represent different things depending on the social class of the mother, the working class being somewhat similar to the West Indian and the middle class being somewhat similar to the Irish. There will be differences, however, in the taboos surrounding the initial predisposing behaviour of extra marital sexual intercourse and in the availability and acceptability of contraception, abortion and marriage.
Chapter 7

The Empirical Strategy

Introduction

The empirical strategy developed from both a consideration of how the theoretical hypotheses could be tested and the formulation of a research design which was feasible in practical terms. It was decided to compare three different ethnic/cultural groups in England and the factors relevant to this are discussed below. To test the feasibility of obtaining such a sample and the most appropriate methodology a small pilot study was carried out in the ante natal clinics of St. James Hospital in South London. On the basis of this it was possible to determine the optimum sampling methods and interview strategy which was used in the main study, carried out in the ante natal clinics of the West London Hospital. Quantitative data was obtained from all the women in the ante natal clinics and a variety of statistical techniques were used to assess bias in the sample, compare mothers of legitimate and illegitimate babies and to examine those factors relevant to illegitimacy. Qualitative data, by means of an interview, was obtained from a sample of mothers of illegitimate babies. This showed the individual's definition of her situation and how she had responded and interpreted the various decisions about her pregnancy. There is thus a quantitative and qualitative analysis of illegitimacy as found in this sample.

Formulation of the Research Design.

The object of the empirical strategy was to compare the process of becoming the mother of an illegitimate baby in a high, medium and low illegitimacy level society. To do this adequately using the
concatenated theory would have involved plotting and comparing all
the different groups related to the process of becoming the mother
of an illegitimate baby - those who have extra marital sex with those
who do not, those who use contraception with those who do not, those
who have an abortion with those who do not and those who get married
with those who have an illegitimate baby. To get the necessary cross
cultural comparison this would have to be done in each of the societies
under examination. As this was beyond my resources another way of
comparing the differing processes had to be found. This could have
been done by looking at the mothers of illegitimate babies in each of
the three societies, but this too was beyond my resources in terms of
the time available. It was therefore decided that the three groups
should be examined in England comparing Jamaican and Irish immigrant
mothers with the English.

The difficulty in using this approach to make a cross cultural
comparison is that the families who emigrate and the experience they
have in so doing means that they are not representative of families in
the original society. Families who emigrate are likely to be younger
and to be at an earlier stage of family cycle than those who are left
behind. It could also be argued that they are likely to have
different characteristics in terms of attitudes towards their own
situation and in their willingness to take a chance in a new country.
The pattern of emigration in Jamaican families has often been used as
an explanation for the high illegitimacy levels in this group. The
parents, or perhaps one of the parents, come to England first leaving
the children with relatives (frequently the grandmother) in Jamaica.
The children will only join the parents in England after some years
when enough has been saved for their fares. Thus children may have been left in Jamaica at an early age and may not see their parents again until they join them at the age of 10 or 11. The "culture shock" of coming to England at this age and the difficulties they may experience with parents they hardly know, new siblings and possibly a new step-parent are given as factors which predispose towards having an illegitimate baby. Thus, the experience of emigration itself is given as the reason for high illegitimacy levels of this group in England rather than prior socialization in Jamaica.

In the case of the Irish the change from the Catholic dominated mainly rural society of Eire to the more permissive urban society of England could be given as an explanation for illegitimacy in this group, particularly if the woman comes over on her own rather than as part of a family. The experience of illegitimacy could therefore, in this case, also be the result of the emigration process. In the case of the Irish there is also the possibility that some of the mothers of illegitimate babies will have emigrated purely because of the illegitimate pregnancy. They may have done this so that they can have the baby adopted and then return to their home situation as if nothing had happened or they may come to England seeing it as a place where they can live as a one parent family. In any case they are unlikely to be representative of the mothers of illegitimate babies as a whole in Ireland.

Any research design which uses these groups in England must, however, suffer from these problems. They can be overcome to some extent by trying to determine the extent to which emigration was responsible for the behaviour under discussion and the extent to which factors in the host society and those from previous socialization
interact in relation to their behaviour. With this in mind the extent to which the differences shown relate to national differences or to differences relating to the experience of emigration must always be kept in mind. The results from such a research design will therefore be suggestive rather than definitive as far as the cross cultural comparisons are concerned.

With these factors in mind it was decided to obtain a sample of mothers of illegitimate babies of Irish, Jamaican and West Indian nationality. These mothers would then be interviewed to determine the process of becoming the mother of an illegitimate baby. Each of the critical stages would be examined in terms of the individual and social factors which were relevant to the decision at that critical time. In this way the interactive factors between the individual and society would be determined to produce various models relating to the process of becoming the mother of an illegitimate baby. As this research was concerned with illegitimacy as a whole a representative sample of mothers of illegitimate babies which included those married and divorced as well as unmarried would be obtained.

The best way of obtaining the information about the process of becoming a mother of an illegitimate baby would be to interview women as soon as they became pregnant and to re-interview them at different times throughout their pregnancy. This would mean that inevitable distortion relating to retrospective data (for example, asking an eight month pregnant woman whether she considered abortion could lead to rationalizations, as at this stage in the pregnancy she might not be able to accept that she ever considered and abortion) would be avoided although data about previous sexual experience would be
retrospective and there is no way of getting over this. The problem with using this methodology is in obtaining a sample sufficiently early in pregnancy so that all the relevant decisions, particularly the one concerning abortion could be covered. Since the initial contact in very early pregnancy is with G.P.'s the sample would have to be obtained through a number of G.P.'s who had Irish and West Indian as well as English patients. Obtaining the sample would therefore be an extremely time consuming procedure which would require the cooperation of a large number of G.P.'s as each would be likely to provide only a few women with the required characteristics. If each respondent was also going to be interviewed several times during the pregnancy this would make the fieldwork a very cumbersome and time consuming exercise which would yield either a small sample from which comparisons would not be possible or would not be finished in the time available. It was therefore decided to obtain the sample through the ante natal clinics of a hospital which had patients with the required characteristics. Each of the prospective mothers of illegitimate babies would be interviewed about the process of becoming such a mother. Although there would be the problem of the nature of the retrospective data it was thought that this could be overcome by sensitive interviewing and that this problem would be greatly reduced in those who were early on in pregnancy.

To determine whether this methodology was feasible it was decided to carry out a pilot study in a hospital which had patients of the required characteristics. The object was to have fairly broad discussions with mothers of illegitimate babies and to examine their attitudes and decision making process at critical times in the process of becoming the mother of an illegitimate baby. I eventually wanted
to obtain a representative sample within each nationality as described previously, but for this initial piece of the research I was interested only in talking to women having an illegitimate baby from each of the three nationalities. To make obtaining the sample as streamlined as possible a hospital was chosen which contained reasonable numbers of women from the three nationalities discussed so that there was a good chance that mothers of illegitimate babies would be obtained from each of the nationalities. The ante natal clinics at St. James Hospital, Balham in South West London fulfilled all these criteria and as the social workers there were interested in my work they were able to persuade the obstetricians to let me obtain a suitable sample from their clinics.

**Obtaining the Sample**

The social workers at St. James were very interested in my research, as owing to pressure of work and shortage of social workers, unmarried mothers were not being referred for social work unless they specifically asked the doctor if they could do so. The social workers were worried that they were missing a large proportion of those mothers with problems. As I would be interviewing a total population of unmarried mothers in the ante natal clinics over a given period of time it could be shown whether this was the case or not. The social workers approached the relevant consultants on my behalf and they agreed to help by allowing me to interview all the unmarried mothers who came into the clinic during November 1974.

The ante natal clinics at St. James, in common with other such clinics, first saw pregnant women when they were about three months pregnant. They would be referred to the hospital by their G.P.'s and be seen by the hospital consultants at two 'New Referrals Clinics'
on Tuesdays and Fridays. They would then subsequently attend a number of 'Follow Up Clinics', the frequency of attendance being determined by whether they were being looked after wholly by the hospital, or hospital and G.P; and by whether they developed any pregnancy complications. I began by just attending the Friday morning referral clinic but it soon became apparent that there would not be enough people to obtain a reasonable sample. I therefore attended two other Follow Up Clinics which allowed me to follow up new referrals from the Tuesday clinic as well as those mothers of illegitimate babies referred in previous months.

One of the problems of doing research on this topic was in actually approaching the mothers of illegitimate babies. Illegitimacy does still carry some social stigma and mothers may not wish their situation to be generally known. Doctors and social workers therefore feel, quite rightly, that the confidence of these clients must be respected and that they can not pass on personal details to outsiders. The way of overcoming this problem was to ask the doctors to ask the mothers of illegitimate babies who they saw if they would mind taking part in my survey. In this way details were only passed on of those willing to take part and those not wishing to reveal their situation to outsiders had this wish respected. This course of action was acceptable to doctors, social workers and clients.

There are, however, some problems with using this approach. It does require extra work for those dealing with clients and they must be prepared to spend time discussing the research with the clients. They must also understand the importance of asking all
eligible patients if they would take part so that a representative sample is obtained. It is important that not just "interesting cases" or the very articulate are passed on to me. Some information about those not wishing to take part should be obtained so that bias can be assessed. While actually doing the research it soon became evident that the doctors often forgot about my research and did not discuss it with clients so that referrals were very sporadic. It was also clear that the doctors themselves did not know who all the mothers of illegitimate babies were, particularly if they were once married. This often only came to light when the nurse asked them personal history details. I did not therefore rely on the doctors' referrals and tried to get all who were in contact with mothers in the clinic (nurses and auxiliary staff) to be on the lookout for unmarried mothers and to bring them to me. I also sat in with the office staff and in the end found myself approaching the mothers directly rather than waiting for the doctors to refer them. In actual fact no one seemed to mind, and after the research had been explained to them no one refused to take part.

The Interview

As the research was still at the exploratory stage an interview guide, giving introductory questions on topics to be covered, rather than a questionnaire was used. This gave great flexibility and the topics were covered in a different order and at different depths depending on what the respondent wanted to say. The questions introducing the topics were deliberately rather vague so that the respondent could put on them any interpretation that she chose. For the articulate
and those with plenty to say this worked very well but some obviously found the questions too vague and did not know what to say. As part of the interest was in seeing how respondents interpreted the question I tried to avoid re-interpreting the question as much as possible, although this was sometimes difficult. There was a wide variation in how much people wanted to talk, some talking for over an hour whereas others had finished in 15 - 20 minutes.

Throughout the interview I tried to cultivate an independent image and explained to everyone that I was not part of the hospital personnel. Some nevertheless confused me with the social worker and I did refer several people to the hospital social worker who probably would not otherwise have seen them. I had a room in the clinic for doing the interviewing and I taped the interview whenever I could. Some people refused to be recorded, but the taped interviews, as a full report of what was said, were vastly superior to any of the written reports.

The Pilot Study Result.

As this was an exploratory piece of work the sample is small and unrepresentative of once married mothers of illegitimate babies as well as mothers of illegitimate babies within each of the nationalities examined. The results were nevertheless interesting although obviously the extent to which they are generalisable is small. The Pilot Study provided a useful exercise in methodology which will be discussed when the methodology used in the main sample is described. The results of the pilot study are as follows overleaf:-
Characteristics of the Sample.

Various factors are relevant in how people get referred to different hospitals and particular doctors, within those hospitals. In this case the area in which they lived was obviously important and all respondents lived reasonably near the hospital. The nationality of all those using the ante natal clinics reflects the differing national groups found in Wandsworth.

Nationality of all Mothers newly referred to St. James Hospital Ante Natal Clinic in November 1974

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>English (United Kingdom)</td>
<td>53</td>
</tr>
<tr>
<td>Irish (Eire)</td>
<td>7</td>
</tr>
<tr>
<td>European</td>
<td>3</td>
</tr>
<tr>
<td>West Indian</td>
<td>14</td>
</tr>
<tr>
<td>Ghanaian</td>
<td>3</td>
</tr>
<tr>
<td>Nigerian</td>
<td>4</td>
</tr>
<tr>
<td>South African</td>
<td>2</td>
</tr>
<tr>
<td>Indian/Pakistan</td>
<td>8</td>
</tr>
<tr>
<td>Mauritian</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>98</strong></td>
</tr>
</tbody>
</table>

The nationality of the unmarried mothers was predominantly English and Irish:

Nationality of Unmarried Mothers newly referred to St. James Hospital Ante Natal Clinic in November 1974

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>English (United Kingdom)</td>
<td>12</td>
</tr>
<tr>
<td>Irish (Eire)</td>
<td>7</td>
</tr>
<tr>
<td>Ghanaian</td>
<td>1</td>
</tr>
<tr>
<td>West Indian</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>
I found the large proportion of Irish unmarried mothers surprising but this can almost certainly be explained by the G.P.'s referral policy. Both the consultants at St. James are Catholic and it is very probable that Catholic G.P.'s in the area (whose practice probably contained a large proportion of Catholic Irish) tended to refer their patients to these consultants. I do not have figures to show whether this is the case or not, but the social workers told me it was 'common knowledge'.

As these consultants were Catholic they very rarely did abortions so that anyone seriously considering this course of action was not referred to them. The social workers told me that when anyone came to them who wanted an abortion they would get them re-referred to a consultant at the South London Hospital where the policy on abortion is more pragmatic. I was not in a position to speak to anyone considering an abortion as they would in any case be more likely to go to a gynaecology clinic rather than an ante natal clinic. People referred to these clinics had therefore implicitly or explicitly made a particular decision to carry on with their pregnancy.

I was particularly keen on speaking to a number of West Indian unmarried mothers and was therefore pleased when those in the Clinic said that 'there are always a lot of coloured girls here who are not married'. I got the impression from them that most of the clientele of the clinic were coloured (not substantiated by the figures) and unmarried (halo effect perhaps?). I therefore expected a large proportion of West Indian mothers in the sample, but as can be seen from the figures this was not the case. In fact the West Indians were as likely to be married as unmarried, for of the fourteen who were newly referred in November, six were unmarried. The Irish were
more likely to be unmarried. Of the seven newly referred in November, five were unmarried. It is possible that November happened to be a peculiar month and unfortunately I did not have time to go through all the new referrals for the previous year to see if this were so. People working in the clinic were very surprised by these figures and thought that the figures for November must be different for some reason. It was also suggested (by social workers) that these figures reflect a long term trend of West Indian unmarried mothers to have abortions, but again I have no figures to show this.

All but one of the mothers I interviewed had decided to keep their babies. This may again be a reflection of a long term trend for unmarried mothers to have an abortion or keep their baby rather than give them for adoption. It may also reflect the referral policy of G.P.'s or the social class of families in the surrounding area. Perhaps the more middle class girl, who, it has been shown is more likely to give up her child for adoption (or get an abortion) is referred to a different hospital.

Interviews were conducted with unmarried mothers only. For purposes of comparison some information was collected about all the new referrals to the antenatal clinic in November. This was obtained from the information cards kept by the hospital and consists of basic data such as age, nationality and number of previous pregnancies. The comparisons are as follows:-
Characteristically the unmarried mothers tended to be very much younger than the married mothers with the majority having their first pregnancy. As mentioned before, concerning nationality, the married mothers came from many national groups whereas with one exception the unmarried mothers were either English, Irish or West Indian.

There were twenty four newly referred unmarried mothers in November of which I managed to interview nine; the remainder of the sixteen in my sample being people who had been referred prior to November. The new referrals and the people I interviewed do seem to be quite similar as shown by the following figures:-

### Age Table 7:3

<table>
<thead>
<tr>
<th>Age</th>
<th>Married mothers</th>
<th>Unmarried mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 19</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>20 - 24</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>25 - 29</td>
<td>26</td>
<td>4</td>
</tr>
<tr>
<td>30 - 34</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>35 - 39</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>40 and over</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>74</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

\(X^2\) sig \(< 0.001\)

### Number of Pregnancies Table 7:4

(includes abortions and miscarriages)

<table>
<thead>
<tr>
<th>Number</th>
<th>Married mothers</th>
<th>Unmarried mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td>Second</td>
<td>28</td>
<td>8</td>
</tr>
<tr>
<td>Third</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Fourth</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Fifth</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sixth</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>74</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

\(X^2\) sig \(< 0.3 > 0.25\)
<table>
<thead>
<tr>
<th>Nationality</th>
<th>Those interviewed</th>
<th>New referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Irish</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>West Indian</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Pakistani</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Ghanaian</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

Table 7:5

**New referrals**

<table>
<thead>
<tr>
<th>Age</th>
<th>Those interviewed</th>
<th>New referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>20 - 24</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>25 - 29</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>30 &amp; over</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

$x^2$  sig $< 0.25 > 0.2$

**Pregnancy**

(including miscarriages and abortions)

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Those interviewed</th>
<th>New referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Second</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Third</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

$x^2$  sig $> 0.9$

**Why did they become Pregnant?**

Rather than approach this question directly it was approached obliquely by talking about the use of contraception, the relationship with the baby's father and their own and the father's reaction to the
pregnancy. This is a topic on which direct questioning seemed inappropriate as it would be difficult to get truthful answers as the respondent herself would find it difficult to explain her behaviour in such broad terms.

As far as relationship with the putative father was concerned only one individual appeared to be pregnant as the result of a fleeting relationship as described by Young. In all other cases the relationship had lasted at least three months and for the majority a year or more.

Length of relationship with Boy-Friend prior to Pregnancy Table 7:6

<table>
<thead>
<tr>
<th>Less than 1 month</th>
<th>1 - 4 months</th>
<th>A year or more</th>
<th>Not determined</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>

It is possible that respondents may have overestimated the length of relationship when talking to me. They may have felt I would have been too condemning if told that pregnancy resulted from a very short relationship. To appear more socially acceptable they may have therefore overestimated the length of it. Taken in conjunction with information on how they described their boy-friend, however, this would appear not to be the case. Most described him as something more than a casual acquaintance, at least prior to the pregnancy.

Description of Boy-Friend Table 7:7

<table>
<thead>
<tr>
<th>Description of Boy-Friend</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casual acquaintance</td>
<td>1</td>
</tr>
<tr>
<td>Regular Boy-friend (relationship now finished)</td>
<td>3</td>
</tr>
<tr>
<td>Regular Boy-friend (relationship intact)</td>
<td>3</td>
</tr>
<tr>
<td>Fiance/Cohabiting</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
</tr>
</tbody>
</table>

With the length of these relationships use of contraceptives
would be expected (use of contraception increasing with duration of relationship as shown for example by Furstenberg). Half the sample had used contraceptives (in all cases the pill) but it appeared to have been used regularly by only three. Two of these three had planned to have a baby and had stopped using it while the remaining one had managed to become pregnant while taking it. Of the remaining five who had used it at some time, three said that with the baby's father they 'weren't bothered' about becoming pregnant and so had stopped using it. Two said they had stopped taking it for medical reasons and they had then become pregnant, mainly because they had relied on the man to take precautions and this had been ineffective.

Of the eight who had never used contraceptives only two (both Irish immigrants) did not do so because of a mixture of ignorance and religious scruples. Two others had not used anything because they wanted to get pregnant and two 'weren't bothered' about a possible pregnancy and so had 'taken a chance'. One person had not wanted to take the pill for alleged medical reasons but had nevertheless ended up pregnant. It was obvious that for many of them, once they were in a stable relationship with marriage as a possibility, possible pregnancy was not seen as a disaster (although it may have speeded up marriage plans). This has been documented by other researchers (McEwan, Pearson, and Anderson) and newly married couples may also act similarly (Peel and Carr). These respondents were therefore probably acting very similarly to other friends and relatives. A significant minority, however, seemed to be rather ambivalent about using contraceptives, but the extent to which this was related to personality conflict or other problems could not be determined on the basis of this interview.
With four planning a pregnancy and five more 'not bothered' about becoming pregnant it is not surprising that six said they were very pleased when they found out about their pregnancy. The majority, however, greeted the news less enthusiastically, four reporting they were scared, shocked or angry and six reporting they 'couldn't believe it' and that 'they felt terrible'. They did not, however, appear to waste much time informing people about it. Four people told someone about it as soon as they knew, five before they were three months pregnant. Half told their boy-friends about it initially, three a doctor, three a workmate or friend and two a parent or relative. Everyone had told somebody about it by the time they 'started to show'. There seemed to be little evidence of concealment or late booking at ante natal clinics found in other work, (Crellin and Pringle) but a larger sample would be needed to test this adequately.

Most of the fathers (11) had been pleased when first told about the pregnancy. This initial reaction did not, however, guarantee long term support as four of these fathers were now reported as being less than enthusiastic. In one or two other cases it seemed that the idea of being a father was very pleasurable but that as the pregnancy progressed and became more real the father 'took fright' and either disappeared or became increasingly ambivalent. In the research the putative father is a shadowy figure about which little is known, although it has been suggested that he may have psychological problems similar to those of unmarried mothers (Lomax-Simpson and Vincent). Three of the boyfriends in this sample however, were reported as having been initially shocked but to have rallied with emotional and financial support and in one case marriage was definitely planned.
The majority of this group (10) did not anticipate being single parents entirely on their own. Two were in a stable cohabitation, two had set a marriage date, four had planned marriage as soon as difficulties - like a partner's divorce - had been overcome and the remaining four saw marriage as a definite possibility. Of the remaining six who had not planned marriage or cohabitation and were not in a stable relationship all were expecting support from parents and/or friends and so would not be entirely alone.

**Family and Friends**

Psychological theorists (Young, Clothier, Lomax-Simpson) have attempted to show how pathological family functioning produces personality conflicts which lead to women having illegitimate babies. The problem in this kind of research is that the family is seen only through the eyes of the respondent. It is therefore very difficult to ascertain objectively how the family functions. Nevertheless how the family is seen by the respondent might be more important in terms of subsequent behaviour than any objective measure of family pathology.

The family circumstances for this group were as follows:-

- 'Normal' - Parents living together: 9
- Parents divorced: 4
- Parents once divorced now remarried: 1
- Parents dead: 1
- Parents widowed: 1

Total: 16

To rate the significance of these results comparison would need to be made with other single non pregnant women and married pregnant women. In any case it was difficult in most cases to determine whether a broken family had affected actual behaviour. In two cases
(one English and one West Indian) as a result of the experience of divorce in parents the respondent had decided not to get married. Pregnancy had been planned in the context of a stable cohabitation and marriage was not considered a possibility for ideological reasons. In so called 'normal' families strains were sometimes evident. Two individuals had left home and gone to live with their boy-friends as a result of family conflict and had subsequently become pregnant. The influence of pathological family functioning in predisposing respondents to pregnancy was therefore very difficult to measure.

Eight of these respondents came from families containing seven or more members in the nuclear family, all but one of them being Irish or West Indian. The influence of this was again difficult to assess although evidence of financial and housing problems often came to light.

Everyone was asked about the parents' reaction to news of the pregnancy. The answers did not necessarily give a good picture of the extent to which parents accepted the news particularly as attitudes seemed to change during the pregnancy. Rodman has described how even when parents accept the pregnancy (as in the Caribbean) they may feel duty bound to make a stand for the 'normal' ideas of marriage and family. West Indian mothers, on first hearing of their daughter's pregnancy are likely to send them away to 'teach them a lesson'. Once this has been done and honour satisfied there is a great reconciliation and daughter returns to mother to have her baby. Even where the pregnancy is not initially accepted by parents, feelings may overcome principles and parental
support be forthcoming as pregnancy progresses. Individuals were asked about the initial reaction of parents but it was clear that changes towards acceptance and support appeared as the pregnancy progressed.

The initial reactions were as follows:-

- Parents accepted news with equanimity: 4
- Parents accepted news with reservations: 4
- Parents not told (in most cases because they would not understand): 6
- No family: 2

Total: 16

Of the four whose parents had had reservations these included two who said that she should either have got married or had an abortion. Another said that her mother was very disappointed and another (West Indian having a second child) said that her mother, although accepting the first illegitimate child as a mistake, thought that there was no excuse for a second one. All of these individuals said that their mothers had 'gone mad at me' initially but that there was now more or less grudging acceptance from them.

Of those who had not yet told their parents three did not do so because they thought acceptance would not be forthcoming. Two other people had been very unhappy at home and had lost contact with their families. Whether the families accepted them or not did not seem to worry them. One other person had not yet contacted her parents as she was 'waiting for the right time to tell them' - she thought they would be angry at first but might possibly come round later. Whatever the initial reaction of the parents it seemed probable that, if told, they would help eventually. No one had actually been turned out by their parents as a result of the pregnancy.
Nearly half of the families of these respondents had experienced another illegitimate pregnancy although the effect of this on acceptance of further illegitimate pregnancies was not ascertained. Two respondents had had previous illegitimate children, two had sisters with illegitimate children and one had a mother who had had illegitimate children although she was herself legitimate. Two respondents had had previous illegitimate pregnancies which had been terminated in abortion.

Everyone was asked about attitudes and behaviour of friends towards the respondent to assess the effect, if any, on attitudes towards illegitimacy and the progression of the pregnancy.

Half the individuals knew single people with children prior to the pregnancy although 'knew' tended to be interpreted very differently. Some had very good friends while others merely 'knew of' people bringing up children on their own. It was difficult to see from the replies how this knowledge of other people might have predisposed these individuals to becoming unmarried mothers. It is probable that influence from friends might come via a very diffuse 'climate of opinion' about sexual norms rather than in the actual fact of friends having illegitimate children. Unfortunately this aspect was not investigated but would be well worth doing. Other writers (Anderson, McEwan and Schofield) have suggested that many young girls become pregnant as a result of a 'mistake' doing sexually what all their friends are doing. Because of the visible results of their action they are often seen as deviants but in the light of what their friends may be doing this may not be the case.

For one person in this sample (and I have come across one or two in another sample) having a baby was a way of making an individual feel more like her friends. The friends are not necessarily
unmarried, in fact in most cases they tend to be married, but they are in the process of having children. As this individual said 'everyone's at it (meaning having babies) really' and it was clear that this was one factor motivating her behaviour. Now pregnant she obviously felt she had gained some status in the eyes of her friends who were reported to have accepted the news of her pregnancy with enthusiasm. She did make the comment, however, that she hoped she wouldn't become boring, as many of her friends had done, after the baby was born. Perhaps she thought that continuation of her single status would ensure this.

The reaction of friends to news of the pregnancy varied from being very pleased to not being told. Five reported that their friends were enthusiastic about the coming baby. In some of these cases this enthusiasm had taken concrete form in presents for the coming baby. Three people had not told their friends. In one case it was hinted that the reason for this was because they might disapprove. She was therefore not going to tell friends until after she was married. It was unclear from the responses of the other two why they had not told their friends. Four people had friends who appeared ambivalent. It was difficult to tell whether this ambivalence arose as a result of the friends attitude to illegitimate pregnancy or whether it was in the nature of that particular friend relationship.

The most interesting role that friends seemed to play was in the conduct of the pregnancy and the decisions to be made about it. In one case an individual had been helped greatly in getting over her initial depression when first realising she was pregnant. She had not wanted an abortion or to have the child adopted but had thought
that to keep the child would necessitate going back to the baby's father. Since becoming pregnant she had realised that he was violent and alcoholic so did not want to do this. Various friends had told her about the Social Service provision and had encouraged her to apply for this. Knowing about her rights had enabled her to plan her actions in a way acceptable to her and when I saw her she had got over her depression.

In another case friends appear to have been instrumental in persuading the individual against adoption. This was very interesting because several social workers told me of other similar cases. They have apparently often suggested adoption, (particularly when they think the individual does not have a very realistic appreciation of the difficulties which will be encountered if they keep the baby) only to have the individual persuaded by her friends to keep the baby. This was the only case in this sample but I have come across others in another sample.

In three cases friends had been the first to know of the pregnancy. Unfortunately it was not ascertained what these friends said or the advice they gave. If the friends are influential in affecting the choices that are made with regard to the pregnancy it could be a most important factor in whether the individual terminates the pregnancy or not. It would probably be worth investigating in greater detail the part that friends play in decisions about and practical knowledge of other factors such as contraceptives and abortion.

Plans for the Future
Everyone said they had definitely decided what they were going to do with the baby although there was a problem with one individual who
was hoping to have the baby adopted. This was an interesting case because the couple had arranged to get married in the next three months, but had decided to have the baby adopted as they did not want to start married life with a family. It was clear that the social workers thought this a most peculiar request and although they were helping her with her request for adoption, they seemed to think she would not actually go through with it. It seemed to bring out very well the difference in choice of alternatives between married and unmarried women. While it is perfectly acceptable for an unmarried mother to give her child for adoption it is not seen as acceptable for a married woman to do this - even if she does not want the child.

Another two individuals said they had considered adoption, although it is very difficult to say to what extent it had been conceived as a serious alternative. For most people keeping the baby was the only possible course of action as far as they were concerned. All were asked why they had come to that decision and the reasons are as given below:-

<table>
<thead>
<tr>
<th>Reason for keeping the Baby</th>
<th>Table 7:8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting/Marriage planned</td>
<td>6</td>
</tr>
<tr>
<td>&quot;Because its mine&quot;</td>
<td>4</td>
</tr>
<tr>
<td>Friends instrumental in deciding against adoption</td>
<td>1</td>
</tr>
<tr>
<td>Appears to want baby because of previous abortion/baby adopted</td>
<td>3</td>
</tr>
<tr>
<td>Does not know what else to do</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

In this sample about a third were keeping their babies for perfectly 'normal' reasons i.e. in the context of a stable relationship. This does not therefore fit in with the hypothesis that it is necessarily only the most unstable mothers who keep
their babies. (Ball, Jones, Mayer, Borgatta, Yelloly) Of the remainder, two saw marriage as a possibility and only seven saw themselves as true 'single parents'. The extent to which these seven were 'unstable' could not be ascertained on the basis of the interview.

It was probably rather unrealistic to ask about how they saw their future. Many seemed to be so completely tied up in the pregnancy that the future was only a misty blur. The replies, for what they are worth, were as follows:-

<table>
<thead>
<tr>
<th>Plan</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Going back to work</td>
<td>7</td>
</tr>
<tr>
<td>Going to college</td>
<td>1</td>
</tr>
<tr>
<td>Look after baby</td>
<td>6</td>
</tr>
<tr>
<td>Adoption</td>
<td>1</td>
</tr>
<tr>
<td>Could not say</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
</tr>
</tbody>
</table>

Of the eight who had definite plans for either going back to work or college five were West Indians. This was the most striking difference between the two national groups as, without exception, all the West Indians had made plans to go back to work within three months of having the baby. Of those who were expecting to stay at home and look after the baby most expected to do so for at least a year. It is probable that some will find it impossible to do this for financial reasons - and some had realised this - but it was the desired course of action for most of them.

Comparison of English, Irish and West Indian Mothers

It has been suggested that there are differences between the English and West Indian unmarried mothers and part of the object of these interviews was to see if this were the case. The Irish, however, turned out as a group to have more differences than the other two
national groups. There were five of each national group in the sample and the differences are as follows:-

<table>
<thead>
<tr>
<th>Age</th>
<th>English</th>
<th>Irish</th>
<th>West Indian</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>20 - 24</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>25 - 29</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>30 &amp; over</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous children</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>One</td>
</tr>
<tr>
<td>Two</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous abortions or miscarriages</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>One</td>
</tr>
<tr>
<td>Two</td>
</tr>
<tr>
<td>Three</td>
</tr>
</tbody>
</table>

Table 7:9

(These tables omit the one individual who described herself as English but was in fact a second generation Pakistani. Although similar to the English in many respects there were factors in her background which made her quite unlike the others of this nationality.)

These figures are very small and have no statistical significance. It does however, appear that the English, more than either of the other groups, seems to show the popular stereotype of the unmarried mother as a young teenager having her first child. The older person in the English group and the two older people in the West Indian group had all had one other illegitimate child. The English person had had hers adopted whereas the two West Indians had kept theirs - in each case because they had a stable relationship (one was cohabiting) with the baby's father.
The Irish as a group were younger, the eldest being aged 20, but three of them had had previous children all of whom had been adopted. None of them had mentioned these other children in the interview and this information was obtained from their notes. Three of the Irish were young recent immigrants and they seemed to show overtly the most confusion about their situation.

On the whole the reaction of parents in the English and West Indian groups seemed to be very similar. In each case two had parents who had initially 'gone mad' but now accepted the situation, and one had parents who were either neutral or accepting. One West Indian had parents who rejected her completely and the remainder either could not contact parents or parents had died. Only two of the English and two of the West Indians appeared to be planning to be true single mothers. After the birth of the baby these two English were expecting to stay with parents. This was true for one of the West Indians whereas the other was living by herself in a small flat (although she was expecting her mother to look after her baby when she went to work). Two of the Irish had parents who had been accepting but two had not told their parents. The parents of the remaining person were dead and she was living with a sister. Three of the Irish were expecting to live on their own with the baby, one other was going to get the baby adopted (although she was planning to get married in October) and the other was expecting to return to her sister. The Irish therefore appeared much more isolated than either the English or the West Indians who all seemed to be getting support from either boy-friends or parents.

It did seem that both the English and West Indians came from backgrounds where illegitimacy, while probably not being the preferred
way of having children, was nevertheless more or less accepted once it had happened. Four of these individuals had got pregnant in the context of a hoped for marriage. In some cases the relationship had now finished but it was clear from what they said that with the decision to get married came also the decision to get pregnant or 'Mot bother about birth control so much' - with the same result. In this case they became unmarried mothers when events overtook them and the marriage did not take place as planned. In other cases they were waiting until one of the partners was free to marry. It would be interesting to look in more detail at the sexual behaviour and attitudes towards birth control of a group of married as well as unmarried mothers. I did get the impression that once marriage had been decided on then sexual relations with a very relaxed attitude to birth control followed. Probably the majority of those who become pregnant get married but where for various reasons this does not or cannot work out then they become unmarried mothers. In this situation unmarried mothers can be seen as the 'casualties' of a particular behavioural pattern. There was some evidence that this might be true for certain of both English and West Indian mothers.

The extent to which the pregnancies were planned can be shown by the following:-

<table>
<thead>
<tr>
<th>Baby Planned?</th>
<th>English</th>
<th>Irish</th>
<th>West Indian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 7:10

The aspect of planning is rather interesting as it meant different things to different people. For two individuals (one English and one West Indian) it meant the complete cessation of birth control.
These same two were cohabiting but had decided for various reasons (to do with their ideas of marriage) not to get married. For the others planning to have a baby either meant using birth control sometimes or not at all and 'taking a chance'. They were all people who said they 'weren't bothered' if a baby happened to come along. In each case where a baby had been planned the individuals were either cohabiting or expected to get married, although as mentioned before this did not always work out. I do not therefore think, on this evidence, that it is a particularly West Indian cultural pattern to get pregnant and/or have children prior to marriage. In both the English and West Indian groups pregnancy was planned with a view to marriage. Living with someone and having children without getting married did not seem to be characteristic of any particular national group.

Of the two West Indians who had not planned to have a baby one of them had a very stable relationship and hoped to marry when they could find a suitable house. The other one said that she had 'got into bad company' and that was why she had become pregnant. She did, however, maintain that she had only had the one boy-friend and that she was still going out with him exclusively although she did not want to get married because she 'hadn't had a chance to enjoy life yet'. This seemed to be a clear case of wanting to take on the status of parent before that of mate. She described her boy-friend as 'pleased about the baby because I'm the second person he's got pregnant', but evidently 'he had not been very responsible about it'. This fits the popular stereotype of the irresponsible West Indian father but was the only one I came across. The one English person who had not planned to have a baby (or maintained that she had not
planned it) seemed nevertheless to have tried unsuccessfully in the past to have one. Although only 17 she had had two previous abortions and one miscarriage. Once pregnant she had refused to have anything to do with her boy-friend and appeared to be looking forward to having the baby on her own. She was the only person who might possibly have had an unarticulated desire for a baby as described by Young.

In many ways the English and West Indians seemed similar whereas the Irish appeared very different. The most notable difference seemed to be in their family and cultural background which for most of them was strictly Roman Catholic. One person gave me a very good description of the attitudes in Ireland as she saw them. Sex before marriage is frowned upon and birth control is almost unobtainable (except in Dublin evidently - see Wilson Davies) for the married and certainly not for the unmarried. Three of the Irish were young immigrants and one of them told me about the confusion she had felt on being plunged into the much freer English society. She said that she had had 'no idea' about contraception, about how it worked or where to get it, and it is probable that the others were the same. It was also interesting that, despite the very strict cultural ideas about illegitimacy, three of these Irish girls had previous children, all of whom had been adopted. This could be construed as a desire to have another baby to replace the one they had lost. These individuals seemed to be the most isolated within the group as it would appear that three and possibly four of the five were going to end up as single mothers. They also seemed to be getting less support from parents.
Conclusions

Since this was such a small and unrepresentative sample conclusions drawn will necessarily be tentative. On the whole, however, the respondents in this sample did not conform to the psychological stereotype. The majority had known their boy-friend for sometime, felt they were in a stable relationship and had often planned marriage. Most of these mothers could be described as the 'casualties' of a particular cultural pattern of sex and marriage. In this case the pattern seemed to be that when two people decide to get married they will start sexual intercourse and 'not be bothered' if pregnancy occurs. If this happens then the most 'normal' thing to do would be to get married, but where marriage is impossible, either because one partner is not free to do so or because the relationship breaks up then illegitimate babies are the inevitable result. The preferred way of having children is within marriage, but when this does not materialise illegitimate children are tolerated and accepted into the family of origin. For the majority in this sample this kind of behaviour was predominant. As far as cultural differences were concerned the English and West Indians seemed quite similar whereas the Irish appeared very different. The latter appeared much closer to the stereotype of the unmarried mother as in some ways deviant and confused if not psychologically disturbed. By contrast the English and West Indians appeared more to be the casualties of a cultural system relating to sexual behaviour and marriage with more similarities than differences between them.
Methodological Considerations

The first methodological problem encountered in the pilot study was in actually obtaining the sample for interview owing to the confidentiality between doctor and patient regarding the social situation of the patient. Medical and social work personnel argue, with some justification, that details between themselves and clients must be confidential and cannot be passed to outsiders, particularly in this particular case of mothers with illegitimate babies who may not wish their situation to be generally known. In the pilot study this problem was overcome by asking doctors and social workers to tell clients about the research and ask if they would be willing to take part. This solves the problem of confidentiality but is not without its difficulties as experienced in this study. The first is that the researcher has to rely on the goodwill and memory of those seeing clients in the normal course of their work to ask people with the relevant characteristics if they would mind taking part in the research. If they are very busy or coping with crises as these personnel often are the research request to the client is likely to be the first thing either forgotten or dispensed with - as happened during this study. The second thing is that with using this method nothing is known about those refusing to be interviewed as the passing on of any information without the permission of the client might be construed as a breach of confidentiality. The third problem encountered was that with only the notes for guidance the doctors themselves were often unaware of whether the patient was going to be the mother of an illegitimate baby or not. This is likely to be particularly true of those once married mothers known by their married name, who it was assumed, were going to be the
mother of a legitimate baby. Using the methodology described in the pilot study it was impossible to say the extent to which this happened in the clinics, but one or two cases did come to light of divorced women having, presumably, illegitimate babies. A further problem encountered to some degree was the extent to which medical personnel tended to ask only 'interesting cases' if they would mind taking part in the research. I did emphasise to all the personnel involved that I wanted them to ask all mothers of illegitimate babies but it did appear that those who appeared the most interesting to the doctors were referred to me more readily than many of the others.

As far as obtaining the data was concerned there appeared to be difficulties in designing an interview schedule suitable for the wide variety of social and educational backgrounds these women had. Questions designed to be as flexible and open as possible provided a good platform for the articulate to talk about herself and background but were usually too much for the less articulate to cope with. For the latter a series of probes was constructed during the course of the study. The other difficulty experienced was in the wide variety of different situations from which these women came which could make some of the questions appear irrelevant (asking why they did not use contraception for instance when they had decided to have a baby). Being aware of the information required made it possible to get at the relevant data by a number of ways, but it did mean that not everyone was asked exactly the same questions. The vocabulary used also had to be modified according to that used by the respondent with whom one was talking. Since all the interviews were done by the same person, however, and since they were all taped, biases arising from this strategy were all in the same direction and could
in any case be assessed from the taped interview. With these problems in mind the empirical strategy for the main sample was designed.

Obtaining the Main Sample

Obtaining a sample from an ante-natal clinic, on the evidence from the pilot study seemed to be an efficient method provided the problems relating to how the sample was drawn were overcome. It was therefore decided to obtain a sample from an ante-natal clinic which had sufficient numbers of English, West Indian and Irish mothers so that a large enough sample could be drawn for comparative purposes. The ante-natal clinics of the West London Hospital fulfilled these criteria as it dealt with approximately nine hundred pregnant women each year and served an area which housed West Indian and Irish families as well as many other nationalities. The medical personnel were willing to let me do the research at their hospital and gave me all the necessary help and facilities to enable me to do it.

An important goal of this research was to obtain a sample representative of the once married as well as the unmarried mothers of illegitimate babies. Given the problems experienced at St. James Hospital with regard to obtaining the sample through the doctors a more direct approach seemed a more appropriate way of obtaining a representative sample, provided some way could be found that would not force respondents to reveal more about themselves than they wished. The method used which appeared to overcome both these problems was to give everyone who came into the clinic a simple questionnaire to fill up (a copy of which is in Appendix 1). The
The object of this questionnaire was to identify all the mothers of illegitimate babies as well as obtaining a variety of simple factual data from everyone attending the clinic. This had the main advantage of identifying all the mothers of illegitimate babies regardless of how their marital status appeared on the notes. Collecting data from all the women in the clinic had the advantage of making comparisons possible between the sample and various other population statistics. It was then possible to show how representative the clinic was of mothers as a whole in Hammersmith and thus how representative it was as a sample frame from which a sample of mothers of illegitimate babies could be drawn. It also made comparisons possible between the mothers of illegitimate babies and other mothers in the clinic so that the differences between these two populations could be shown. At the end of the questionnaire everyone was asked whether they minded being interviewed and only those mothers of illegitimate babies who did not mind being interviewed were followed up. In this way confidentiality was maintained. By having some data about those not wishing to be interviewed any bias in the sample could be assessed. This methodology therefore had many more advantages than just identifying the mothers of illegitimate babies and was thought a very acceptable procedure by all the hospital personnel.

The questionnaire was designed so as not to be intimidating and was therefore short, with short questions designed to obtain mostly factual data. It was thought that this would be acceptable to all the clinic attenders and could be filled up in about 10 - 15 minutes during the inevitable waiting time in the clinic. This was the approximate time that most people in the clinic took to complete
the questionnaire. The areas covered by the questionnaire were
details about past and present pregnancies, 'basic data' about
themselves, their educational background, their baby's father,
housing details and information about their family of origin.
As the numbers involved were quite large the questions were con­
structed to elicit simple factual information amenable to computer
analysis.

The ante natal clinics of all the consultants (to eliminate
bias) were attended during the months of July 1976 and January
1977 - a total of eight weeks in which thirty two separate clinics
were attended. At each clinic there were between five and ten
first booking appointments (i.e. patients generally about twelve
weeks pregnant who had been referred to the hospital by their
G.P. to book a bed for the delivery and the necessary ante and
post natal care) and between thirty and eighty follow up appointments
of women at various stages of pregnancy. I gave the questionnaire
to everyone who came into the clinic with a short explanation of what
the research was about (I described it in general terms as 'research
on pregnancy') and asked them to complete the questionnaire. I also
offered to help them with any part of the questionnaire if they
wanted it - which was necessary in the cases of those who had
difficulty with English or were not literate. When the questionnaires
were handed back I checked to see whether the respondent was going
to be the mother of an illegitimate baby and if she was, and had
indicated that she did not mind being interviewed, I approached her
and fixed up a time for seeing her either in the clinic or at home.
The questionnaire appeared to be acceptable to most of the clinic attenders as only six people refused outright to fill it up. Many more may have refused indirectly, however, by taking a questionnaire and not bringing it back. This also happened, however, when they did not return to the clinic because of having the baby, and it was impossible to tell how much non response was because of this, or because they did not want to complete the questionnaire. A few people queried the confidentiality of the information and when this happened I explained the use of the data and the impossibility of identification, although if they appeared really worried I told them to leave their name and address off the questionnaire. One problem that did occur was that I tended to be identified with the hospital as I gave out the questionnaire from the same desk at which the receptionist worked. When a patient came into the clinic she first went to the receptionist and gave her details before going to the waiting area to be called by a nurse. The most convenient place and time for giving out the questionnaires appeared to be at the receptionist's desk but the patients then started treating me as the receptionist although I was not wearing any kind of distinguishing uniform which would identify me as a member of the hospital staff. If asked about the research, however, I was very careful to disassociate myself from the hospital in terms of who and what the research was for. I always emphasised my independent status, particularly at the beginning of an interview and to put the respondent's mind at rest told her that anything she said would not be passed on to hospital personnel.
Whereas the questionnaire provided a little information about everyone who came into the clinic the object of the interview was to provide 'in depth' information from all the mothers of illegitimate babies. As in the pilot study the information was obtained obliquely by asking the respondent to describe events leading up to and during the pregnancy and the values and attitudes surrounding the critical points during that time. Like the pilot study sample this sample also contained women from a wide variety of social and educational backgrounds with similar problems relating to the formulation of the interview schedule. In this case the same 'lead in' questions were asked of all the respondents with a variety of probing questions depending on how easily they were able to answer the initial question. Again, however, different strategies had to be used to obtain the necessary information and vocabulary had to be adjusted according to the respondent's reaction during the interview. After the first half of the sample were interviewed it was thought that some more formal type of attitude questionnaire could be formulated to overcome the variations in interview conduct necessary. This was attempted but produced a very large and cumbersome schedule which would have been intimidating to the inarticulate and not acceptable to the articulate. Many of the latter had reservations about filling in the questionnaire in the first place as they felt it was not sensitive enough to show precisely what their situation was and they preferred to tell me about this in their own words. For all the problems encountered in doing the interviews it was thought that this was the most appropriate way of obtaining the necessary information.
The hospital provided a private room in which to do the interviewing and a tape recorder was used to record the interviews whenever possible (with the permission of the respondent) although in two cases the tape broke and one person refused to be recorded. Most people were interviewed while attending the clinic but some had to be visited at home either because they had had the baby (and had stopped attending the clinic) or because they were having joint antenatal care with their G.P. and therefore attended the hospital clinic very infrequently. There was a wide variety in the amount that people wanted to say with some answering in monosyllables and others expounding at length on all points. The majority of interviews lasted around an hour with some as short as twenty minutes and others nearly two hours long. I felt that I built up rapport with most respondents and some of them obviously enjoyed the opportunity to talk freely about their situation, sometimes for the first time since the commencement of their pregnancy. Once they had relaxed within the interview situation the majority were willing to talk quite candidly about subjects considered 'delicate' such as their sex lives. Interview data was checked for reliability with the answers on the questionnaire and also by checking for internal consistency.

A variety of data were therefore obtained from these mothers so that a variety of analyses was possible. The factual information from the questionnaire enabled bias of the sample frame to be assessed, comparisons to be made between the mothers of illegitimate babies and the clinic population and bias in the sample interviewed to be assessed by comparing their characteristics with all the mothers of illegitimate babies. The interviews provided data on how the mothers of illegitimate babies defined their situation and the factors relevant to their decisions at critical points in the process.
ILLEGITIMACY

by

JACKY VINCENT

Volume II
## Contents

### Volume II

#### Chapter 8

**Characteristics of Women in the Ante Natal Clinic**
- Comparison of sample with population figures for Hammersmith

**Characteristics of the sample**
- Age, nationality and class influences on pregnancy behaviour
- Interaction of variables in producing illegitimacy
- Relative importance of variables in producing illegitimacy

#### Chapter 9

**The Different Types of Illegitimacy**
- Characteristics of the single mothers
- Characteristics of the sample interviewed
- Relevance of results to previous theories

**Different types of illegitimacy**
- the 'mistakes' and 'planners'
- the 'mistakes'
- the 'mistakes' in steady relationship
- the 'planners' within cohabitation/steady relationship
- the independent 'planners'

#### Chapter 10

**The Process of Becoming the Mother of an Illegitimate Baby within different Cultural Groups**
- Quantitative national/ethnic differences
- Qualitative national/ethnic differences
- Conclusion

#### Chapter 11

**How Can Illegitimacy be Explained?**
- The definition of illegitimacy
- Two ways of explaining two types of illegitimacy
- Illegitimacy, marriage and the family

**Appendix 1** - Questionnaire and interview guide used
**Appendix 2** - The statistical analysis
**References**
Chapter 8

Characteristics of the women in the Ante Natal Clinic.

The Sample

The West London Hospital where the fieldwork was carried out, is part of the Charing Cross group of hospitals which are in and serve the Inner London Borough of Hammersmith. This is an area of high population density with a wide variety of cultures and ethnic groups some of whom are recent immigrants and others long established. There is some housing stress but all social classes are represented in the area. The majority of people in the ante natal clinics come from the Hammersmith area but a significant minority come from outside the area, often from considerable distances. The reason for this is that the hospital is one of only two hospitals in London (and probably in the whole of the United Kingdom) who specialise in doing 'Leboyer' deliveries; a type of delivery which attempts to minimise the trauma of birth to the baby. Inevitably it was the middle class mother who had heard about this delivery and had made the attempt to get referred to the West London even if she came from outside the area.

Most patients in the clinic, however, were referred by local G.P's, some of whom referred all their patients to a particular consultant or referred them to all consultants in turn. Patients who had previous babies at the hospital often liked to have subsequent babies with the same consultant and the clinic was quite happy to arrange this. To avoid any possible bias from referral procedures to consultants the sample was drawn from the clinics of
every consultant. At each clinic there were between five and
ten first booking appointments and between 30 and 80 follow up
appointments. The sample was drawn from everyone who came into
the clinic and is inevitably biased towards those in the later
weeks of pregnancy.

The first sample was obtained during the month of July, 1976.
Some 366 questionnaires were completed which produced a response
rate of 67.3% of everyone who came to the clinic during that period.
It was unfortunately impossible to follow up the non respondents to
this sample. The second sample was obtained at the clinics during
January 1977. 518 questionnaires were given out and 353 completed
questionnaires were received, giving a response rate of 68.1%. As
far as could be seen 559 people came into the clinic during that
period so that only 8% did not receive questionnaires. This made
a response rate of 63.2% from all who attended the clinics in
January which was slightly below that obtained previously.

As mentioned before details of non respondents to the first
sample were unobtainable, but information was obtained about 179 of
the 220 non respondents to the second sample. This information was
obtained from notes and more usually discharge papers which showed
that many non respondents had not returned the questionnaire because
they had had their baby and had not therefore returned to the clinic.
The information most easily obtained was that of age which is shewn
as follows:-
It would appear that the respondents are slightly biased in favor of those aged 19 and under, but this is not significant statistically. Other information was more difficult to obtain but details about husband's occupation was obtained in 81 cases. The comparison is as follows:-

<table>
<thead>
<tr>
<th>Occupation of Husband</th>
<th>Sample</th>
<th>Non Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non manual</td>
<td>182</td>
<td>41</td>
</tr>
<tr>
<td>Manual</td>
<td>125</td>
<td>32</td>
</tr>
<tr>
<td>Unemployed</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Student</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Totals</td>
<td>335</td>
<td>81</td>
</tr>
</tbody>
</table>

\[\chi^2 < 0.001\]

The sample is biased in favor of those with husbands in non manual occupations whereas non respondents are biased towards those in manual occupations and the unemployed. Information about marital status was obtained on 179 of the non respondents but this information is rather suspect in that where it was not stated it was assumed the patient was married. For what it is worth it is as follows:-

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Sample</th>
<th>Non Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>266</td>
<td>166</td>
</tr>
<tr>
<td>Unmarried</td>
<td>54</td>
<td>13</td>
</tr>
<tr>
<td>Totals</td>
<td>320</td>
<td>179</td>
</tr>
</tbody>
</table>

\[\chi^2 < 0.01 < 0.001\]
As it can be seen the non respondents are biased in favour of the married, but it is possible that some of these could have been single. The direction of bias in the sample would therefore appear to be that it slightly over represents those aged 19 and under, those with husbands in non manual occupations and those who are single, although the latter is doubtful on the grounds that the data on this variable is not reliable.

Information was obtained about all the women who had had a baby at the West London Hospital in 1976. This information was obtained from cards which are filled out when the patient is discharged. These give details of age and religion although the latter is often missing. The comparison is as follows:

<table>
<thead>
<tr>
<th>AGE</th>
<th>All mothers at W.L.H. in 1976</th>
<th>Clinic Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>59</td>
<td>57</td>
</tr>
<tr>
<td>20 - 24</td>
<td>261</td>
<td>196</td>
</tr>
<tr>
<td>25 - 29</td>
<td>335</td>
<td>258</td>
</tr>
<tr>
<td>30 - 34</td>
<td>179</td>
<td>154</td>
</tr>
<tr>
<td>35 - 39</td>
<td>74</td>
<td>46</td>
</tr>
<tr>
<td>40 &amp; over</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>Totals</td>
<td>929</td>
<td>721</td>
</tr>
</tbody>
</table>

$X^2$ sig $< 0.5 > 0.3$ Table 8.4

As it can be seen there were slightly more in the sample aged 19 and under and aged 30 - 34 compared with all the women in the clinic in 1976 but these differences are not statistically significant. As far as religion is concerned this information was not available for nearly a third (31.5%) of the women attending the clinic in 1976. If comparisons are made between the women in the two groups for whom information was available the results are as follows:
### Religion

<table>
<thead>
<tr>
<th>Religion</th>
<th>All women at W.L.H. in clinics during 1976</th>
<th>Clinic Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church of England</td>
<td>281 44.0%</td>
<td>291 44.3%</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>191 29.9%</td>
<td>166 25.3%</td>
</tr>
<tr>
<td>Non Conformist</td>
<td>22 3.4%</td>
<td>17 2.6%</td>
</tr>
<tr>
<td>Other</td>
<td>87 13.7%</td>
<td>76 11.6%</td>
</tr>
<tr>
<td>None</td>
<td>57 9.0%</td>
<td>107 16.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>638 100.0%</strong></td>
<td><strong>657 100.0%</strong></td>
</tr>
</tbody>
</table>

\[ \chi^2 \text{ sig} < 0.001 \] Table 8:5

There were significantly more in the clinic sample who said they had no religion than in the clinic population. This may have occurred because of the way religion was recorded on the discharge cards, it being left blank on the card which would then count as "not determined" in my analysis, thus inflating this category. The slightly smaller proportion of those with 'other' religions may indicate a smaller proportion in the sample of those of 'other' nationalities as this category included religions like Hinduism and Muslim. There was also a smaller proportion of Roman Catholics in the clinic sample which may have arisen from the bias in the sample towards those of non manual occupations. It is, however, very difficult to assess the significance of these differences given the large number for whom information was not available and given that there were no differences in age between the two groups.

The birth figures for Hammersmith for 1976 are not yet available, but those for 1975 were obtained from the Office of Population Census and Surveys. This data on age and Nationality compared with the sample as follows:
ALL BIRTHS

<table>
<thead>
<tr>
<th>Age</th>
<th>Sample</th>
<th>Hammersmith (1975)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>57</td>
<td>7.9%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>196</td>
<td>27.1%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>250</td>
<td>35.7%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>154</td>
<td>21.3%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>46</td>
<td>6.3%</td>
</tr>
<tr>
<td>40 &amp; over</td>
<td>10</td>
<td>1.4%</td>
</tr>
<tr>
<td>Totals</td>
<td>721</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

X² significance < 0.001

Table 8:6

Figures for Hammersmith from personal communication from Office of Population Census and Survey.

Women under 24 are significantly under represented in the sample and those between 25 and 34 over represented compared with the figures for Hammersmith as a whole. This could be explained by the middle class women (who tend to be older when starting their families) from Hammersmith and other areas who ask to come to the West London for a Leboyer delivery. The sample also under represents those from outside the United Kingdom in Hammersmith, possibly for the same reasons. This can be seen in the following figures:

COUNTRY OF BIRTH OF MOTHER

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Sample</th>
<th>Hammersmith (births in 1975)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.K.</td>
<td>434</td>
<td>60.2%</td>
</tr>
<tr>
<td>Ireland</td>
<td>55</td>
<td>7.6%</td>
</tr>
<tr>
<td>Other</td>
<td>385</td>
<td>32.2%</td>
</tr>
<tr>
<td>Totals</td>
<td>721</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

X² sig. < 0.001

Table 8:7

Those from Southern Ireland are particularly under represented
in the sample. Relevant comparisons with the population as a whole in Hammersmith are not possible as the only available figures are those from the census of 1971 which are now very much out of date.

If the figures for age by legitimacy of birth in the sample are compared with figures for Hammersmith as a whole in 1975, it can be seen that the mothers of legitimate babies are significantly older in the sample than in Hammersmith generally:

**LEGITIMATE BIRTHS**

<table>
<thead>
<tr>
<th>Age</th>
<th>Sample</th>
<th>Hammersmith (births in 1975)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>20 3.5%</td>
<td>103 6.3%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>146 25.7%</td>
<td>471 29.0%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>216 38.0%</td>
<td>617 37.8%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>138 24.2%</td>
<td>298 18.2%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>41 7.2%</td>
<td>111 6.8%</td>
</tr>
<tr>
<td>40 &amp; over</td>
<td>8 1.4%</td>
<td>31 1.9%</td>
</tr>
</tbody>
</table>

Totals 569 100.0% 1631 100.0%

\[ x^2 \text{ sig. } < 0.01 \] Table 8:8

As far as illegitimate births are concerned, however, although those in the sample are slightly older than those in Hammersmith, generally this is not statistically significant:

**ILLEGITIMATE BIRTHS**

<table>
<thead>
<tr>
<th>Age</th>
<th>Sample</th>
<th>Hammersmith (births in 1975)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>34 23.2%</td>
<td>103 24.8%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>50 34.2%</td>
<td>158 38.2%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>40 27.4%</td>
<td>94 22.7%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>15 10.3%</td>
<td>43 10.4%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>5 3.4%</td>
<td>12 2.9%</td>
</tr>
<tr>
<td>40 &amp; over</td>
<td>2 1.5%</td>
<td>4 1.0%</td>
</tr>
</tbody>
</table>

Totals 146 100.0% 414 100.0%

\[ x^2 \text{ sig. } > 0.9 \] Table 8:9
Characteristics of the Women in the Clinics

Previous Pregnancies.

A majority of this sample (58.9%) had not had any previous children. This was to be expected as those having a first baby are the most likely to have a hospital delivery, coming as they do in a 'high risk' category. Of those with previous children only 12% had more than one, reflecting the downward trend in the size of families. A majority of 78.6% had had no previous miscarriages and only 4.2% had had more than one. In common speech a 'miscarriage' is considered the same as a spontaneous abortion, i.e., the foetus coming away from the uterus before 24 weeks gestation. As far as could be ascertained from the interviews everyone accepted this view of a miscarriage. The common usage of abortion implies some interference with the pregnancy and again, as far as can be ascertained, this is how it was defined by the respondents. A larger majority of 81.3% said they had had no previous abortions and only 3% had more than one. It is possible that respondents may have concealed previous abortions particularly if they were illegal, but as far as interviews were concerned most people appeared very open about previous abortions. A number of them told me about previous illegal abortions and one told me about an abortion she had had but had not told anyone else about - including her boyfriend.

The Present Pregnancy

Everyone was asked whether they had planned the pregnancy, but from the interviews it was very clear that the nature of planning was open to a number of interpretations. Some planned in terms of
deciding exactly when they would have each baby, others planned in terms of 'not minding' if a baby came along (many of the 'sort of' planned were in this group) and others did not plan at all but did not necessarily mind if they found themselves pregnant. However, 58.9% of the sample said they had definitely planned this pregnancy, 19.1% that they had 'sort of' planned it and 20.2% that they had not planned it, the latter group not necessarily finding the pregnancy unwelcome, or it being the result of contraceptive failure. In a recent study of contraceptive use and family size intentions Cartwright discusses the complexities surrounding this issue. People may not have plans about a future pregnancy, or if they do these may change considerably according to situation or over time. This very simple question could not bring out all these complexities.

Contraceptives had been used in 71.4% of cases at some time prior to the pregnancy which is considerably lower than the 97% found by Cartwright in her national sample. This may have arisen because of an ambiguity in the question which asked about contraceptive use prior to the pregnancy. Many would, of course, have stopped using contraceptives in order to become pregnant. From the interviews it was clear that some had used contraceptives for a period although they had answered negatively to this in the questionnaire. In all cases, however, contraceptives had been used for a short period only and sometimes also very erratically. It is therefore probable that those who had used contraceptives for a considerable period answered this question affirmatively.

Of those who did use contraceptives the majority were using the most reliable methods of the pill (64.0%), I.U.D (14.7%),
cap (7.6%) and condom (9.5%), only 4.2% were using the least reliable methods of chemicals, withdrawal or rhythm. The majority of users (72.6%) were also using their chosen method all the time, with 19.0% using it most of the time, 6.6% sometimes and 1.6% occasionally. The majority of contraceptive users were therefore using the most reliable methods in the most reliable way.

With most people planning and therefore wanting to become pregnant, not surprisingly 84.6% were either absolutely delighted, very pleased or quite pleased when their pregnancy was confirmed. Some 6.4% were neutral, numb, resigned or did not mind and 9.0% displayed more negative reactions of being worried, horrified or depressed. This was another example of a simple question being unable to do justice to the wide variety of feelings expressed. People often had more than one reaction or had very ambivalent reactions even when the pregnancy had been very much wanted and planned. It is also probable that duration of pregnancy might have an effect on how this question was answered, those at the beginning of pregnancy showing more ambivalence than those near the end of pregnancy. Figures showed, however, no relationship between duration of pregnancy and how respondent remembered feeling about pregnancy when it was confirmed.

Personal Characteristics of the Women

Age

As was to be expected the majority of women were in the major child bearing ages of 20 - 34, although as mentioned before this sample is biased towards those in the upper levels of this age
range, compared with Hammersmith as a whole. It does, however, tie in with the general trend of there being fewer first births to women under 25. The mean and modal age of this sample was 27.

<table>
<thead>
<tr>
<th>Religion</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church of England</td>
<td>291</td>
<td>40.4%</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>165</td>
<td>23.0%</td>
</tr>
<tr>
<td>Non Conformist</td>
<td>16</td>
<td>2.3%</td>
</tr>
<tr>
<td>Muslim</td>
<td>26</td>
<td>3.6%</td>
</tr>
<tr>
<td>Hindu</td>
<td>10</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other</td>
<td>39</td>
<td>5.5%</td>
</tr>
<tr>
<td>None</td>
<td>107</td>
<td>14.9%</td>
</tr>
<tr>
<td>Not determined</td>
<td>67</td>
<td>8.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>721</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

As expected the majority were either Church of England or Roman Catholic with the next largest group being atheists or agnostics. The other religions reflected the varied ethnic and cultural backgrounds of this sample.

**Nationality**

As expected the majority (65%) were from the United Kingdom with other nationalities reflecting the ethnic groups in Hammersmith. As mentioned before, however, this sample under represents those from outside the United Kingdom, particularly the Irish. It is not surprising that 69.1% had lived in England for ten years or more, the majority of these for life. Some 12.8% had lived in England for 5 - 9 years and 14.4% for four years or less. Only 3.5% were very recent immigrants to England in that they had been here for less than a year. More people (5.5%) were recent immigrants to London (having come in during the previous year) with slightly more than half (51.9%) having lived in London for ten years or more.
Education and Work
Slightly over half the sample (52.6%) had stayed on at school after the age of 16. It is difficult to make comparisons with national figures but this sample has probably had more education than women as a whole. In 1975, 25.8% of girls over the age of 16 were still in school. (From Social Trends 1976). Everyone was asked about educational qualifications and these were classified according to the highest level reached. The category of professional qualifications varied widely, covering as it did secretarial and nursing training to social work and medicine. A third of the sample had no educational qualifications, 22.2% had 'O' levels, G.C.E.'s or equivalent, 3.7% a degree and professional qualification, and 19.6% professional qualifications only.

The question about jobs was also open to different interpretations, some people including all jobs including temporary ones and others only counting permanent jobs. Most people (69.3%) had had five jobs or less, 15.8% had six to ten and 10.4% with eleven or more. This relates to both the length of time that they had spent working and to the pattern of women's work generally. Those with few jobs may not have worked for very long as they stopped to have children whereas those with many jobs may have taken a variety of part time and temporary jobs as this was all that was possible when they had children. There were examples of these types of job records among the interviewees.

The majority (72.7%) had last held non manual jobs, very often of a clerical nature although there were also a number of nurses in this category. 16.5% had last held a manual job, 1.1% described themselves as unemployed and 0.4% were students. 1.0% had never held a job of any description.
Marital Status

<table>
<thead>
<tr>
<th>Status</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>522</td>
<td>72.4%</td>
</tr>
<tr>
<td>Single</td>
<td>121</td>
<td>16.8%</td>
</tr>
<tr>
<td>Married but separated</td>
<td>15</td>
<td>2.1%</td>
</tr>
<tr>
<td>Divorced</td>
<td>11</td>
<td>1.5%</td>
</tr>
<tr>
<td>Divorced and remarried</td>
<td>44</td>
<td>6.1%</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Widowed and remarried</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Not determined</td>
<td>4</td>
<td>0.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>721</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The majority of this group were married with the next largest group being single. Of those married a majority of 38.6% had been married for between one and four years with the next largest group of 20.8% being married for between five and nine years. 14.6% had been married for less than a year which included those who had decided to become pregnant immediately, and those who had decided to get married if they got pregnant, as well as presumably a number of 'shot gun' marriages. From the interviews, however, it would appear that the latter course of action does not have many supporters. Only 7.9% of the sample had been married for ten years or more reflecting the shorter time that women are now taking to complete their families.

The Baby's Father

The fathers were on the whole older than the mothers reflecting the national picture in which the average age of men at first marriage is 24.8 compared with an average age of the woman of 22.7 years. If the age of the mother is cross tabulated with the age of the father these differences come out quite clearly:-
Nearly a third (30.5%) of the fathers were five or more years older than the mothers although in the next largest group of 25.4% the fathers were nearer the national average of between two and four years older than the mothers. 12.6% were the same age and in 19.8% the mother was older than the father - one year older in 8.9% of cases, 2 - 4 years older in 9.3% of cases and five or more years older in 2.5% of cases.

More of the fathers were in manual work than the mothers 34.3% compared with 16.5%, and more were students, 5.1% compared with 0.4%. This probably reflects the different work opportunities for men and women in London. The nationality of the fathers is very similar to that of the mothers with only 2% less fathers not of United Kingdom nationality. Most of the fathers had been known for some time, only 2.8% of mothers knowing the fathers of their babies for less than a year. 37.9% of fathers had been known for between one and four years, 37.6% for between five and nine years and 21.5% for ten years or more.

<table>
<thead>
<tr>
<th>Age of baby's father</th>
<th>19 &amp; under</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40 &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>33.3%</td>
<td>43.9%</td>
<td>10.5%</td>
<td>3.5%</td>
<td>1.8%</td>
<td>7.0%</td>
</tr>
<tr>
<td>20-24</td>
<td>1.5%</td>
<td>36.2%</td>
<td>38.3%</td>
<td>14.3%</td>
<td>4.1%</td>
<td>5.6%</td>
</tr>
<tr>
<td>25-29</td>
<td>0.0%</td>
<td>5.0%</td>
<td>49.2%</td>
<td>32.2%</td>
<td>8.9%</td>
<td>4.7%</td>
</tr>
<tr>
<td>30-34</td>
<td>0.0%</td>
<td>1.3%</td>
<td>18.2%</td>
<td>43.5%</td>
<td>20.1%</td>
<td>16.9%</td>
</tr>
<tr>
<td>35-39</td>
<td>0.0%</td>
<td>0.0%</td>
<td>6.5%</td>
<td>26.1%</td>
<td>19.6%</td>
<td>47.8%</td>
</tr>
<tr>
<td>40 &amp; over</td>
<td>0.0%</td>
<td>10.0%</td>
<td>10.0%</td>
<td>20.0%</td>
<td>10.0%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

\[ \chi^2\text{ sig.} < 0.01 \]
Home Situation

Nearly half the sample (43.6%) were living in households containing two people, 23.9% in homes with three people, 12.4% with four people and 19.0% in households with five or more. Only 1.2% were living on their own. The majority of 63% were living in a nuclear family of parents and children and a further 8.4% were in nuclear families with other relatives or others. 6.6% were cohabiting either on their own as a couple or with others and 1.4% lived as single parent families. Of those not in a nuclear family 4.2% lived with parents and 2.6% with friends.

Housing

The majority of the sample lived in rented accommodation, either council or privately rented. This can be compared with data from Hammersmith as follows:

<table>
<thead>
<tr>
<th>Type of Housing</th>
<th>Sample</th>
<th>Hammersmith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner occupied</td>
<td>245</td>
<td>13,250</td>
</tr>
<tr>
<td>Council</td>
<td>117</td>
<td>14,625</td>
</tr>
<tr>
<td>Privately rented</td>
<td>306</td>
<td>45,445</td>
</tr>
<tr>
<td>Other</td>
<td>41</td>
<td>730</td>
</tr>
<tr>
<td>not determined</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>721</td>
<td>74,050</td>
</tr>
</tbody>
</table>

Figures for Hammersmith from census 1971.

$X^2$ sig. $< 0.001$.

As can be seen those from the owner occupied sector are greatly over represented while those from the rented sector are significantly under represented.

To obtain some idea of the quality of housing a measure as to the degree of overcrowding was used. This was a very rough and ready measure which indicated the people/room ratio. On such a
questionnaire any more sophisticated measurement using such indicators as size of rooms and the various amenities in the house would have been too complicated. This measure therefore underestimates housing stress, but 8.5% of respondents lived in households which had more than one person per room, which probably meant that it would show considerable overcrowding if a more sophisticated measure had been used.

A question was also asked as to whether the accommodation was temporary or permanent, but this was open to wide interpretation. The majority of 61.4% considered their accommodation to be permanent whilst 33.4% considered that it was temporary. The actual significance of this, however, would depend on the subjective interpretation of the respondent's situation.

Family Background.

Nationality of Parents

The country of birth of the parents was generally similar to that of the respondents although fewer were born in the United Kingdom. 55.4% of mothers and 54.0% of fathers were born in the United Kingdom compared with 60.2% of respondents. Similar proportions were found in other categories as compared with respondents:

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Respondent</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>60.2%</td>
<td>55.5%</td>
<td>54.0%</td>
</tr>
<tr>
<td>Eire</td>
<td>7.6%</td>
<td>10.0%</td>
<td>10.3%</td>
</tr>
<tr>
<td>West Indies</td>
<td>5.7%</td>
<td>6.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>India</td>
<td>2.2%</td>
<td>3.2%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Europe</td>
<td>7.9%</td>
<td>9.4%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Africa</td>
<td>5.7%</td>
<td>4.3%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Near East</td>
<td>2.5%</td>
<td>2.4%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Old Commonwealth</td>
<td>5.0%</td>
<td>4.9%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Other</td>
<td>2.9%</td>
<td>2.9%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Not determined</td>
<td>0.3%</td>
<td>1.2%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Totals                     | 100.0%     | 100.0% | 100.0% |
Marital Status of Parents

For the majority of respondents (57%) their parents were married and living together, for 25.5% the parents marriage had been broken by death, for 14.4% it had been broken by divorce and for 1.2% their parents had not married. Of those whose parents were separated, in 60.4% of cases this had occurred when the respondent was 16 or more, in 15.6% of cases when the respondent was aged 11 - 15, in 8.7% of cases when the respondent was aged 6 - 10 and in 15.3% of cases before the respondent was aged 5 (when the general consensus of opinion seems to be this is the worst time from the child's point of view). The large proportion of separations when the respondent was 16 or more relates to the large proportion whose parents' marriage had terminated in death, which would be most likely to occur when the respondent was older.

The majority of the respondents (44.5%) came from small families with two or three children, although 23.6% came from large families where there were five or more children. Over a third (36.9%) of these respondents were only or elder children.

Class Background

Two questions were asked about the father's occupation in order to get sufficient information so that the Registrar General's Classification of Occupation could be used to describe the respondent's class background. The information obtained, however, was still in many cases insufficient for classification purposes. In many cases also, the father's last occupation before retirement was given which may have given a misleading picture of the class background of the respondent during most of her life. There were further problems when the respondents were immigrants because often the father's occupation could not meaningfully be categorised in the Registrar
General's Classification. Some 24% of the sample were unclassifiable for these reasons and given the nature of the data these figures should be seen as indicative rather than definitive. The comparative figures for England and Wales are from the General Household Survey and published in 'Social Trends' 1976.

<table>
<thead>
<tr>
<th>Socio - Economic Status</th>
<th>Sample</th>
<th>Great Britain</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>125</td>
<td>467</td>
</tr>
<tr>
<td>22.6%</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>121</td>
<td>1,629</td>
</tr>
<tr>
<td>21.9%</td>
<td>15.0%</td>
<td></td>
</tr>
<tr>
<td>IIIA</td>
<td>67</td>
<td>2,172</td>
</tr>
<tr>
<td>12.1%</td>
<td>20.0%</td>
<td></td>
</tr>
<tr>
<td>IIIB</td>
<td>53</td>
<td>3,464</td>
</tr>
<tr>
<td>9.6%</td>
<td>31.9%</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>131</td>
<td>2,151</td>
</tr>
<tr>
<td>23.7%</td>
<td>19.8%</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>56</td>
<td>696</td>
</tr>
<tr>
<td>10.1%</td>
<td>6.4%</td>
<td></td>
</tr>
<tr>
<td>Never worked</td>
<td></td>
<td>219</td>
</tr>
<tr>
<td>Students</td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>2.0%</td>
<td>0.6%</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>553</td>
<td>10,852</td>
</tr>
<tr>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

\[ x^2 \text{ Sig.} \leq 0.001 \]

Table 8:15

Compared with the general figures the sample is very biased towards those with a middle class background, particularly those in the managerial and professional classes. Those from class IV and V are also over represented whereas those from IIIA and IIIB are under represented.

These results were analysed by firstly correlating the independent variables of age, nationality and class with all the dependent variables. Interaction effects between these variables were then examined by doing analysis of variance before using other statistical techniques to examine the relative importance of each of these variables in producing illegitimacy. With this method it was possible to show firstly which of these variables was the best predictor of illegitimacy and secondly the characteristics of the groups which had the largest proportions of mothers of illegitimate babies.
Age, Nationality and Class Influences on the Women in the Sample.

Age.

Women in the older age groups were more likely to have had previous children with the number of children increasing with increasing age. Older women were more likely to have had a miscarriage but there were no significant differences in the number of miscarriages experienced in each age group. Older women were also more likely to have had an abortion but again the numbers of abortions had was independent of age, although all those who had had more than one abortion were aged between 25 and 34. These results are to be expected in view of the longer period which older women have spent 'at risk' of pregnancy.

The younger women were much less likely than the older women to plan the pregnancy.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes</th>
<th>Sort of</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 19</td>
<td>11</td>
<td>16</td>
<td>30</td>
</tr>
<tr>
<td>20 - 24</td>
<td>101</td>
<td>47</td>
<td>43</td>
</tr>
<tr>
<td>25 - 29</td>
<td>177</td>
<td>39</td>
<td>38</td>
</tr>
<tr>
<td>30 - 34</td>
<td>95</td>
<td>32</td>
<td>25</td>
</tr>
<tr>
<td>35 - 39</td>
<td>32</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>40 &amp; Over</td>
<td>7</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>708</td>
<td>X²</td>
<td>P</td>
</tr>
</tbody>
</table>

Over half of those aged 19 and under did not plan pregnancy whereas those in the 25 - 29 age group were the most likely to have planned the present pregnancy. As would be expected those in the younger age groups were also less likely to have used contraceptives. Contraceptive use increases with increasing age up to age 29 when their use appears to decline slightly. The 25 - 29 age group where more pregnancies were planned is also, not surprisingly, the group most likely to have used contraception.
Contraceptive Use

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Determined</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>19 33.3%</td>
<td>36 63.3%</td>
<td>3.4%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>137 70.3%</td>
<td>56 28.4%</td>
<td>1.3%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>207 80.2%</td>
<td>48 18.6%</td>
<td>1.2%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>113 73.9%</td>
<td>39 25.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>31 67.4%</td>
<td>14 30.4%</td>
<td>2.2%</td>
</tr>
<tr>
<td>40 &amp; over</td>
<td>7 70.0%</td>
<td>3 30.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

\(x^2 \quad p \quad \leq 0.001\)

Table 8:17

The pill was the most popular method of contraception in all age groups although its use declined from 89% of those aged 19 and under to 46.7% of those in the 35 - 39 age group. The use of the I.U.D. increased with age from 5.5% of those aged 19 and under to 20.0% of those in the 35 - 39 age group. The use of the cap also increased slightly with age from 3.1% of those in the 20 - 24 age group to 10.0% of those in the 35 - 39 age group. These are similar results to Cartwright and may reflect various attitudes to the different forms of contraception. When the older women started using contraception the pill was not available and they may have been wary of using it when it was first introduced. The younger women may accept this method, now that it is widely available, more readily. Until recently an I.U.D. could not be inserted until after a pregnancy which explains the low proportion using it in the younger age groups. Of those who do use contraceptives the younger age groups were more likely to use the more reliable methods which require medical supervision:-
Method of contraception used

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Requiring medical supervision</th>
<th>Not requiring medical supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>18  95.0%</td>
<td>1  5.0%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>119  91.0%</td>
<td>12  9.0%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>178  86.0%</td>
<td>29  14.0%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>91  83.0%</td>
<td>19  17.0%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>13  65.0%</td>
<td>7  35.0%</td>
</tr>
<tr>
<td>40 &amp; over</td>
<td>5  84.0%</td>
<td>1  16.0%</td>
</tr>
</tbody>
</table>

Total 493

\[
X^2 \quad p < 0.001
\]

Table 8:18

This is again similar to Cartwright's results, Cartwright found 28% of those 35 and over used the least reliable methods of contraception and were the most upset by an unwanted pregnancy.

Although the younger age groups were using the most reliable methods, they were not using them in the most reliable way, although the differences are not statistically significant.

Frequency of contraceptive use

<table>
<thead>
<tr>
<th>Age Group</th>
<th>All the time</th>
<th>Most times</th>
<th>Sometimes/ Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>20 - 24</td>
<td>90  68.7%</td>
<td>31  23.7%</td>
<td>10  7.6%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>161  78.8%</td>
<td>28  13.5%</td>
<td>16  7.7%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>77  71.0%</td>
<td>23  21.0%</td>
<td>9  8.0%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>22  77.1%</td>
<td>6  17.1%</td>
<td>2  5.8%</td>
</tr>
<tr>
<td>40 &amp; over</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

\[
X^2 \quad < 0.5 \quad > 0.3
\]

Table 8:19

Once pregnant, the younger women have the pregnancy confirmed later than those in the older age groups. This may be because they cannot bring themselves to face the pregnancy or because they go on waiting 'hoping for the best' that it is not true (there were one or two cases of this among the interviewees). It was also apparent that single young women might delay confirmation of the pregnancy until after they were married. As far as the older women were concerned delaying confirmation may have occurred because, having had other children, they knew what was happening and did not bother
to go to the doctor until later on in the pregnancy. In all age groups it is possible that late confirmation occurred because neither doctor nor patient realised she was pregnant - this occurred once or twice in the sample interviewed.

**Time pregnancy confirmed**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1st Trimester</th>
<th>2nd Trimester</th>
<th>3rd Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; Under</td>
<td>44 77.2%</td>
<td>9 15.6%</td>
<td>4 7.0%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>179 91.3%</td>
<td>10 5.1%</td>
<td>7 3.6%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>239 92.6%</td>
<td>12 4.7%</td>
<td>7 2.7%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>139 90.3%</td>
<td>6 3.9%</td>
<td>9 5.8%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>42 91.4%</td>
<td>2 4.3%</td>
<td>2 4.3%</td>
</tr>
<tr>
<td>40 &amp; over</td>
<td>8 80.0%</td>
<td>2 20.0%</td>
<td></td>
</tr>
</tbody>
</table>

$x^2 < 0.05 > 0.02$ Table 8:20

It can be seen, however, that the vast majority in all age groups had the pregnancy confirmed during the first trimester.

With those in the younger age groups being less likely to plan the pregnancy or use contraception effectively, they, not surprisingly had more negative reactions than other age groups when the pregnancy was confirmed.

**Feelings on the pregnancy**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>44 66.6%</td>
<td>6 9.2%</td>
<td>16 24.2%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>168 86.5%</td>
<td>8 4.3%</td>
<td>16 9.2%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>225 87.6%</td>
<td>12 4.8%</td>
<td>19 7.4%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>128 84.7%</td>
<td>12 7.9%</td>
<td>11 7.4%</td>
</tr>
<tr>
<td>35 and over</td>
<td>45 93.7%</td>
<td>1 2.1%</td>
<td>2 4.2%</td>
</tr>
</tbody>
</table>

$x^2 < 0.02 > 0.01$ Table 8:21

The largest proportion of those with negative feelings were in the 19 and under age group and those with neutral feelings in the 30-34 age group.
Those in the younger age group were more likely to be Catholics along with those in the oldest age group of 40 and over.

### Religion

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Church of England</th>
<th>Roman Catholic</th>
<th>Protestant</th>
<th>Other</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>16 (34.8%)</td>
<td>17 (37.0%)</td>
<td>1 (2.2%)</td>
<td>6 (13.0%)</td>
<td>6 (13.0%)</td>
</tr>
<tr>
<td>20 - 24</td>
<td>81 (45.8%)</td>
<td>48 (27.1%)</td>
<td>6 (3.4%)</td>
<td>17 (9.6%)</td>
<td>25 (14.1%)</td>
</tr>
<tr>
<td>25 - 29</td>
<td>109 (44.3%)</td>
<td>63 (25.6%)</td>
<td>6 (2.4%)</td>
<td>34 (13.8%)</td>
<td>34 (13.9%)</td>
</tr>
<tr>
<td>30 - 34</td>
<td>63 (46.7%)</td>
<td>25 (18.5%)</td>
<td>3 (2.2%)</td>
<td>12 (8.8%)</td>
<td>32 (23.8%)</td>
</tr>
<tr>
<td>35 - 39</td>
<td>17 (37.6%)</td>
<td>10 (22.2%)</td>
<td>1 (2.2%)</td>
<td>7 (15.5%)</td>
<td>10 (22.3%)</td>
</tr>
<tr>
<td>40 &amp; over</td>
<td>5 (62.5%)</td>
<td>3 (37.5%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( \chi^2 < 0.1 \)

Table 8:22

Cartwright found that religion had little significance in terms of either desired family size or use of contraceptives. In my interviews it was found that religion did not appear to be influential at a conscious level in terms of contraceptive behaviour.

As far as nationality is concerned the largest proportions in all age groups were English with the largest proportion of West Indians in the 19 and under age group.

### Nationality

<table>
<thead>
<tr>
<th>Age Group</th>
<th>United Kingdom</th>
<th>Eire</th>
<th>West Indians</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>36 (66.7%)</td>
<td>4 (7.0%)</td>
<td>10 (17.5%)</td>
<td>5 (8.8%)</td>
</tr>
<tr>
<td>20 - 24</td>
<td>126 (64.6%)</td>
<td>15 (7.7%)</td>
<td>14 (7.2%)</td>
<td>40 (20.5%)</td>
</tr>
<tr>
<td>25 - 29</td>
<td>162 (62.0%)</td>
<td>16 (6.2%)</td>
<td>9 (3.5%)</td>
<td>71 (27.5%)</td>
</tr>
<tr>
<td>30 - 34</td>
<td>106 (66.8%)</td>
<td>14 (9.1%)</td>
<td>3 (1.9%)</td>
<td>31 (20.2%)</td>
</tr>
<tr>
<td>35 &amp; over</td>
<td>39 (70.0%)</td>
<td>3 (5.3%)</td>
<td>1 (1.5%)</td>
<td>13 (23.2%)</td>
</tr>
</tbody>
</table>

\( \chi^2 < 0.001 \)

Table 8:23

From these figures it appears that the West Indians were more likely to have their children when they were young although this might also reflect the comparatively young age of the West Indian immigrant population as a whole. The proportion of West Indians
in each age group decreased with age whereas those of United Kingdom and other nationalities increased slightly in the older age groups.

Those under the age of 29 were less likely than those older than this to have lived in England for 10 years or more. Recent immigrants to London (i.e. those who had lived in London for less than a year) were most likely in the 20 - 24 age group and similar proportions of 21.9% and 23.6% in the 20 - 24 and 25 - 29 age groups had lived in London for less than four years. It is to be expected that immigrants (who are not necessarily permanent) would be in the child bearing age groups. Although those in the 19 and under age group have a smaller proportion than those in the 20 - 24 age group who are recent immigrants to England, this group has the largest proportion (12.3%) who are recent immigrants to London. Again, those in the older age groups are more likely to have lived in London for five years or more and less likely to be recent immigrants.

Those aged 19 and under were more likely than any other age group to have left school as soon as possible - 64.2% compared with 62.3% in the 20 - 24 age group, 32.5% in the 25 - 29 age group and 30.3% in the 30 -34 age group. This proportion then increases slightly for those in older age groups to 41.3% of those aged 35 - 39 and 70% of those aged 40 and over. Those aged 25 - 34 were more likely than other age groups to stay on after the age of 18. As might be expected from these results, those aged 19 and under were the least well qualified educationally and were the least likely than any other age group to have any educational qualifications - although it must of course be remembered that they would not have had the opportunity for any higher education. Those aged 35 - 39 had the largest proportion (16.3%) with the highest qualification of a degree and professional qualification, although all higher
education qualifications were more likely to be found in those aged 25 and over. The number of jobs experienced was, as expected, related to age as was the type of work last done. Those under 25 were more likely than those older than this to be in manual occupations or to be unemployed, this being particularly significant for those in the 19 and under age group.

As would be expected those aged 24 and under were more likely to be single with 64.3% of those in the 19 and under age group being single. The proportion married increased with age as did the possibility of separation, divorce and widowhood. The proportion divorced and remarried increased with increasing age as would be expected.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>64.3%</td>
<td>35.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - 24</td>
<td>21.9%</td>
<td>74.0%</td>
<td>3.1%</td>
<td>0.5%</td>
<td>0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 - 29</td>
<td>10.9%</td>
<td>78.9%</td>
<td>2.7%</td>
<td>2.0%</td>
<td>5.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 - 34</td>
<td>7.8%</td>
<td>79.1%</td>
<td>1.3%</td>
<td>0.7%</td>
<td>9.8%</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>35 &amp; over</td>
<td>3.5%</td>
<td>60.7%</td>
<td>1.8%</td>
<td>34.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$X^2$</td>
<td>&lt; 0.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 8:24

As already mentioned, there is a strong correlation between the age of the mother and age of the father. The fathers in the younger age groups, particularly under the age of 24, were more likely to be in manual occupations or unemployed. The proportion in non manual occupations increased significantly with age. As would be expected, the older mothers tended to have known their baby's father for longer.

The majority of those in the 20 - 34 age groups lived in 2/3 person households, slightly decreasing in the 35 and older age group where more people live in 4/5 person households. Nearly half (45.6%) of those aged 19 and under, however, live in households of five or more. This can be explained by the larger proportion (29.2%) than in
any other age group who lived with parents. Many of this group will therefore come from families in which the child bearing has finished and which may also include other members of the extended family. Those in the 20 - 34 age group will be building up their (probably small) nuclear family whereas those in the older age groups are those possibly building up a larger nuclear family. Those aged 19 and under were also more likely than other groups to be cohabiting.

<table>
<thead>
<tr>
<th>Family Situation</th>
<th>Nuclear Family</th>
<th>Single Parent Family</th>
<th>Parents</th>
<th>Cohabiting</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>23 47.9%</td>
<td>0 0.0%</td>
<td>14 29.2%</td>
<td>6 12.5%</td>
<td>5 10.4%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>139 78.5%</td>
<td>3 1.7%</td>
<td>10 5.6%</td>
<td>14 7.9%</td>
<td>11 6.3%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>207 86.3%</td>
<td>3 1.3%</td>
<td>6 2.5%</td>
<td>16 6.7%</td>
<td>8 3.2%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>134 91.7%</td>
<td>3 2.1%</td>
<td>0 0.0%</td>
<td>4 2.7%</td>
<td>5 3.5%</td>
</tr>
<tr>
<td>35 &amp; over</td>
<td>50 92.5%</td>
<td>1 1.9%</td>
<td>1 1.9%</td>
<td>2 3.7%</td>
<td>0 0.0%</td>
</tr>
</tbody>
</table>

\( X^2 < 0.001 \) Table 8:25

Differences in the people/room ratio were not significant although those in younger age groups appeared to have a slightly worse ratio. Those aged 19 and under were more likely to be living in Council accommodation and those aged 20 - 24 more likely to be living in either Council or privately rented houses and flats. Owner occupation of both flats and houses tended to increase with age.

<table>
<thead>
<tr>
<th>Housing Tenure</th>
<th>Owner Occupied</th>
<th>Council</th>
<th>Rented</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>5 11.1%</td>
<td>26 57.0%</td>
<td>10 22.2%</td>
<td>4 8.9%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>38 19.6%</td>
<td>44 22.7%</td>
<td>99 51.0%</td>
<td>13 6.7%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>103 40.7%</td>
<td>29 11.5%</td>
<td>109 43.1%</td>
<td>12 4.7%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>73 47.7%</td>
<td>17 11.1%</td>
<td>56 36.6%</td>
<td>7 4.6%</td>
</tr>
<tr>
<td>35 &amp; over</td>
<td>26 47.3%</td>
<td>3 5.4%</td>
<td>22 40.0%</td>
<td>4 7.3%</td>
</tr>
</tbody>
</table>

\( X^2 < 0.001 \) Table 8:26

Those in the younger age groups, particularly those aged 19 and under, were more likely to consider their accommodation to be temporary.
Those in the age group 19 and under and 35 and over have the smallest proportions where the respondents' parents were married and living together. In the younger age group the separations were more likely to have come about by divorce whereas in the older age group death was the more usual reason. The proportion with divorced parents fell consistently with age whereas those with one parent dead increased with age. Of those with parents separated for one reason or another, those aged 19 and under appeared marginally more likely to have parents who separated before they were five. The difference was not, however, statistically significant.

<table>
<thead>
<tr>
<th>Age Parents Separated</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 &amp; under</td>
</tr>
<tr>
<td>19 &amp; Under</td>
</tr>
<tr>
<td>20 - 24</td>
</tr>
<tr>
<td>25 - 29</td>
</tr>
<tr>
<td>30 - 34</td>
</tr>
<tr>
<td>35 &amp; over</td>
</tr>
</tbody>
</table>

$X^2$ sig. $< 0.7 > 0.5$ Table 8:27

In all age groups above the age of 20 over half the separations occurred after the respondent was 16. The younger age groups did, however, come from significantly larger families with approximately 30% of those under the age of 24 coming from families with five or more siblings. Those in the younger age groups were also less likely to be the eldest or only children in the family. Those under 25 were also more likely to come from a working class background whereas those over 25 were more likely to be middle class, possibly reflecting the different ages at which those in different classes have their babies.
Nationality

Respondents from the United Kingdom, Eire and the West Indies were more likely than all other nationalities to have had previous children, but there were no significant differences in the number of children had. There were also no differences in whether there had been previous miscarriages and abortions or in the number experienced.

As far as the present pregnancy was concerned the West Indians were significantly less likely to have planned the pregnancy, as shown by the following:

<table>
<thead>
<tr>
<th>Whether pregnancy planned</th>
<th>Yes</th>
<th>Sort of</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>290</td>
<td>90</td>
<td>88</td>
</tr>
<tr>
<td>Eire</td>
<td>26</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>West Indies</td>
<td>9</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>97</td>
<td>24</td>
<td>32</td>
</tr>
</tbody>
</table>

\[ \chi^2 < 0.001 \]  
Table 8:28

There were, however, no significant differences in whether contraceptives were used or in the type used; although the pill was the most popular method in all groups and those not from the United Kingdom were slightly more likely to use methods not requiring medical supervision. The West Indians were also less likely than other nationalities to use a method of contraception all the time but this difference was not statistically significant.

<table>
<thead>
<tr>
<th>Use of contraceptives</th>
<th>All the time</th>
<th>Most times</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>257 76%</td>
<td>59 17%</td>
<td>24 7%</td>
</tr>
<tr>
<td>Eire</td>
<td>24 75%</td>
<td>5 16%</td>
<td>3 9%</td>
</tr>
<tr>
<td>West Indies</td>
<td>14 54%</td>
<td>9 35%</td>
<td>3 11%</td>
</tr>
<tr>
<td>Other</td>
<td>67 73%</td>
<td>22 24%</td>
<td>3 3%</td>
</tr>
</tbody>
</table>

\[ \chi^2 > 0.5 < 0.7 \]  
Table 8:29
The West Indians were, however, significantly more likely to have neutral or negative reactions when the pregnancy was confirmed.

**Feelings on confirmation of the Pregnancy**

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>407 87.0%</td>
<td>20 4.2%</td>
<td>41 8.8%</td>
</tr>
<tr>
<td>Eire</td>
<td>38 76.0%</td>
<td>3 6.0%</td>
<td>9 18.0%</td>
</tr>
<tr>
<td>West Indies</td>
<td>16 43.2%</td>
<td>10 27.1%</td>
<td>11 29.7%</td>
</tr>
<tr>
<td>Other</td>
<td>140 87.0%</td>
<td>6 3.7%</td>
<td>15 9.3%</td>
</tr>
</tbody>
</table>

\[ x^2 < 0.001 \] Table 8:30

The West Indians also had their pregnancies confirmed later, 40.5% obtaining confirmation during the second and third trimester compared with 7.9% of United Kingdom and 17.3% of those from Eire who obtained confirmation at this time.

Many of the differences discussed so far may be accounted for by age rather than nationality as the following figures show that the West Indians were by far the youngest mothers.

**Age**

<table>
<thead>
<tr>
<th></th>
<th>19 &amp; under</th>
<th>20 - 24</th>
<th>25 - 29</th>
<th>30 - 34</th>
<th>35 - 39</th>
<th>40 &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>38 8.1%</td>
<td>126 26.8%</td>
<td>162 34.4%</td>
<td>106 22.5%</td>
<td>33 7.0%</td>
<td>6 1.2%</td>
</tr>
<tr>
<td>Eire</td>
<td>4 7.7%</td>
<td>15 28.8%</td>
<td>16 30.8%</td>
<td>14 26.9%</td>
<td>2 3.9%</td>
<td>1 1.9%</td>
</tr>
<tr>
<td>West Indies</td>
<td>10 27.0%</td>
<td>14 37.9%</td>
<td>9 24.3%</td>
<td>3 8.1%</td>
<td>0 0.0%</td>
<td>1 2.7%</td>
</tr>
<tr>
<td>Other</td>
<td>5 3.1%</td>
<td>40 25.0%</td>
<td>71 44.3%</td>
<td>31 19.3%</td>
<td>11 6.8%</td>
<td>2 1.5%</td>
</tr>
</tbody>
</table>

\[ x^2 < 0.001 \] Table 8:31

In this group 27.0% were 19 and under and only one person was older than 34. The difference in age may explain some of the national differences found in the use of contraception, but the reason for so many of the West Indians being so young needs to be explained.
Those from the United Kingdom, Eire and West Indies were significantly more likely than those from other countries to have lived in England for more than one year. Only two people from Eire had come to live in England during the previous year. Similarly with recent immigration to London, there were significantly fewer immigrants in the United Kingdom, Eire and West Indian groups than in the others. There were, in fact, no recent immigrants to either England or London in the West Indian group.

Those from the United Kingdom, Eire and West Indies left school significantly earlier than other nationalities, over half of those from Eire and the West Indies leaving at the earliest opportunity (aged 15/16). The West Indians had the least educational qualifications with only one person attaining anything above 'O' level standard (she was a trained nurse). Few from Eire also had anything higher than 'O' levels although more had some form of professional qualifications. Again the influence here might be age, as with so many of the West Indians aged 19 and under, few would have had the opportunity for higher education. There were no differences in the number of jobs had, but those from Eire were significantly more likely than all other nationalities to have last been in a manual occupation.

As might be expected the West Indian group had the largest proportion who were single, 66.7% compared with 14.8% from the United Kingdom, 17.6% from Eire and 10.6% from other countries. Although this result might be explained in terms of norms within the West Indian culture it must again be remembered that respondents in this group were very young. The respondents from the United Kingdom were more likely to be either separated, divorced or divorced and remarried.
The age of the babys' fathers was similar to that of the mothers with nearly half the West Indian fathers under the age of 24 in comparison to 19.4% from the United Kingdom, 23% from Eire and 6.8% of other nationalities. Over half the fathers in the West Indian and Eire groups were in manual jobs compared with approximately a third of United Kingdom fathers and 23.2% of fathers of other nationalities. The West Indians had the largest proportion (8.1%) who had known their baby's father for less than a year, compared with 1.9% of those from the United Kingdom and Eire and 0.4% of those of other nationalities.

All national groups were worse housed than those from the United Kingdom, those from Eire coming off worse with 30% living in households where there was a person/room ratio of more than \( \frac{1}{2} \) person/room.

<table>
<thead>
<tr>
<th>People(Room Ratio)</th>
<th>Less than one</th>
<th>( \frac{1}{2} ) person/room</th>
<th>1 person/room</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>405</td>
<td>89% 28</td>
<td>6% 21 5%</td>
</tr>
<tr>
<td>Eire</td>
<td>30</td>
<td>70% 7</td>
<td>16% 6 14%</td>
</tr>
<tr>
<td>West Indies</td>
<td>26</td>
<td>76% 3</td>
<td>9% 5 15%</td>
</tr>
<tr>
<td>Other</td>
<td>106</td>
<td>76% 22</td>
<td>16% 11 8%</td>
</tr>
</tbody>
</table>

\[ x^2 < 0.001 \] Table 8:32

Owner occupiers were more likely to come from the United Kingdom group with the West Indians more likely to have a Council tenancy and those of other nationalities to have privately rented accommodation.

<table>
<thead>
<tr>
<th>Household Tenure</th>
<th>Owner Occ.</th>
<th>Council</th>
<th>Privately rented</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>188 40%</td>
<td>68 15%</td>
<td>190 41%</td>
<td>21 4%</td>
</tr>
<tr>
<td>Eire</td>
<td>11 23%</td>
<td>10 21%</td>
<td>20 42%</td>
<td>7 14%</td>
</tr>
<tr>
<td>West Indies</td>
<td>5 14%</td>
<td>20 56%</td>
<td>11 30%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Other</td>
<td>41 26%</td>
<td>20 13%</td>
<td>86 55%</td>
<td>10 6%</td>
</tr>
</tbody>
</table>

\[ x^2 < 0.001 \] Table 8:33
Respondents from the United Kingdom were also more likely to live in a nuclear family although 10% were cohabiting and 8.5% lived with parents. Those from Eire and other nationalities were more likely to live in a nuclear family. Of the West Indians only 50% lived in nuclear families, 12% were cohabiting and 32% lived with parents, again reflecting the youth of this group.

The differences found in the marital status of parents were not statistically significant, although those from Eire and the West Indies had slightly fewer than other nationalities with parents married and living together. The majority of marriages of Irish parents had been broken by death (40%) while for the West Indians 22% had been broken by death and 17% by divorce. The figures are as follows:

<table>
<thead>
<tr>
<th>Marital Status of Parents</th>
<th>Married</th>
<th>Not Married</th>
<th>Broken by Divorce</th>
<th>Broken by Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>267</td>
<td>3</td>
<td>72</td>
<td>117</td>
</tr>
<tr>
<td>Eire</td>
<td>25</td>
<td>0</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>West Indies</td>
<td>19</td>
<td>3</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>91</td>
<td>3</td>
<td>22</td>
<td>39</td>
</tr>
</tbody>
</table>

$X^2 < 0.2 > 0.1$ Table 8:34

Of those with separated parents more of the West Indians experienced the separation before the age of ten than all other nationalities although again this is not statistically significant.

<table>
<thead>
<tr>
<th>Age when Parents separated</th>
<th>Before Age 10</th>
<th>At age 11 and after</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>40 20%</td>
<td>162 80%</td>
</tr>
<tr>
<td>Eire</td>
<td>5 19%</td>
<td>22 81%</td>
</tr>
<tr>
<td>West Indies</td>
<td>9 50%</td>
<td>9 50%</td>
</tr>
<tr>
<td>Other</td>
<td>22 28%</td>
<td>58 72%</td>
</tr>
</tbody>
</table>

$X^2 < 0.2 > 0.1$ Table 8:35
Those from outside the United Kingdom, however, came from significantly larger families with more of the West Indians coming from families of four or more siblings than any other nationality.

### Family size

<table>
<thead>
<tr>
<th></th>
<th>Only one</th>
<th>1 - 3 siblings</th>
<th>4 and over siblings</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>51</td>
<td>311</td>
<td>109</td>
</tr>
<tr>
<td>Eire</td>
<td>1</td>
<td>20</td>
<td>31</td>
</tr>
<tr>
<td>West Indies</td>
<td>0</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>80</td>
<td>63</td>
</tr>
</tbody>
</table>

\[ \chi^2 < 0.001 \]  

All the West Indian respondents and 65.5% of the Irish came from a working class background in comparison with the United Kingdom and other nationalities which were of predominantly middle class background.

### Class

The information about the respondent's class background was obtained by asking about the occupation of her father rather than her husband. The aim was to find out about class influences while the respondent was growing up rather than present class position. It appeared, nevertheless, that those from the middle classes tended to have husbands in non manual occupations and vice versa, as the following figures show:

### Occupation of Baby's Father

<table>
<thead>
<tr>
<th></th>
<th>Non manual</th>
<th>Manual</th>
<th>Unemployed</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>98</td>
<td>12</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>II</td>
<td>91</td>
<td>21</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>IIIA</td>
<td>41</td>
<td>18</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>IIIB</td>
<td>28</td>
<td>20</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>IV</td>
<td>50</td>
<td>68</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>V</td>
<td>10</td>
<td>37</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

\[ \chi^2 < 0.001 \]  

Table 8:37
When class is referred to, it will relate to class background of the family of origin although this and the present class background were in many cases similar.

Larger proportions in the working class groups had had previous children than in the middle class groups but there was no significant difference in the number of previous children. Those from the middle class were more likely than those from the working class to have had a miscarriage but there was no difference in the number of miscarriages experienced. The middle classes were more likely to have had an abortion but this was significant only at the 5% level. Again there was no difference in the number of abortions which had been had.

A majority in all classes had either definitely or 'sort of' planned the pregnancy apart from class V where nearly a third had not planned it.

### Pregnancy Planning

<table>
<thead>
<tr>
<th>Class</th>
<th>Yes</th>
<th>'Sort of'</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>79</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>II</td>
<td>76</td>
<td>29</td>
<td>15</td>
</tr>
<tr>
<td>IIIA</td>
<td>36</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>IIIB</td>
<td>32</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>IV</td>
<td>81</td>
<td>18</td>
<td>29</td>
</tr>
<tr>
<td>V</td>
<td>25</td>
<td>13</td>
<td>18</td>
</tr>
</tbody>
</table>

$X^2 \ll 0.001$ Table 8:38

Not surprisingly contraceptives were less likely to have been used by those in class V and most likely to be used in class I.

### Use of Contraceptives

<table>
<thead>
<tr>
<th>Class</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>103</td>
<td>20</td>
</tr>
<tr>
<td>II</td>
<td>95</td>
<td>25</td>
</tr>
<tr>
<td>IIIA</td>
<td>47</td>
<td>20</td>
</tr>
<tr>
<td>IIIB</td>
<td>33</td>
<td>19</td>
</tr>
<tr>
<td>IV</td>
<td>93</td>
<td>36</td>
</tr>
<tr>
<td>V</td>
<td>32</td>
<td>24</td>
</tr>
</tbody>
</table>

$X^2 \ll 0.001$ Table 8:39
Of those who used contraceptives there were no significant differences in the method chosen (most preferring the pill) or in the frequency of use. The majority (over 80%) in all classes had the pregnancy confirmed in the first trimester but those in class V were significantly more likely to obtain confirmation later, 7.9% doing so during the second trimester and 8.9% during the third trimester. There were no differences in feelings about the pregnancy when it was confirmed.

In common with national figures the middle class mothers were older than the working class mothers.

<table>
<thead>
<tr>
<th>Age</th>
<th>19 &amp; under</th>
<th>20 - 24</th>
<th>25 - 29</th>
<th>30 - 34</th>
<th>35 - 39</th>
<th>40 &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>0.8%</td>
<td>15.3%</td>
<td>41.1%</td>
<td>28.2%</td>
<td>14.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>II</td>
<td>4.1%</td>
<td>20.5%</td>
<td>43.4%</td>
<td>26.2%</td>
<td>5.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>IIIA</td>
<td>9.0%</td>
<td>20.9%</td>
<td>38.6%</td>
<td>25.4%</td>
<td>4.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>IIIB</td>
<td>9.4%</td>
<td>35.8%</td>
<td>35.6%</td>
<td>15.1%</td>
<td>3.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>IV</td>
<td>11.5%</td>
<td>34.4%</td>
<td>35.9%</td>
<td>13.0%</td>
<td>3.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>V</td>
<td>12.5%</td>
<td>41.1%</td>
<td>26.8%</td>
<td>14.3%</td>
<td>1.8%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

$X^2 < 0.001$ Table 8:40

Although the working class mothers were younger this group also contained the very much older mothers of 40 and over suggesting that child bearing started sooner and finished later than those in the middle class.

The middle class were of predominantly United Kingdom and other nationalities whereas although 75% of the working class were from the United Kingdom 12% were from Eire and 5% were West Indian. There were no class differences in the length of time lived in England but the working class were more likely to be either recent immigrants to London (within the last year) or to have lived in London for 10 years or more. More of the middle classes had lived in London for between
1–1.9 years, these latter results approaching significance at the 5% level.

Similarly with other work on education and class those in the middle class were less likely to leave school at the earliest opportunity and to have more educational qualifications. They were also more likely to have a non manual type job. There were fewer single mothers in the middle class with 8.1% in class I increasing to 28.6% in class V. There were, however, 12.2% divorced and remarried in class I which reduced to 3.6% in class V. There were no differences in how long respondents had been married.

As could be expected the age of the baby's father correlated with class in the same way as that of the respondents, those in Class I were the oldest and age decreased with class through to class V. There were no differences in how long the baby's father had been known or in how long they had been married. Class of respondent correlated with occupation of father and the nationalities of the fathers were similar to the mothers within each of the classes.

There were no significant differences in the number of people in the home or the type of family lived in although more from class IV and V were living with parents or cohabiting than were in other classes. Those from the working class, particularly in class V, were more likely to be living in households with \( \frac{1}{2} \) person/room ratio than the middle class.

<table>
<thead>
<tr>
<th>People/Room Ratio</th>
<th>Less than one person/room</th>
<th>( \frac{1}{2} ) person/room or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>118</td>
<td>2</td>
</tr>
<tr>
<td>II</td>
<td>104</td>
<td>14</td>
</tr>
<tr>
<td>IIIA</td>
<td>53</td>
<td>12</td>
</tr>
<tr>
<td>IIIIB</td>
<td>43</td>
<td>5</td>
</tr>
<tr>
<td>IV</td>
<td>99</td>
<td>22</td>
</tr>
<tr>
<td>V</td>
<td>41</td>
<td>11</td>
</tr>
</tbody>
</table>

\( X^2 < 0.05 \) > 0.02

Table 8:41
The middle class were more likely to be living in owner occupied flats and houses whereas the working class were more likely to be living in Council or privately rented accommodation.

<table>
<thead>
<tr>
<th>Tenure of Housing</th>
<th>Owner Occupied</th>
<th>Council</th>
<th>Rented</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>73 56%</td>
<td>2 2%</td>
<td>46 37%</td>
<td>4 3%</td>
</tr>
<tr>
<td>II</td>
<td>55 45%</td>
<td>6 6%</td>
<td>56 46%</td>
<td>4 3%</td>
</tr>
<tr>
<td>IIIA</td>
<td>24 36%</td>
<td>9 13%</td>
<td>31 46%</td>
<td>3 5%</td>
</tr>
<tr>
<td>IIIIB</td>
<td>15 29%</td>
<td>5 10%</td>
<td>26 50%</td>
<td>6 11%</td>
</tr>
<tr>
<td>IV</td>
<td>39 30%</td>
<td>30 23%</td>
<td>52 40%</td>
<td>8 7%</td>
</tr>
<tr>
<td>V</td>
<td>5 9%</td>
<td>19 35%</td>
<td>25 42%</td>
<td>5 9%</td>
</tr>
</tbody>
</table>

$\chi^2 < 0.001$

This compares with national figures (from Social Trends) where 20% of unskilled workers are owner occupiers compared with 85% of professionals. The respondents in this sample, however, will be at an early stage of home building whereas national figures refer to all in each of the classes. There was no significant difference between the classes relating to the permanence of the accommodation.

There were no differences between the classes in the marital status of parents or when the parents separated. Those from the working class tended to come from larger families with nearly a third from families with five or more siblings. Those from the middle class were much more likely to be only children or to have only one sibling. There were therefore more only or elder children in this group.
Which Factors are Most Influential on the Behaviour Described?

As mentioned at the beginning of this analysis the problem with analysing the data in this way is that it is difficult to show which of the factors of age, nationality and class were the most influential or whether it was a combination or interaction of factors which was responsible. All three variables were found to relate to whether the pregnancy was planned, the kind of contraception used, frequency of contraceptive use and reactions to the pregnancy. Age appeared strongly influential on all these factors whereas nationality and class did not correlate with type or frequency of use of contraceptives and class did not correlate with feelings when the pregnancy was confirmed. Many of the nationality and class influences could, however, be explained by age. For example, those from Eire, the West Indies, class IV and class V are less likely to plan the pregnancy. These two national groups, however, have women significantly younger than the sample as a whole and these two national groups are also more likely to be of working class background. Similarly with confirmation of the pregnancy, those from the West Indies and Eire are more likely to have their pregnancy confirmed later than the rest of the sample, but these are the people most likely to be in class V, also characterised by late confirmation. There are clearly a number of factors here, the effects of which were both interactive and of different importance. The former was determined by analysis of variance and the latter by using an A.I.D (Automatic Interaction Detector) program. In this way the relative importance and interaction of variables was determined to show the groups most likely to produce illegitimate babies.
Interaction Effects

These were determined by taking the three independent variables, age, nationality and class to show all possible second order and third order as well as first order effects. Analysis of variance was carried out to determine the independence or otherwise of these variables on various dependent variables related to previous pregnancies, present pregnancy, education and work, relationship with baby's father, social conditions, social background and marital status. The figures quoted are the significance of the effect or interaction using Snecedor's test of significance (usually designated as F).

This statistical test shows the significance of the interaction but does not show the direction in which the interaction takes place nor which is the most important effect if there is one. Before multi-variate analysis can be done, however, this information must be obtained and is summarised on pages 357 & 358. Other data is therefore required to show how the interaction occurs and what are the sociological significance of the results.

Whether respondents had previous babies was affected by age, nationality and class independently although there were interactions between age and class, and nationality and class, but these were only approaching significance at the 5% level. Similar and stronger reactions (particularly between age and class) were apparent when related to how many previous babies the respondent had.

The correlations between these variables showed how the working class were more likely to have had more children than the middle class even though they were on the whole younger and the analysis of variance shows the importance of this interaction. The interaction between nationality and class was much less strong but was also manifested by the correlations between nationality and number of previous children which showed that the West Indians and Irish were
Results of Analysis of Variance

For the purposes of this analysis "nationality" was defined as English, Irish (Eire), West Indian and "other". It must be remembered, however, that these categories contain within them a number of different groups - particularly the West Indians who came from a variety of different islands. Groupings according to ethnic/cultural backgrounds would have overcome this problem, but such groups would then have been too small for statistical manipulation. The national groups as constituted appeared relatively homogeneous and to contain ethnic/cultural groups with similar characteristics. "Class" was defined as non manual (middle class), manual (working class) or not determined for this analysis.

Previous Pregnancies

<table>
<thead>
<tr>
<th>Previous babies</th>
<th>How many previous babies</th>
<th>Whether had abortion</th>
<th>How many abortions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A + N</td>
<td>0.365</td>
<td>0.074</td>
<td>0.223</td>
</tr>
<tr>
<td>A + C</td>
<td>0.053</td>
<td>0.001</td>
<td>0.226</td>
</tr>
<tr>
<td>N + C</td>
<td>0.059</td>
<td>0.013</td>
<td>0.595</td>
</tr>
<tr>
<td>A + N + C</td>
<td>0.551</td>
<td>0.559</td>
<td>0.237</td>
</tr>
</tbody>
</table>

Present Pregnancy

<table>
<thead>
<tr>
<th>Was pregnancy planned</th>
<th>Use of contraception</th>
<th>Method of contraception</th>
<th>Frequency of contraceptive use</th>
<th>Time pregnancy confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0.001</td>
<td>0.001</td>
<td>0.044</td>
<td>0.044</td>
</tr>
<tr>
<td>N</td>
<td>0.001</td>
<td>0.026</td>
<td>0.148</td>
<td>0.657</td>
</tr>
<tr>
<td>C</td>
<td>0.015</td>
<td>0.001</td>
<td>0.092</td>
<td>0.094</td>
</tr>
<tr>
<td>A + N</td>
<td>0.005</td>
<td>0.395</td>
<td>0.462</td>
<td>0.678</td>
</tr>
<tr>
<td>A + C</td>
<td>0.672</td>
<td>0.076</td>
<td>0.292</td>
<td>0.518</td>
</tr>
<tr>
<td>N + C</td>
<td>0.047</td>
<td>0.659</td>
<td>0.237</td>
<td>0.693</td>
</tr>
<tr>
<td>A + N + C</td>
<td>0.697</td>
<td>0.804</td>
<td>0.856</td>
<td>0.309</td>
</tr>
</tbody>
</table>

Table 8:43
### Education and Occupation

<table>
<thead>
<tr>
<th></th>
<th>Age left school</th>
<th>Educational qualifications</th>
<th>Type of job in now</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0.001</td>
<td>0.002</td>
<td>0.001</td>
</tr>
<tr>
<td>N</td>
<td>0.001</td>
<td>0.290</td>
<td>0.054</td>
</tr>
<tr>
<td>C</td>
<td>0.001</td>
<td>0.001</td>
<td>0.007</td>
</tr>
<tr>
<td>A + N</td>
<td>0.751</td>
<td>0.985</td>
<td>0.215</td>
</tr>
<tr>
<td>A + C</td>
<td>0.416</td>
<td>0.001</td>
<td>0.047</td>
</tr>
<tr>
<td>N + C</td>
<td>0.505</td>
<td>0.136</td>
<td>0.001</td>
</tr>
<tr>
<td>A + N + C</td>
<td>0.001</td>
<td>0.001</td>
<td>0.001</td>
</tr>
</tbody>
</table>

### Social Background

<table>
<thead>
<tr>
<th></th>
<th>Marital Status of parents</th>
<th>Age parents separated</th>
<th>Number of siblings</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0.002</td>
<td>0.134</td>
<td>0.001</td>
</tr>
<tr>
<td>N</td>
<td>0.491</td>
<td>0.031</td>
<td>0.001</td>
</tr>
<tr>
<td>C</td>
<td>0.072</td>
<td>0.001</td>
<td>0.001</td>
</tr>
<tr>
<td>A + N</td>
<td>0.001</td>
<td>0.702</td>
<td>0.641</td>
</tr>
<tr>
<td>A + C</td>
<td>0.792</td>
<td>0.552</td>
<td>0.123</td>
</tr>
<tr>
<td>N + C</td>
<td>0.519</td>
<td>0.642</td>
<td>0.167</td>
</tr>
<tr>
<td>A + N + C</td>
<td>0.235</td>
<td>0.003</td>
<td>0.764</td>
</tr>
</tbody>
</table>

### Social Conditions

<table>
<thead>
<tr>
<th></th>
<th>Number of people in home</th>
<th>People/room ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0.001</td>
<td>0.007</td>
</tr>
<tr>
<td>N</td>
<td>0.001</td>
<td>0.001</td>
</tr>
<tr>
<td>C</td>
<td>0.003</td>
<td>0.001</td>
</tr>
<tr>
<td>A + N</td>
<td>0.217</td>
<td>0.209</td>
</tr>
<tr>
<td>A + C</td>
<td>0.950</td>
<td>0.981</td>
</tr>
<tr>
<td>N + C</td>
<td>0.052</td>
<td>0.001</td>
</tr>
<tr>
<td>A + N + C</td>
<td>0.752</td>
<td>0.617</td>
</tr>
</tbody>
</table>

### Relationship with Baby's Father and Marital Status

<table>
<thead>
<tr>
<th></th>
<th>Time baby's father known</th>
<th>Marital status of respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0.001</td>
<td>0.001</td>
</tr>
<tr>
<td>N</td>
<td>0.064</td>
<td>0.001</td>
</tr>
<tr>
<td>C</td>
<td>0.401</td>
<td>0.001</td>
</tr>
<tr>
<td>A + N</td>
<td>0.296</td>
<td>0.282</td>
</tr>
<tr>
<td>A + C</td>
<td>0.011</td>
<td>0.398</td>
</tr>
<tr>
<td>N + C</td>
<td>0.014</td>
<td>0.018</td>
</tr>
<tr>
<td>A + N + C</td>
<td>0.030</td>
<td>0.562</td>
</tr>
</tbody>
</table>

**N.B.** Effects are described as significant if they are at the 1% level or below.
more likely to have more previous children than other nationalities. These groups were predominantly working class although the interaction in this case may have been tempered by the relative youth of these groups and the subsequently shorter time they had "at risk" of having previous children.

The only significant factor relative to whether a previous abortion had been experienced was class and this was only at the 1% level. There is, however, a very strong third level interaction related to the number of abortions obtained. This result is more puzzling given that the number of abortions obtained did not differ significantly in any group. Those who had experienced more than one abortion, however, were more likely to be aged 25 or more and would therefore be more likely to be middle class. This interaction may therefore indicate the greater propensity of older English middle class women to get an abortion whenever and however many times they wish for it.

Pregnancy planning was affected by all three independent variables with an interactive effect between age and nationality. The correlations showed that pregnancy planning was inversely related to age so that those nationalities such as the West Indies which had a large proportion of young respondents and those such as the English which had a comparatively larger proportion of older respondents could be expected to have proportions planning the pregnancy which related to this. Since age was also related to class the weaker interactions between these two variables is to be expected.

There are no interactions relating to either the use, method or frequency of use of contraception with age being the most significant main effect in this area. Both nationality and class were
significant independently on the time when the pregnancy was confirmed, with the interaction between them increasing the significance. The West Indians and Irish had larger proportions than other nationalities who had their pregnancies confirmed during the third trimester of pregnancy and these results indicate that if respondents were also working class this effect would be greater. Conversely the English middle class are probably the group most likely to have the earliest pregnancy confirmation.

The results on education and occupation show strong third level interactions on all dependent variables. It is probable that young working class women of all nationalities left school early with few educational qualifications, this being particularly marked for the West Indians and Irish. Conversely the English middle class in the sample could be expected to leave school later with more educational qualifications. Given the strong relationship between level of education and type of job it is not surprising that this interaction is also relevant in this area.

There is a strong interaction between age and nationality relative to the marital status of parents. This interaction is probably a complex one given that the correlations showed larger proportions with parents separated at younger and older age extremes. As might be expected those in the younger age groups had parents more likely separated by divorce while those in the older age groups had parents more likely separated by death. Correlations showed differences between nationalities which, although not significant, showed West Indian respondents more likely to have parents separated by divorce and Irish respondents more likely to have parents separated by death. The interaction may therefore be particularly relevant.
for the West Indians, most of whom were young (i.e. aged under 25). In all national groups, however, more parents were separated by death than by divorce. There is a significant third level interaction relating to the age of respondent when the parents separated which may again relate to the young, working class West Indian respondents whose parents were more likely to separate before they were 10. Differences amongst other age, nationality and class groups were not sufficiently large to formulate other possible interactions. There were no interaction effects relative to the size of family from which the respondent came.

There were no interaction effects related to the number of people in the homes in which respondents lived. There was, however, a significant interaction between nationality and class relating to the people room ratio. This probably relates to the working class of all non English nationalities who were comparatively badly housed and tended to live in more overcrowded housing conditions.

The relationship with the baby's father, as might be expected, was significantly longer for those in older age groups. There were, however, second level interaction effects at approximately 1% level between age and class and nationality and class. Thus it would be expected that young working class respondents would have known their baby's father for a shorter time than the older middle class respondents. Nationalities which had large proportions of Working class such as the West Indians and Irish could be expected to have more respondents who had known their baby's father for a short time than those nationalities such as the English who could be expected to have known their baby's father for longer.
The last results, which show the relation of these variables to marital status of the respondent also relate to illegitimacy as marital status was recoded to produce a group of not married (i.e. the single, separated, divorced and widowed who were probably going to have an illegitimate baby) and married. As it can be seen the main effects were all significant although since there was a significant interaction at the 1% level between nationality and class age was the only independent main effect. The interaction effect was probably most significant for the West Indian and Irish, both of whom had larger proportions of working class and proportionately more mothers of illegitimate babies than the English.

The Relative Importance of Different Variables

Having determined what the interaction effects were, the relative importance of the effects were assessed by using a form of multivariate analysis suitable for nominal data the Automatic Interaction Detector (A.I.D.) program developed by Sonquist and Morgan. The operation of the program is designed to ascertain what is required "to reduce the predictive error by a maximum amount" (P4). In other words, what occurs in the A.I.D. program is that the computer scans a series of variables or predictors, which are considered by the program, and chooses the one which contains within its coding categories a division or split that will reduce the predictive error (that is the sum of squares around the mean) by the greatest amount. That is, the program selects variables responsible for explaining whether illegitimacy is likely, in order of importance. It repeats this process with the groups created by the previous split until the analysis is exhausted, either by not having sufficient numbers left, or because no predictor is capable of making a statistically significant difference, or because there is insufficient variance
in the groups to warrant a split. The program has some built-in tests of statistical significance which prevent completely arbitrary or accidental splits, i.e., relationships, that can appear due to sampling error, and also a limit on the minimum size of a group beyond which it would be pointless to proceed, which in this case was set at 20.

The first run used the three independents of age, nationality, and class and the dependent one of marital status which was recoded as before. Since the analysis of variance had shown an interaction between nationality and class as related to illegitimacy a new variable was constructed, called for convenience "natclass," which combined all possible values of these two variables. Since the A.I.D. program assumes an additive model the variables considered by the program have to allow for the interaction in this way. As Sonquist and Morgan state "the program assumes the phenomena being examined can be understood in terms of an additive model. In other words, it assumes that the average score (on the independent variable) for a set of individuals is predictable by \textit{adding together} the "effects" of several predictors. An important implication of this is that the results can be distorted by interaction" P 16. The results of this run are shown in the run map on Page 364 which shows how the variables are related and their relative importance and the proportions of mothers of illegitimate babies in each of the groups.

As it can be seen from the first run map the first split was made according to age with those aged 19 and under; producing a group which greatly over-represented mothers of illegitimate babies compared with the original group. The second split was also made according to age with respondents aged 20 - 24 more likely to be
Diagram to Show First Run Map of A.I.D. Program

Group 1  N.Cases 55
Age 19 and under
40% married, 60% single

Group 2  N.Cases 664
Age 20 or more
83% married, 17% single

Group 3  N.Cases 196
Age 20 - 24
74% married, 26% single

Group 4  N.Cases 468
Age 25 or more
87% married, 13% single
having an illegitimate baby than those aged 25 or more although the difference between the groups is much less than in the first split. The next split was according to class with those whose class was known producing marginally more mothers of illegitimate babies than those whose class was not known. Given the small differences between these groups in the proportion of single mothers this split is probably not very significant. The next split is more significant, however, as the middle class of all nationalities produced 22% single mothers compared with the working class of all nationalities which produced a group with 57% single mothers.

These results show the importance of age as predicting illegitimacy particularly for those aged 19 or under. Class is also an important determinant and those who are young (under 25) and of working class background have greatly increased probabilities of producing an illegitimate child. The importance of nationality on its own as a predictor is therefore overshadowed by the much stronger predictive value of age and class. Nationality is, however, important in its interactive aspects so that although being West Indian is not predictive of producing an illegitimate baby its interactive effects with class may give rise to the increased proportion of young working class mothers of illegitimate babies found in this group. In other words, the interactive effects of nationality may mean that a larger proportion of young West Indian working class women have illegitimate babies than young English working class women. It is also possible that the interactive effect of nationality is important in relation to the process by which a woman becomes the mother of an illegitimate child. This will be examined in a future chapter.
The second run of the A.I.D. program took what were thought to be important dependent variables so that the characteristics of groups which had a large proportion of mothers of illegitimate babies could be examined. The variables which were used are as follows:

1) Whether pregnancy was planned
   - coded as: definitely planned
     - "sort of" planned
     - not planned

2) Whether contraceptives were used
   - coded as: yes
     - no

3) Method of contraception used
   - coded as: pill, condom
     - I.U.D., withdrawal
     - cap, rhythm
     - chemicals

4) Frequency of contraceptive use
   - coded as: all of the time, sometimes
     - most of the time, occasionally

5) Feelings when pregnancy confirmed
   - coded as: delighted, numb
     - very pleased, resigned
     - quite pleased, worried
     - did not mind, horrified
     - neutral, depressed

6) Age when left school
   - coded as: 13/14
     - 15/16
     - 17/18
     - 19 +

7) Educational qualifications
   - coded as: none, professional qualification
     - C.S.E. degree and professional qualification
     - 'O' level R.S.A.
     - 'A' level H.N.C.
     - degree
8) Time Baby's father known

coded as  
less than a year  
4 years or less  
5 - 9 years  
10 + years

9) Marital Status of parents

coded as  
married and living together  
not married  
marriage broken by divorce  
marriage broken by death

10) Age parents separated

coded as  
before age 5  
age 6 - 10  
age 11 - 15  
age 16 +

11) Number of siblings

coded as  number

As the second run map on page 368 shows the most important predictor of these variables is whether the pregnancy was planned or not. Where the pregnancy was unplanned illegitimacy was much more likely with further splits of this group showing the characteristics of mothers of illegitimate babies. Conversely when the pregnancy was planned marriage was more likely and the further splits of this group mainly show the characteristics of the married respondents.

Where the pregnancy was unplanned nearly half the group (49%) were single compared with 20% in the sample as a whole. The second split on this group was in relation to feelings when the pregnancy was first confirmed, with a larger proportion of those with mainly negative feelings being single (65%) than those with mainly positive feelings (29%). This split was interesting in that although respondents in group 5 had mainly negative feelings, there was one category of positive feelings (very pleased), and similarly
Diagram to show Second Run Map of A.I.D. program

- **Group 1** N.Cases 158
  - Pregnancy unplanned
  - 51% Married 49% single

- **Group 2** N.Cases 561
  - Pregnancy planned
  - 88% married 12% single

- **Group 3** N.Cases 207
  - Father of baby known less than 4 years
  - 77% married 23% single

- **Group 4** N.Cases 354
  - Father of baby known 5 years or more
  - 94% married 6% single

- **Group 5** N.Cases 86
  - Feelings on pregnancy mainly negative
  - 35% married 65% single

- **Group 6** N.Cases 72
  - Feelings on pregnancy mainly positive
  - 71% married 29% single

- **Group 7**
  - Education none, C.S.
  - 72% married

- **Group 8**
  - Education 'O' level
  - 86% married

- **Group 11**
  - Father of
  - 25% married

- **Group 12**
  - Father of
  - 60% married

- **Group 13**
  - Father of
  - 54% married

- **Group 14**
  - Father of
  - 91% married

- **Group 15**
  - Pregnancy
  - 86% married

- **Group 16**
  - Pregnancy
  - 96% married

- **Group 17**
  - Education
  - 80% married

- **Group 18**
  - Education
  - 20% single

- **Group 19**
  - Education
  - 51% single

- **Group 20**
  - Education
  - 49% single

- **Group 21**
  - Education
  - 49% single

- **Group 22**
  - Education
  - 49% single

- **Group 23**
  - Education
  - 49% single

- **Group 24**
  - Education
  - 49% single

- **Group 25**
  - Education
  - 49% single

- **Group 26**
  - Education
  - 49% single

- **Group 27**
  - Education
  - 49% single

- **Group 28**
  - Education
  - 49% single

- **Group 29**
  - Education
  - 49% single

- **Group 30**
  - Education
  - 49% single

- **Group 31**
  - Education
  - 49% single

- **Group 32**
  - Education
  - 49% single

- **Group 33**
  - Education
  - 49% single

- **Group 34**
  - Education
  - 49% single

- **Group 35**
  - Education
  - 49% single

- **Group 36**
  - Education
  - 49% single

- **Group 37**
  - Education
  - 49% single

- **Group 38**
  - Education
  - 49% single

- **Group 39**
  - Education
  - 49% single

- **Group 40**
  - Education
  - 49% single

- **Group 41**
  - Education
  - 49% single

- **Group 42**
  - Education
  - 49% single

- **Group 43**
  - Education
  - 49% single

- **Group 44**
  - Education
  - 49% single

- **Group 45**
  - Education
  - 49% single

- **Group 46**
  - Education
  - 49% single

- **Group 47**
  - Education
  - 49% single

- **Group 48**
  - Education
  - 49% single

- **Group 49**
  - Education
  - 49% single

- **Group 50**
  - Education
  - 49% single

- **Group 51**
  - Education
  - 49% single

- **Group 52**
  - Education
  - 49% single

- **Group 53**
  - Education
  - 49% single

- **Group 54**
  - Education
  - 49% single

- **Group 55**
  - Education
  - 49% single

- **Group 56**
  - Education
  - 49% single

- **Group 57**
  - Education
  - 49% single

- **Group 58**
  - Education
  - 49% single

- **Group 59**
  - Education
  - 49% single

- **Group 60**
  - Education
  - 49% single

- **Group 61**
  - Education
  - 49% single

- **Group 62**
  - Education
  - 49% single

- **Group 63**
  - Education
  - 49% single

- **Group 64**
  - Education
  - 49% single

- **Group 65**
  - Education
  - 49% single

- **Group 66**
  - Education
  - 49% single

- **Group 67**
  - Education
  - 49% single

- **Group 68**
  - Education
  - 49% single

- **Group 69**
  - Education
  - 49% single

- **Group 70**
  - Education
  - 49% single

- **Group 71**
  - Education
  - 49% single

- **Group 72**
  - Education
  - 49% single

- **Group 73**
  - Education
  - 49% single

- **Group 74**
  - Education
  - 49% single

- **Group 75**
  - Education
  - 49% single

- **Group 76**
  - Education
  - 49% single

- **Group 77**
  - Education
  - 49% single

- **Group 78**
  - Education
  - 49% single

- **Group 79**
  - Education
  - 49% single

- **Group 80**
  - Education
  - 49% single

- **Group 81**
  - Education
  - 49% single

- **Group 82**
  - Education
  - 49% single

- **Group 83**
  - Education
  - 49% single

- **Group 84**
  - Education
  - 49% single

- **Group 85**
  - Education
  - 49% single

- **Group 86**
  - Education
  - 49% single

- **Group 87**
  - Education
  - 49% single

- **Group 88**
  - Education
  - 49% single

- **Group 89**
  - Education
  - 49% single

- **Group 90**
  - Education
  - 49% single

- **Group 91**
  - Education
  - 49% single

- **Group 92**
  - Education
  - 49% single

- **Group 93**
  - Education
  - 49% single

- **Group 94**
  - Education
  - 49% single

- **Group 95**
  - Education
  - 49% single

- **Group 96**
  - Education
  - 49% single

- **Group 97**
  - Education
  - 49% single

- **Group 98**
  - Education
  - 49% single

- **Group 99**
  - Education
  - 49% single

- **Group 100**
  - Education
  - 49% single
with those in group 6 who had mainly positive feelings there was one category of negative feelings (depressed) so that this split was not completely clear cut. For both groups the most important variable was the time the baby's father had been known. For group 5 the split was when the baby's father had been known for four years or less or for more than ten years. This produced group 11 in which 75% of respondents were single, compared with group 12 where the baby's father had been known 5 - 9 years and which contained only 40% single. The split from group 6 was much more clear cut with group 17 characterised by respondents who had known their baby's father for less than four years and 46% of whom were single compared with group 18 where the baby's father had been known five years or more and only 9% of whom were single. The mothers of illegitimate babies were therefore likely not to have planned the pregnancy, to have mainly negative feelings on the pregnancy and to have known the baby's father for four years or less. This was not entirely clear cut, however, in that those groups with large proportions of mothers of illegitimate babies also contained some respondents with positive pregnancy feelings and some who had known their baby's father for ten years or more.

The first split from group 2 where respondents had planned the pregnancy was in terms of how long the baby's father had been known. In group 3 the baby's father had been known for less than four years and there were 23% single compared with 6% single in group 4 where the baby's father had been known for five years or more. The next split from group 3 is more puzzling in that both groups have a variety of educational qualifications of different levels. Although the proportion of single in group 7 is greater (28%) than in group 8 (14%) group 7 appears to have a greater extreme of
educational attainment (from none to degree plus professional qualification) than group 8 (R.S.A., 'O'level and degree) so that perhaps it is those at both extremes of educational attainment who are more likely to be mothers of illegitimate babies. The next split for group 7 was in terms of the marital status of the parents where those who had parents separated by divorce in group 9 were more likely to be mothers of illegitimate babies (48% single), than those in group 10 whose parents were living together, not married or had been separated by death (33% single). Group 10 then split according to the number of siblings, the group containing respondents with one or three siblings having 38% single and the group containing those with none, two or four siblings having 16% single.

The split from group 4 was in terms of whether the pregnancy had "sort of" or "definitely" been planned, the former group containing 14% single and the latter 4% single. The former group (15) was further split according to age left school with those who left school aged 16 or less more likely to be the mother of an illegitimate baby than those who left school after the age of 16. Where the pregnancy was planned, therefore, the mothers of illegitimate babies were more likely to have known the baby's father for 4 years or less, to be at the extremes of educational attainment and to have parents separated by divorce. Those mothers of illegitimate babies who had known the baby's father for five years or more were more likely to have "sort of" planned the pregnancy and to have left school on or before the age of 16.

These results show that age and class are important predictors of illegitimacy with nationality having an interactive effect of
some kind. The mothers of illegitimate babies are more likely not to have planned the pregnancy, to have mainly negative feelings about the pregnancy and to have known the baby's father for four years or less or more than ten years. Those mothers of illegitimate babies who planned the pregnancy are more likely to have known the father of the baby for four years or less, to be at extremes of educational attainment and to have parents separated by divorce. There is also a small group who have known the baby's father for five years or more, have 'sort of' planned the pregnancy and left school at age 16 or less.

The predictors of illegitimacy and the characteristics of mothers of illegitimate babies are therefore not clear cut and must be examined more closely to determine and explain why this is so. The process of becoming the mother of an illegitimate baby must also be examined to determine the effect of nationality. This will be done in the next chapter.
The legal definition of illegitimacy is that a baby is illegitimate if its parents are not married and this was the definition used to identify the mothers of illegitimate babies in the clinic. Anyone who was single, married but separated, divorced or widowed was therefore defined as having an illegitimate baby. There were one hundred and forty eight such mothers which accounted for 20.5% of the total sample. The marital status of these women was as follows:

<table>
<thead>
<tr>
<th>Marital Status of Mothers of Illegitimate Babies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Married and separated</td>
</tr>
<tr>
<td>Divorced</td>
</tr>
<tr>
<td>Widowed</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Not all the mothers would be giving birth to illegitimate babies as the single, divorced and widowed may have got married and legitimated the baby either before or after the birth. The married and separated may have given birth to their husband's baby, in which case it would be legitimate. Any married woman giving birth to a baby which was not her husband's could not be identified from the questionnaire and so would not be included in these figures even though her baby would be technically illegitimate.

With the majority of the mothers of illegitimate babies being single they tended to be younger than the married mothers, although 14.8% were aged 30 or more.
Many of the characteristics of the mothers of illegitimate babies will therefore relate to their youth as much as to the fact that they are having an illegitimate baby. This will become very apparent when the results of the interviews are discussed.

The mothers of illegitimate babies (henceforth referred to as the single mothers) were significantly less likely than married mothers to have had previous children. The married women were more likely to have had more children but this was significant only at the 5% level. The majority in both groups had never had previous children - 75% of the single and 54.8% of the married. Slightly more of the single (82.2%) than the married (77.9%) had not had a miscarriage, but this difference was not significant. Slightly more of the married (83.1%) had never had an abortion compared with 77.4% of the single, but again this difference was not significant.

The married were significantly more likely than the single to plan the pregnancy with 68.5% of married definitely planning it and 51.7% of the single not planning it. Not surprisingly the married were more likely to have used contraceptives with nearly three quarters of them doing so compared with 62.3% of the single. Of those who had used contraceptives the pill was the most popular method in both groups with 44.8% of the single and 46.2% of the married using it. The married were more likely to use the I.U.D. than the single but there were no differences between the groups as to the use of methods.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Mothers of illegitimate babies</th>
<th>Married mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 and under</td>
<td>20 5.5% 146 25.7% 215 38.0% 138 24.3% 41 7.2% 8 1.4%</td>
<td>36 24.3% 50 33.8% 40 27.1% 15 10.1% 5 3.4% 2 1.3%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>50 33.8% 40 27.1% 15 10.1% 5 3.4% 2 1.3%</td>
<td>50 33.8% 40 27.1% 15 10.1% 5 3.4% 2 1.3%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>40 27.1% 15 10.1% 5 3.4% 2 1.3%</td>
<td>40 27.1% 15 10.1% 5 3.4% 2 1.3%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>15 10.1% 5 3.4% 2 1.3%</td>
<td>15 10.1% 5 3.4% 2 1.3%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>5 3.4% 2 1.3%</td>
<td>5 3.4% 2 1.3%</td>
</tr>
<tr>
<td>40 and over</td>
<td>2 1.3%</td>
<td>2 1.3%</td>
</tr>
</tbody>
</table>
requiring and not requiring medical supervision. The married were more likely to use their method of contraception more reliably with 55.9% using it all the time compared with 36.9% of the single. Slightly more of the married (91.1%) than the single (86.2%) had their pregnancy confirmed during the first trimester, but again this difference was not significant. The married were likely to be much happier to be pregnant than the single with 89.8% having positive feelings about the pregnancy compared with 63.6% of the single, although the majority in both groups were very positive. Perhaps not surprisingly 20.3% of the single were worried when they found out they were pregnant.

The majority of both groups were either Church of England or Roman Catholic religion with about the same proportions in each group. There was a wider variety of religions among the married, but more of the single had no religion (24.6%) compared with 14.1% of the married. There was also a wider variety of nationalities among the married although 66.3% of the married and 61.4% of the single were English. There were similar proportions in both groups from Southern Ireland (approximately 7%) but many more West Indians among the single mothers, 16.6% compared with 2.1% of the married. Single mothers were of these three nationalities or European, African or 'Other' whereas the married were of all these nationalities and also included Indian, Near East and Old Commonwealth. There were no significant differences in how long the mothers had lived in England although slightly more married mothers had lived in England for less than a year than single. The single were, however, more likely to have lived in London for less than a year than the married, 6.9% compared with 5.3% of married.
More of the single had left school as soon as possible than the married although the difference was not very great, 47.3% of single compared with 43.3% of married. More of the married had left school at 17 or 18 than the single but twice as many of the single as married had left school at 19 or older. More of the married were educationally highly qualified with 36.7% with a degree and/or a professional qualification compared with 21.4% of single. More of the married had 'A' Levels, 9.8% compared with 6.2% of single, and less of the married had no qualifications at all, 33.2% compared with 38.6% of single, these differences being significant at the 5% level only.

The single were more likely to have had many jobs than the married, 17.2% of them having eleven or more jobs compared with only 8.2% of married. Considering the relative youth of the single this may mean that they changed jobs more frequently than the married, or that the married (who may not have worked for some years) had worse memories. The single were also slightly more likely than the married to have a manual type job which is to be expected in view of their educational achievement.

The age of the babies' fathers was very similar to that of the mothers in both groups. As might be expected in the single group 36.6% of fathers were under 25 compared with 13.8% of married. More single mothers had fathers of 40 or more than the married, 11.7% compared with 10.4%. Slightly more of the single fathers were the same age as the mothers compared with the married, but the age difference between the couples was overall very similar for both groups. The fathers' occupations were divided equally between
manual and non manual occupations in the single group (42% in each) whereas in the married group they were more likely to be in non manual occupations (58.1%). More of the fathers in the single group were unemployed or students, 15.2% compared with 6.4% of the married. The nationalities of the fathers reflected quite clearly the nationality of the mothers although in each case fewer of them were English (50.0%) of single and 68.4% of married). As with the mothers there were more West Indians in the single group but unlike the mothers, more of the single fathers were Irish than the married fathers and the single fathers were of all nationalities. The single had known their baby's father for less time than the married with 70% knowing him for four years or less compared with 33.3% of married. This included 10.9% of single (compared with 0.9% of married) who had known their baby's father for less than a year.

More of the single lived on their own (3.4% compared with 0.4% of married) and more also lived in larger households, 49% of the single living in households containing four or more people compared with 26.7% of married. There were, however, no significant differences between the groups in the person/room ratio found in the households, the majority (73.0% of single and 80.5% of married) living in households with a less than 1 person/room ratio. Not surprisingly the married were considerably more likely to be living in owner occupied accommodation, 39% compared with 17.2% of single. The single were more likely to be living in Council or various forms of other accommodation, but the proportions living in privately rented accommodation were the same in both groups ≈ 43.0%. The single were significantly more likely than the married to consider their accommodation to be temporary, 41.8% of them doing so compared with
33.3% of married. The single lived in a much wider variety of situation than the married with 13.8% in nuclear families, 7.7% in single parent families, 41.5% with parents, relatives or friends and 37.0% cohabiting. In contrast 98.8% of the married lived in nuclear families with the remaining 1.2% living with relatives or friends.

Nearly half the single (49.3%) had mothers who had been born outside the United Kingdom compared with 42.5% of married. The majority of the mothers of the single came either from Eire or the West Indies whereas those of the married were spread more between the various countries. Just over half of the fathers in each group (52.4% of single and 55.2% of married) had been born in the United Kingdom and again the largest proportion born outside the United Kingdom in the single group came from the West Indies. The married were significantly more likely than the single to have parents who were married and living together, 59.5% compared with 47.5% of single. More of the parents in the single group had never married, 4.3% compared with 0.5%, more had divorced 18.4% compared with 14.1% and surprisingly considering their youth, more of the parents in the single group had died, 29.8% compared with 25.9% of married. There were, however, no significant differences as to when the parents had separated, the majority in both groups separating when the respondent was aged 16 or older, although slightly more of the parents of the single had separated before the respondent was aged 5. The single came from significantly larger families with 42.1% of them with four or more siblings compared with 30.2% of married. The single were also significantly more likely to come from a working class background with 56.3% of them doing so compared with 40.6% of married. Nearly half of the married (47%) were from class I or class II.
The mothers of illegitimate babies were therefore predominantly young, single and of working class origins and therefore had many of the characteristics related to these variables. They were less likely to use contraceptives and not plan the pregnancy with consequent negative feelings about it. Educationally they tended not to achieve as much as the married and were therefore more likely to be in a manual type job. The fathers also were younger and more likely to be in a manual type job, unemployed or a student. The mothers of illegitimate babies lived in larger households in rented accommodation. They were also more likely to have parents who had been separated by divorce or death and to come from larger families.

These were the overall characteristics of the mothers of illegitimate babies as a whole which are similar to results found by other researchers. They do, however, obscure a significant minority, the characteristics of which were more apparent from the interviews. The diversity of characteristics among the single as shown in the A.I.D. program was evident for nearly all variables. Some 14.8% of the mothers of illegitimate babies were aged 30 or more, 26.8% had definitely planned the pregnancy and nearly 64% had positive feelings when they first found out about the pregnancy. Educationally some had high achievements with 21.0% with a degree and/or a professional qualification. Many had the most secure form of accommodation with 17% living in owner occupied flats and houses and 58.2% considering whatever accommodation they were in to be permanent. Nearly half came from families where the parents were married and living together and 46.9% were from the average size family of one to three children. There was therefore a significant minority from whom different attitudes and different coping abilities would be expected from the
young, unmarried woman who has made a mistake. This was brought out with considerable force from the interviews.

The Sample Interviewed

There was a total of 148 mothers of illegitimate babies of whom 60 (39.9%) did not wish to be interviewed. The remaining 88 were approached and 79 (89.8%) of those willing to be interviewed) were finally interviewed by me.

The mothers interviewed were similar to the mothers of illegitimate babies in terms of age, marital status and class as the following figures show:

<table>
<thead>
<tr>
<th>Age</th>
<th>Sample interviewed</th>
<th>All single mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>24 30.4%</td>
<td>35 23.6%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>24 30.4%</td>
<td>50 33.8%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>16 20.2%</td>
<td>40 27.0%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>11 13.9%</td>
<td>15 10.1%</td>
</tr>
<tr>
<td>35 &amp; over</td>
<td>4 5.1%</td>
<td>8 5.5%</td>
</tr>
<tr>
<td>Total</td>
<td>79 100.0%</td>
<td>148 100.0%</td>
</tr>
</tbody>
</table>

$X^2 > 0.95$

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Sample interviewed</th>
<th>All single mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>64 81.0%</td>
<td>121 81.6%</td>
</tr>
<tr>
<td>Married but separated</td>
<td>9 11.4%</td>
<td>15 10.1%</td>
</tr>
<tr>
<td>Divorced</td>
<td>6 7.6%</td>
<td>11 7.4%</td>
</tr>
<tr>
<td>Widowed</td>
<td>0 0.0%</td>
<td>1 0.7%</td>
</tr>
<tr>
<td>Total</td>
<td>79 100.0%</td>
<td>148 100.0%</td>
</tr>
</tbody>
</table>

$X^2 \text{ sig } > 0.95$

<table>
<thead>
<tr>
<th>Class</th>
<th>Sample interviewed</th>
<th>All single mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>19 16.1%</td>
<td>18 18.2%</td>
</tr>
<tr>
<td>II</td>
<td>10 17.9%</td>
<td>18 18.2%</td>
</tr>
<tr>
<td>IIIA</td>
<td>8 14.3%</td>
<td>12 12.1%</td>
</tr>
<tr>
<td>IIIIB</td>
<td>5 8.9%</td>
<td>10 10.1%</td>
</tr>
<tr>
<td>IV</td>
<td>13 23.2%</td>
<td>31 31.3%</td>
</tr>
<tr>
<td>V</td>
<td>11 19.6%</td>
<td>20 10.1%</td>
</tr>
<tr>
<td>Total</td>
<td>56 100.0%</td>
<td>99 100.0%</td>
</tr>
</tbody>
</table>

$X^2 \text{ sig } > 0.95$
Only those of English, Irish or West Indian nationality were chosen to be interviewed as there were too few of other nationalities to make meaningful comparisons.

Of the nine who said they would not mind being interviewed but could not be followed up, two moved after having their baby and left no forwarding address, two were living in bed and breakfast accommodation and could not be contacted, two were never in when I called after three letters and three calls, one person got married and moved and as she had changed her name I could not trace her, one person appeared not to be living at the address she had put on the questionnaire - I called but people living in the house seemed never to have heard of her. All but two of the non respondents were under 24, five were English, two Irish and one West Indian and five were working class. As would be expected from the reasons for non contact only two were living in owner occupied or council accommodation the rest living in bed sitters or bed and breakfast. Apart from their bad housing situation the non respondents did not appear significantly different from those interviewed.

**Characteristics of the Sample Interviewed**

Nearly a third of the sample (25) had had previous children and of these 17 (21.5%) had had more than one, four had two, two had three and one had more than four. Three of those with one child had had it adopted and one had been stillborn; all of these mothers were English. Over three quarters of the women (63, 79.8%) had not had a previous miscarriage and nearly three quarters (58, 73.4%) had not had a previous abortion. Of those who had had a previous pregnancy terminating in either of these ways only two people had had more than
one miscarriage and one person more than one abortion. As might be expected the respondents in the sample were significantly more likely than the population of the clinic not to have had previous children or to have had so many children. More of the sample respondents had had an abortion than in the clinic population (26.6% compared with 17.9%) but this difference only approaches significance at the 0.05% level. Considering the relative youth of the sample this would not be expected although perhaps the older clinic population had babies rather than abortions when the abortion law was not so liberal.

Of those who had had previous abortions 11 of them said that they had done so because they were considered too young to have a baby. They were often at school and were frequently persuaded to do so by parents and friends.

"I had an abortion when I was 14. I went to a party and got drunk and slept with a boy......I told him I was 17.......Mum took me to the doctor who said I was too young to have a baby and said I ought to have an abortion. I didn't want it but I couldn't look after a baby then." (62) aged 18.

Sometimes they felt themselves under considerable pressure to have an abortion which merely served to intensify future desires for a baby.

"I didn't really realise then what an abortion meant. I didn't realise what I'd had and (later) it upset me......I had gastro enteritis at the time and felt very ill and I didn't know how I'd cope with my sisters getting married and with my parents......the upset hit me the day I got back from the (abortion) clinic......I felt very depressed and upset until I got pregnant this time." (19) aged 21.

A further eight had had an abortion because of a difficult social situation. Either they had been left on their own with a baby, had become pregnant too soon after a previous baby, the pregnancy had
interfered with examinations or there had been a difficult housing situation.

"At the time although part of me was thrilled I was just totally selfish about it. I didn't want it to interfere with my finals and I just couldn't cope with telling my parents. It seemed like the best solution." (46) aged 32.

"I was homeless and living in a hotel with my little boy and it would have been too complicated to have another baby." (49) aged 33.

In one case the respondent had 'gone mad' for six weeks and slept with various men and taken drugs, becoming pregnant in the process. In another the respondent had been raped and in another the respondent could not explain why she had had an abortion except that everyone had said that was what she ought to do.

One respondent had had the abortion done by a doctor abroad and another had had it done by a doctor in this country although it had been illegal. Two other respondents had done the abortions themselves when they were five and six months pregnant, not surprisingly with fairly traumatic after effects. The remaining eighteen had all been done legally in hospital.

Just over 50% of the sample had not planned the pregnancy with 25% (20) 'sort of' planning it and the remainder definitely planning it. As mentioned before the nature of the planning process had different meanings. As various respondents put it:-

"I wanted a baby, but I didn't plan it because you never know do you - some people can go on trying for years and never get nothing. You can't ever exactly plan a baby." (29) aged 20.

"It was a curious thought but I thought that if I didn't have a child soon then I'd be past it. I had to come off the pill to have my varicose veins done and I thought if I got pregnant I wouldn't mind." (5) aged 35.
"I didn't use contraceptives and when it happened (she became pregnant) I was glad." (63) aged 19.

"I don't think we do the planning. Neither of us had used contraception with other people for a long time and he hadn't caused any pregnancies and I hadn't got pregnant. The question of planning doesn't come into it in that way. We both felt it would be right if it happened and it did, but it wasn't something we worked at particularly or were working against." (46) aged 32.

Of the nineteen who said that they had definitely planned the pregnancy all had done this in the conventional manner by either stopping the use of contraception or not using contraception at all. As far as could be seen there was no rationalizing after the event. The one person who had not used contraception was quite positive in her desire to become pregnant.

"I've never used any contraceptives.......I thought I might get pregnant.......I was pleased when I did." (56) aged 18.

The remaining eighteen had all used contraception, fifteen had been on the pill, four had had a coil and one person had used a contraceptive jelly. The latter person using the least reliable method of contraception had nevertheless used it all the time and had not got pregnant before she wanted to.

"My time was coming on a bit and I said to myself I must have a baby by the leap year." (26) aged 29.

All four who had used the coil and gone to have it removed by a doctor and were not simply rationalizing that it had 'dropped out' or been expelled. The people who had been on the pill all said they had taken it all the time until they had decided that they wanted to have a baby.
The twenty people who said they 'sort of' planned the baby presented a different picture. Four people had never used contraception, three of whom said they did not mind if they got pregnant. The remaining one said that she had lived with her boy-friend for some years and not got pregnant, although when she did get pregnant she said she did not mind. Seven people had previously been on the pill. Four people had come off the pill and 'not minded' if they got pregnant; one person came off the pill to have an operation, one person said she had not made a conscious decision to have a baby, but had come off the pill and been very pleased when she found she was pregnant and one person had previously been on the pill but it had not agreed with her so she had stopped taking it and became pregnant. This pregnancy had terminated in an abortion which had upset her so much she was determined to get pregnant again as soon as possible. Three people had previously used the coil. Two people had had it removed, one in order to have an operation.

"I had to have the coil out when I went for an operation (a cone biopsy, the result of an abnormal cervical smear test) I thought if I did get pregnant, well and good." (79) aged 34.

In the remaining case the coil had been expelled.

"My coil fell out and the hospital wouldn't put another one in. I was going to have an injection but I never got round to getting it.......but I wanted another child and I knew I might get pregnant." (64) aged 19.

The three remaining women had used the 'natural birth control method' - a combination of rhythm and temperature taking. All three were realistic about the fallibility of this method and had been quite willing to accept the risk of pregnancy.
"I've been using the natural birth control method for a year. It's based on the position of the moon as well as temperature taking. I wanted to get pregnant but it's not really convenient just now." (78) aged 28.

Those who had not planned the pregnancy tended to use contraceptives less reliably or not at all. Twenty-four of the forty-one who had not planned the pregnancy had used contraception. Five people had been let down by the method of contraception, four getting pregnant while on the pill and one getting pregnant because of an incorrectly placed coil. Five people made some mistakes with using their method of contraception either by running out of supplies or forgetting to use it.

"I woke up one morning and found my cap wasn't in. One isn't used to remembering these things." (25) aged 37.

"I was using the pill and went on holiday with my sister and boy-friend. I only took one packet of pills. When I told him they were finished he didn't seem to mind." (54) aged 18.

Five people had become pregnant because of missing days on the pill. For some this was because of worry about the side effects of the pill when they tended to take it 'on and off'. For others it appeared to arise from genuine forgetfulness which often led to some confusion as to what they should do.

"I was on the pill and I only missed a day. I didn't know what to do and neither did my friend so I waited until the next day and took it." (72) aged 20.

Four people had come off the pill for a rest and had got pregnant during that time - three of them had been waiting to have a coil fitted. Three others had used the pill erratically for other reasons,
one because she was fed up with taking it, one because her boy-friend
did not like it and one because she had 'got broody' after a previous
miscarriage.

Of the seventeen who said they had not used contraception ten had
never used anything. Five of the ten thought they would not get
pregnant either because a doctor had told them they were
sterile (2) or because they had been going with men for some time
and not got pregnant. Of the remaining five one was a schoolgirl
and had felt too embarrassed to get contraceptives and the other four
had not thought about the possibility of becoming pregnant.

"I didn't dream of getting pregnant - it just happened."

(44) aged 20.
The remaining seven had tried contraception but not usually for very
long. Four people had tried the pill, often for only a few weeks,
but had not got on with it and had not persevered.

"I had been on the pill but I had a period all the time I was
taking it. (35 days) I didn't like it so I stopped."

(51) aged 16.

One person had a coil but this had 'fallen out' and she had not
bothered to do anything about it. One person had let her boyfriend
'take the precautions' and he had let her down and another had only
used contraceptive foam occasionally.

Of the fifty one people who had used contraceptives the most
popular method was the pill (used by 36, 70.5%) followed by the I.U.D.
(used by 6, 11.7%) and other methods. The majority (31, 60.7%) of
users had in fact used their method all the time. Pregnancy was
therefore more likely to occur as a result of not using contraceptives
rather than using them unreliably.

The majority (69, 87.3%) had had the pregnancy confirmed during the first trimester and there was little evidence of denial of the pregnancy when confirmation was later. Of the ten people who had the pregnancy confirmed after the first trimester there was some difficulty with identification of the pregnancy with three respondents. One person was on the pill and continued with her periods, another had a coil and as she did not have periods did not notice she was pregnant until she started changing shape, another was in the middle of a phantom pregnancy when it was found out that she was really pregnant. The remaining eight had various reasons for not admitting to themselves that they might be pregnant.

"I began to think I might be pregnant after missing my second period but then I thought I was probably ill or something. I was going on a school cruise and I was scared it would be stopped if I said anything." (66) aged 15 - The pregnancy was finally confirmed at five months.

"When I missed my first period I didn't think it could happen to me. I kept trying to persuade myself that I couldn't be pregnant but in the end I had to go to the doctor." (44) aged 20.

The majority of the sample (47, 59.4%) were pleased when they found out they were pregnant - not necessarily only when they had planned the pregnancy. Just over one third (28, 35.4%) had negative reactions, the majority of these (19) being worried. The remaining four said they felt neutral or numb when they first found out they were pregnant. There was rarely just one reaction to the news of pregnancy and most people had a mixture of feelings.

"I was very pleased when they said I was pregnant but I'm sad that my boyfriend went away and he's missing the joy of the baby." (35) aged 31.
"I'm pleased but I'd rather I had the baby later when the housing problems are sorted out." (37) aged 23.

"I was absolutely delighted when the pregnancy was confirmed but I was a little bit scared on the day after the pregnancy test ....... very proud, exhausted and emotional." (1) aged 30.

"When the doctor told me at first I was really thrilled ......... I feel a woman again and all of a sudden I feel I'm like everyone else, but that was only momentarily - literally about thirty seconds ....... I'm having psychiatric treatment now because I can't accept the fact that I'm going to have a baby." (3) aged 33.

"I was depressed at first, but I'll be pleased if this one is a girl. I don't mind really, I like children." (72) aged 20.

"Part of me was thrilled as I've really wanted a baby for donkeys of years. I was surprised and relieved that pregnancy was the only reason why I'd been feeling so ill." (45) aged 30.

The majority of the sample first told their boy-friend about the pregnancy. (51, 64.6%) With other relatives (usually a sister) being the next most popular person to tell (13, 16.5%) seven (8.9%) respondents first told their mothers, five (6.3%) first told friends and three told other people - psychiatrist, health visitor and boss. The reaction of the rest of the family was in the majority of cases favourable (39, 49.4%) and where the initial reaction was not favourable the family gradually came round as the pregnancy progressed - often through necessity. The reaction of the family often depended on previous family experiences and on the age of the respondent.

"I told my father first as I find him easier to talk to. He was very surprised but he took it very well and soon got used to the idea. My mother comes from a posher family and has much more trouble from her friends - she was much more shocked." (45) aged 30.
"When I told my mother she kicked me out for three days and I had to go to the Childrens' Home. The head of the home went and talked to her and although she was very upset I was able to go back. She isn't exactly pleased now but she doesn't mind." (20) aged 18.

"My parents are pleased ....... they've given up worrying as we fought those battles years ago ....... I've got one sister who's separated from her husband and another sister who's very unhappy so I think they're more willing to see the advantages of my situation." (1) aged 30.

"When I told my mother she said "I told you you ought to go to the chemist" ....... My sister was pregnant at the same time so she went a bit mad although she couldn't say much." (12) aged 21.

Nine of the respondents' families had responded unfavourably to news of the pregnancy and had not changed their attitudes when I spoke to them.

"I didn't ever tell my mother. When she noticed it she threw me out and I had to go and live with my boy-friend." (53) aged 18.

"My parents don't approve at all and I haven't seen them since I've been pregnant." (58) aged 21.

Of the remaining eight people, four had had neutral reactions from their families and four had not told their families.

The majority (51, 64.6%) had not considered an abortion either because they had planned to become pregnant, because they did not think it was right for them at that time or because they did not believe in general in abortion.

"I didn't think an abortion was right for me as I think I would go on secretly wanting another baby." (25) aged 37.
"I was brought up as a Jehovah's Witness and we don't believe in abortion. I thought it was wrong to kill a child because we were always taught that it was a living being." (51) aged 16.

"I couldn't ever consider an abortion. My doctor wrote a letter to the hospital, but I wouldn't do it under any circumstances, I don't believe in it." (61) aged 22.

A further twenty one people (26.6%) considered an abortion in passing but did not actually do anything about it either through a definite decision not to do so or through apathy.

"I thought about it for one evening when I had dinner with my ex-husband. I thought about it and then I dismissed the idea." (31) aged 28.

"I've had an abortion before and it seemed too much trouble - I'd rather have the baby." (12) aged 21.

Many of these people were often swayed by the feelings of their boyfriend against abortion.

"I didn't want an abortion as I don't really believe in them as I'm afraid something would go wrong ....... my boyfriend is all for having the baby."

"I thought about it (an abortion) but I couldn't really get down to doing it ....... my boyfriend was against it and I think he would have gone away if I'd have had one." (27) aged 21.

Abortion had been considered seriously by seven people all of whom had either seen a doctor in the hospital or had actually come into the hospital to have the operation. Often they had found out that being confronted with this alternative had helped them to make up their minds.
"Everyone assumed that I wanted a termination and I was booked
to come in on the Tuesday, but no one had given me any time to
think about it. I spent the night in hospital and was then
told I was too far gone for a normal abortion - I'd have to
have a drip and that. (this would induce the birth and the
baby would be stillborn). As well as being rather scared
I'd decided I wanted it by then." (18) aged 21.

"The doctors told me I was too late for an ordinary abortion.
Even the night before I didn't know what I was going to do, but
then I thought, if I'm going to do this I might as well keep it." (14) aged 24.

When asked about plans for the future thirty five (44%) said
they were going to return to work or college in the near future.
All the thirty five had made plans about going back to work including
making arrangements for their child and deciding about the job they
were going to do - several people were having their job kept open
for them. A further thirteen (16.5%) said they wanted to return to
work in the future but plans were much more vague with no definite
arrangements having been made. Thirteen people said they wanted to
stay at home as long as possible at least until the child was
of school age. Eighteen people were undecided about what they were
going to do and said it depended on how things worked out after the
baby was born. Only one person had decided to have her baby adopted
and this course of action had not been considered by any of the other
seventy eight.

As mentioned before the sample was substantially younger than
the clinic population with 60.8% (46) under the age of 25 compared
with 35.1% (253). The majority of the sample were from the United
Kingdom (58, 73.4%) with six (7.6%) from Ireland and fifteen (19.0%)
from the West Indies. The majority (65, 82.3%) had lived in England for ten years or more and although four (5.1%) had lived in England for four years or less none of them were recent immigrants, i.e. had been living in England for less than a year. Four people had, however, lived in London for less than a year although again the majority (47, 58.2%) had lived in London for ten years or more.

Nearly two thirds of the sample (53, 65.9%) had left school at the earliest possible time and not surprisingly thirty two (40.5%) had no educational qualifications. Twenty eight (35.4%) had qualifications up to 'O' level, four (5.1%) up to 'A' level, ten (12.7%) had some form of professional training (mostly nursing or secretarial) and five (6.3%) had degree level qualifications. The majority of people had not enjoyed school very much and in many cases this had led to truancy.

"I didn't like the lessons, I used to bunk off whenever I could." (20) aged 18.

"I had to go to boarding school and absolutely hated it ....... I didn't want to go and I became more of a recluse and just worked and worked." (5), aged 35.

Eleven people were very neutral saying that it was 'alright' or 'O.K. I suppose! Sixteen people had enjoyed school with some reservations, usually that they had lost interest and found it boring as they had got older.

"I got on quite good at school but it wasn't very interesting towards the end." (21) aged 22.

"When I went to school over here they were just doing things I'd already done at home (in the West Indies) and it was very boring." (41) aged 21.
"I liked school until I was 12 and then I got fed up with it and wanted to go to Art College." (14) aged 24.

Only twelve people (15.2%) had enjoyed school completely.

"I liked school. I enjoyed games and I got good marks." (72) aged 20.

Just over half the sample (41, 53.2%) had had some form of sex education in school but the format and content of this differed widely as did the respondent's reactions to it. Twenty four people had had sex education during biology lessons which had dealt only with anatomical details and which most people complained had not told them what they wanted to know.

"We only had biology ....... it was just before I left school and I'd had sex by then so I knew about it. I didn't like the long words ....... it was very confusing and embarrassing ...... I didn't really know what he was on about." (4) aged 16.

"We had sex lessons in biology. It was mainly about rabbits and all very secretive." (52) aged 23.

Thirteen people had had more than just the biological facts but this had not necessarily met with very much enthusiasm.

"They used to show how babies were born and all about the different contraceptives ....... I wasn't interested then as I wasn't planning to have sex before I was married." (20) aged 18.

"I didn't listen (to the lessons on sex) ....... it didn't seem relevant so I didn't want to do it. I never thought it would happen to me." (72) aged 20.

Four people had had talks by people from outside the school, but unless these were from the Family Planning Association or local hospital they were thought to be worse than useless.
"Our local Canon came and gave us a lecture on petting above and below the belt and that was it." (46) aged 32.

"Somebody came to talk to us in the fourth year. In the sixth form we had a forum about it and got someone from the hospital family planning clinic to come and talk to us. She showed us different sorts of contraceptives and said we could go to the hospital if we wanted more advice and supplies, so me and a friend went there." (18) aged 21.

Most of the thirty four people who had not had any sex education at school obtained their knowledge about it either from experience or from talking to family and friends. This was also the case for many of those who had had sex education but had not found it very illuminating.

"I picked up quite a lot about sex from friends and my mother also explained a lot." (71) aged 17.

"We didn't have any sex education although we had some biology and something about having a baby. I've learned about sex mostly from him (her boy-friend)." (11) aged 18.

One person had learned a lot from books and three people had learned from various other sources, mostly doctors. Four people could not remember where they had learned about sex.

The age of the baby's father was very similar to that of the mother with 40.5% (32) under the age of 25. This was significantly different from the clinic population where 18.5% were under the age of 25. There were no significant differences between sample and clinic population in the ages of mother and father, the majority in both cases having a 2 - 4 year age gap. Significantly fewer of the fathers in the sample had non manual occupations compared with the
clinic population (38.0% in the sample compared with 52.8% of the clinic population) and significantly more in the sample were either unemployed (7.6% compared with 2.2%) or students/apprentices (7.8% compared with 5.5%). Slightly more of the fathers in the clinic population had manual occupations compared with those in the sample (34.3% compared with 30.4%). Ten of the fathers were not of English, Irish or West Indian nationality. The fathers in the sample had been known for significantly less time than the fathers in the clinic population - 72% of fathers in the sample had been known for four years or less compared with 40.9% of fathers in the clinic population. The difference is greater in the proportion of fathers known for less than a year, this was 12.6% in the sample and only 2.9% in the clinic population.

Over half the fathers were reported as being initially very pleased when told about the pregnancy although sometimes they were pleased for what the mother considered were the 'wrong' reasons or the pleasure might be tempered with ambivalence and anxiety.

"He's pleased about the baby but I think he's too young to know what he wants. I think he wants a child so he can boast about it to his friends." (12) aged 21.

"His first reaction was very emotional and he thought it (the pregnancy) was a good idea, but after talking about it he didn't like it because he thought it would be too much of a commitment for him ....... he's still panicking a bit." (6) aged 27.

Seventeen fathers (21.5%) had an initial reaction of displeasure or shock but gradually came round to liking the idea.

"He was very shocked, he didn't speak all morning." (33) aged 21. - this couple got married.
"When I first told him he wasn't very pleased ...... he doesn't say much to me, but he's told a friend that he's very excited about the baby." (50) aged 38.

Fifteen fathers (19.0%) were either neutral or displeased about the baby and had not changed their minds by the time I spoke to the respondent. Frequently these fathers put pressure on the respondent to have an abortion and if she were not prepared to do this she often had to choose between the baby and her boy-friend. The remaining five (6.3%) fathers did not know about the pregnancy.

Just over 40% (33) of the fathers were very involved with the baby in that they were coming to ante natal classes with the respondent and hoped to be at the birth. A further fourteen (17.7%) were quite involved with the baby and were looking forward to doing things for the baby when it was born but were not very interested in the pregnancy and birth process. Some of these men were undecided about watching the birth and some of the women in this group did not want their man around at that time. Ten of the fathers displayed passing interest in the pregnancy but in these cases the mother was often unsure of his attitude towards the pregnancy and what he would be like once the baby was born. The remaining twenty two fathers were reported as having no involvement at all with the baby, usually because the relationship had finished or because it was very unstable.

Three of the couples (4.9%) had married by the time I spoke to them. Thirty one (38%) were cohabiting and twenty two (28%) were in a steady relationship, some of them almost cohabiting. Eleven relationships (13.9%) appeared very unstable and on the point of breaking up and twelve (15.2%) had already broken up. Over two thirds of the sample were therefore in steady relationships from which they
derived some support.

The sample were more likely to live in larger households than the clinic population with 49.4% of them living in households of four or more people compared with 31.3% of the clinic population doing so. This can be explained by the larger proportion in the sample (22.8%) living with parents (or a larger completed family) and friends. The clinic population were predominantly in households which contained a small nuclear family - 63.0% in households which contained a nuclear family only compared with 6.3% of the sample. People from the sample were not significantly more likely than those in the clinic population to be living in accommodation with a people room ratio of more than one person/room. About the same proportion in both the sample and the clinic population lived in owner-occupied accommodation, (15.5%) but more of the sample lived in Council accommodation - 34.2% compared with 21.4%. Less of the sample lived in privately rented accommodation, 40.5% compared with 55.9% and more of them lived in 'other' accommodation - 10.2% compared with 7.2% - these differences being significant only at the 5% level. There were no significant differences in whether the accommodation was temporary or permanent.

Four people were homeless and were either in a hostel, in bed and breakfast or squatting. The Council would not re-house them until the baby was born and this frequently led to anxiety about future living arrangements.

"I'm in a bed and breakfast place which is too cold for a baby so I won't be able to take the baby back there ....... I'm hoping the council will find me a place." (43) aged 18
It was also clear that others not technically homeless were under considerable housing stress.

"My boy-friend and the baby and me have to live in one room and we've nowhere else to put the new baby ....... we've been trying to get a Council place." (15) aged 17. (This respondent lived in a very old and dilapidated house with her family of six. She lived with her boy-friend and baby in an average sized room in which all the living/sleeping had to take place. With so many people and possessions in the room it was very difficult to get in and out.)

Others had housing problems for the future when they were either unable to take the baby back to where they had been staying or could see themselves outgrowing their accommodation when the baby was older.

"I can't take the baby home ....... I'm going to a mother and baby home and hope I'll find somewhere to live after that." (63) aged 19.

"I'm living with my parents at the moment but they don't want me to stay when I've had the baby - it'll be too overcrowded ....... but I don't know where I'll go." (54) aged 18.

Just under half the sample (37, 46.8%) had parents who were married and living together. The majority (32) thought that they were happily married, but not necessarily in the respondents' terms.

"They're very happy but they don't know anything different." (65) aged 27.

"By all kind of ordinary standards my parents' marriage is a success ....... they share a lot of things and do a lot of things together ....... it's not what I want for myself but it's very nice for them." (1) aged 30.

"My parents' marriage is rather tempestuous ....... my father's Irish and they're both extremist in outlook ....... but they're basically happy." (10) aged 28.
Four of the marriages were thought very unhappy.

"My parents aren't very happy ....... they've always been unhappy and argued violently ....... they're light years away from me." (50) aged 38.

"My mother has got tremendous faith and it's the only that keeps them together ....... my father was always raising money for charity but at home he had a dreadful temper ....... they used to argue a lot over the children." (34) aged 32.

One person was unable to say whether her parents were happy or not.

Five people had parents who were not married and separated, all of whom were West Indian. Three lived with their mother and step-father whose marriage they described as happy and with whom they said they got on 'O.K.' One person had been brought up along with her brothers by her mother managing alone, although her mother had since died and she did not know her father. The remaining person had been brought up by her father and step-mother while still seeing her mother and had felt that she had fallen between the two families.

Eight respondents had parents who were separated, one ostensibly by work although the respondent did not think they would ever come together again. The other families had been very unhappy with various strains and arguments. In seven cases the respondents' parents had divorced, and five of these had had a very disturbed family life as a result. In one case the mother had re-married happily and in another the respondent had spent most of her time (happily) with her grandmother, only seeing her mother at weekends.

In twenty cases (25.4%) the parents' marriage had been broken by death. In four cases the respondent did not know about the marriage
because they had been very young when it happened. In one case her father had died very early and her mother was very happily remarried, but in another the early death of her father had led to a very poverty stricken childhood. One respondent (West Indian) had lived with relatives after her father died and was now finding it very difficult to get on with her mother who had remarried. In the remaining case the respondent had been adopted by her grandparents and although she thought her father was dead she was not sure.

Of the remaining sixteen cases, eight said their parents had been happy even when as in two cases the marriage had been marred by the ill health of one of the partners. In the other eight cases the marriages were described as unhappy. When the parents had separated those in the sample had done so either before the respondent was aged five or when the respondent was 16 or more, in contrast to the clinic population where just over a third had separated when the respondent was aged 6-15. Slightly more of the sample had parents who had separated before the respondent was aged 5 (10, 26.2%) compared to 22.2% (49) of the clinic population and in nearly two thirds of the cases in the sample (19, 64.3%) separation had occurred at age 16 or older compared with 42.5% (94) of the clinic population.

Nearly half the sample (39, 49.4%) came from families of two or three children and nearly a third (26, 32.9%) came from families with five or more children, which was not significantly different from families in the clinic population. As might be expected from these figures the majority (65, 82.2%) were either the first, second or third child of the family and 6.2% (4) of these were only children. This was again not unlike the clinic population. Slightly more of the sample were of working class background, 36.7% (62) compared with 33.4% of the clinic population, and fewer were of middle class background.
34.1% (48) compared with 43.4%. The main difference was in the proportions not knowing what their father did – 11.4% (9) of the sample compared with 3.1% of the clinic population.

Some of the characteristics found in this sample are similar to those found by other researchers. The relevance of these results to theories about illegitimacy will therefore be the task in the next section.

Relevance of these results to other theories

Psychological Theories

As mentioned before there are considerable difficulties in designing research to test these theories adequately. If any form of psychological test is used it is always problematical as to whether the results show underlying psychological characteristics or psychological reactions to the pregnancy experience. The only way of avoiding this is to do a very time consuming and costly prospective study. The same strictures apply to the psychoanalytic theories with the added problem of the long period of time necessary, with a skilled psychoanalyst, to obtain sufficient 'in depth' information. With this particular research design it would therefore have been impossible directly to prove or disprove these theories. The only way in which these results have any relevance to psychological theories is the extent to which the individuals in the sample are similar to the stereotype of the unmarried mother as described by the psychological theorists.

In this sample forty one (51.9%) cases became pregnant by mistake, but thirty eight (48.1%) of the cases had decided to become pregnant. No previous psychological theories can account for the latter group;
this arises partly from the psychological theorist's view that illegitimacy is deviant or reflects psychopathology in some way. Nearly half the cases in the sample cannot therefore be accounted for by these previous theories. Fourteen (17.7%) of the sample had been previously married, six of whom were divorced and the remainder being married but separated. This group again tends not to arise in psychological explanations although Leontine Young seems to think that in the exceptional cases in which it does occur the women are particularly disturbed.

Most of the respondents in this sample did not appear to manifest characteristics as described by psychoanalytic theorists. Although the majority of this sample were young (meaning under the age of 25) over a third (39.2%) were over this age. All but two respondents were quite sure who the father was and only ten (12.6%) had known the father for less than a year. No one described a relationship with a man such as Young says is characteristic of these women - short (sometimes their only sexual relationship) and unhappy with little regard for the man as a person and rejecting him as soon as impregnation has occurred.* No one denied responsibility for their actions or gave wild explanations for their behaviour, (which according to Young is also characteristic) although this could be explained by the halo effect. Two of the men had been actively rejected by the women, but only one of these was because she wanted the baby for herself and this was understandable in that she maintained he had walked out on her when she told him she was pregnant. The other respondent had rejected the man because he had put her under pressure to have an abortion.
It is of course impossible to say whether the fourteen people, who said the relationship had ended, had purposely chosen the sort of man unlikely to stay by her if she became pregnant (as Young suggests) or whether both the pregnancy and subsequent termination of the relationship were a genuine mistake. Only one person in this sample had become pregnant by a married man, but they married the day after his divorce came through.

Although more of the sample had not used contraceptives (compared with the clinic population) and they tended to use them less regularly, nearly (31) 40% respondents had used contraception all the time. There was some evidence of denial or thoughtlessness of the type Young suggests, in only five cases. Of the remaining sixteen cases in which the pregnancy had not been planned and contraceptives had not been used there was a definite awareness that this could lead to pregnancy, although it had not led to taking contraceptive precautions. Only in a few cases was there any unconscious denial of the pregnancy so that abortion was impossible, although in a few cases respondents had decided not to tell anyone else about the pregnancy so that they could not be forced to have an abortion. The reason for the unmarried mother's behaviour lies, according to Young, in the nature of her family relationships. This was the most difficult area on which to obtain information, particularly as according to Young these women would have very little insight into their family dynamics. Another problem was that it was very difficult in the short time available to determine the extent to which family dynamics were responsible for the respondent being pregnant. According to Young these families are characterised by either a dominant mother or, less likely, a dominant father but, as far as could be ascertained, this was true for only fourteen respondents, ten of
whom described their fathers as domineering. None of these, however, appeared to be pregnant as a result of the situation or in order to extricate themselves from the situation, although this result relies greatly on the interpretation of the interviewer. One of these respondents had had a previous baby to try and become independent from this type of family, but she said she was having the present baby for different reasons. This was also true of one of the four people who appeared to have domineering mothers, who said that she had had her first baby as part of a rebellion against her mother, but had different reasons for having the present baby. It was again very difficult in the other three cases to determine the extent to which the domineering mother influenced the behaviour of the respondent towards becoming pregnant. A significantly greater proportion of the sample compared with the clinic population came from homes broken by divorce and where the parents had never married, but the significance of this to the respondent in terms of the pregnancy was again very difficult to assess.

Adolescence is considered an important factor by psychological theorists but of the twenty four people aged 19 and under (who could be described as adolescent) only five appeared to come from the disturbed family background described by these authors (which might lead them to solve the crisis by becoming pregnant). Four respondents came from families where the parents had separated, often with violence. In the remaining case the parents were together but there was a large family of nine children, several of whom were involved in drug circles and who were on their own with children. In four cases there was also a history of truanting from school and difficulty in holding down a job. This type of family was the exception rather than the norm in this group.
As far as the factor of the death of a loved one leading to illegitimacy was concerned only one person had a recent death which she could connect with the present pregnancy.

"I'd never had sex with anyone before my baby's father and I think it was then mainly because I was looking for a close relationship after my mother died." (2) aged 23 (Irish)

The relationship changed after she became pregnant and it was possible that she was transferring her need for a close relationship to the baby. They had originally thought they would marry, but her plans had changed.

"I don't want to get married at the moment - I just don't feel ready, but that's no answer because I feel ready to have a baby but not ready to get married."

One other respondent's mother had died two years previously but the significance of this to the present pregnancy could not be assessed. Four other people had 'lost' previous babies in that they had had previous abortions, often under considerable pressure from families which in the long run had intensified their desire for a baby.

In four cases the threat of separation (as described by Greenberg) seemed relevant, in two cases there was a desire to get closer to their own mother, in one case the respondent had given up using contraception as she had been told she was sterile and in the remaining case the respondent had hoped that if she did become pregnant the father would marry her.

It would therefore appear that the respondents in this sample do not have many of the characteristics as hypothesised by the psychological theories. This is particularly so when clusters of characteristics are considered. Only one person had the characteristics of the unmarried mother as described by Young. She was aged 20 and was not sure who the father was, she had been 'going with a
coloured bloke" for a few months and when that had broken up had gone
to a party with an Irish boy. She had not used contraception as
"I was engaged for four years and we didn't use anything and I didn't
get pregnant ....... I didn't dream of getting pregnant." She left it for nearly three months before getting the pregnancy confirmed as
"I didn't think it could happen to me" and was too late to get an abortion by the time she obtained an appointment at the hospital.
She was very keen on keeping the baby although the baby was going to be adopted if it was half caste as "the shock would kill my father". The only characteristic which did not fit was the family background.
She said she was quite happy with her parents who were seemingly happy together, not arguing a lot and with her father making most of the decisions. I saw her briefly after the birth of her baby (which was white) and she said she was very happy with how things had turned out. She had always been accompanied by her mother in the ante natal clinic and she seemed very close to her, but this was also true of many married women in the clinic who were always accompanied by their mothers.

Eight people had had recent deaths in the family or had recent abortions which influenced their desire to become pregnant. Two people seemed to be using the pregnancy in order to get closer to their mothers. One person was West Indian and had been separated from her mother from the age of 5 to 15 during which time she had been very unhappy. Things had got even worse when she came to England and at age 19 found herself pregnant after a holiday in the West Indies. She felt cut adrift from both her mother and boy-friend and did not think she would get the love she needed from either of them.
"I don't get on with my mother at all ....... but if I go back to him (boy-friend in Barbados) his mother and him will spoil the baby and I'll get left out." (60) aged 19.

The other respondent said that she had become a lot closer to her mother since she had become pregnant and she obviously found this very agreeable. As mentioned before, two other respondents had become pregnant as a result of threatened separation or loss of femininity; (i.e. being told she was unable to have a child) five had become pregnant as a result of adolescent conflict in a disturbed family background. As far as could be seen no one was pregnant as a result of trying to act out and understand her mother's behaviour in having an illegitimate baby or because of acting out anti social behaviour. Considered in this way it would therefore seem that the psychological theories are relevant to the characteristics of only twenty two (27.8%) cases although a proportion of the remainder do contain some psychological characteristics. It would therefore appear that psychological theories can only explain a proportion of illegitimacy although it must be remembered that in this case it can only be shown indirectly. Only a longitudinal study as described before would be adequate to test these theories directly.

There is also little evidence from this sample to support the sociological theories about illegitimacy which seek to explain this phenomenon in terms of a lack of commitment to the norm of legitimacy. No specific questions concerning the norms of legitimacy were asked so that again no direct proof of this theory was possible. As the following results indicate, however, such explanations did not explain all the behaviour in this sample. Goode argues that the extent to
which the norm is manifest in practice as well as principle depends on the investment in kin ties and the importance of family ties. Where these are low such as in the lower strata of society and in immigrant groups then illegitimacy levels will be high. If this were the case then it would be expected that the sample would be mostly working class and/or immigrants, neither of which is the case as on both characteristics the sample is not significantly different from the clinic population. In terms of the respondents' views about marriage (which seemed the only way of determining something about their concern with the norms of legitimacy) thirty nine (49.4%) said they hoped to get married eventually, although not necessarily to the baby's father and a further twenty two (27.8%) saw marriage as irrelevant at present, but did not necessarily rule it out for the future. Five people (6.3%) considered themselves married (three were legally married) and two people were not sure about their attitude to marriage. Only eleven people (13.9%) were convinced that they would not marry and most of these had ideological reasons against marriage. It could not therefore be said that this sample were unconcerned about the norms relating to marriage. The majority thought they might marry eventually although it might seem irrelevant to a proportion of them at the present time. For the majority of those not intending to ever marry this was often for ideological reasons against marriage and could be seen as an attempt to change the norms surrounding marriage.

There did not appear to be any evidence for the individual role bargaining position which, according to Goode, also leads to high illegitimacy levels. It is true that there were few family pressures
on any respondents to get married and there were no 'shot gun' weddings in the group. It may be that they were missed in this sample but it is more probable that the lack of pressure from the family was part of ideologies held in most of society that marriage is to be decided upon by the individuals concerned rather than the families.

There appeared a fairly high commitment to the norm of legitimacy if attitudes towards marriage were considered. This might be thought to support Rodman's idea of a 'value stretch' where individuals believe in the ideal of legitimacy in principle but 'stretch' this ideal to adjust to their own deprived circumstances where illegitimacy is the norm. It is very difficult to test this unless a prospective research design is used as it was difficult to ascertain which attitudes had been held prior to the pregnancy and therefore impossible to show which values had been 'stretched' to accommodate the present situation. It was also clear that for the majority of those who had decided to have an illegitimate baby no value stretch was necessary so that this theory would only explain a proportion of the illegitimacy in this group.

Vincent attempted to explain illegitimacy as being part of a particular courting and sexual behaviour pattern. Where most couples had sexual intercourse prior to marriage there were bound to be some people who became pregnant and who could not marry. According to Vincent these would be perfectly normal girls who had made a mistake. In this sample it would appear to be true of thirty (37.9%) respondents who seemed to be in a reasonably ordinary and stable relationship with a man. Again, however, this leaves the majority of the illegitimacy in this sample unexplained.
It was clear from the respondents in this sample that illegitimacy is not a unitary phenomenon. There seemed to be different types of illegitimacy which led to the respondents having very different views about their situation; why they became pregnant in the first place, how they felt about being pregnant and how they would cope in the future. These differences are the subject of the next section.

The Different Types of Illegitimacy

The main differences found within the sample interviewed were between those who had become pregnant by mistake (41, 51.9%) and those who had planned to become pregnant. (38, 48.1%). As the A.I.D. program showed the mothers of illegitimate babies had diverse characteristics which, in the sample, related to whether they had become pregnant by mistake or not. This dichotomy therefore produced two groups in which individuals became mothers of illegitimate babies for different reasons as well as having different characteristics. These characteristics will be discussed before looking at the subgroups within this dichotomy in more detail. For convenience the two groups will be called the mistakes and the planners.

<table>
<thead>
<tr>
<th>Previous pregnancy experience</th>
<th>Table 9:4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Previous children</strong></td>
<td><strong>Mistakes</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
</tr>
</tbody>
</table>

\[ x^2 \text{ sig. } < 0.7 > 0.5 \]

<table>
<thead>
<tr>
<th>How many previous children</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Two</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Three or more</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Previous pregnancy experience

<table>
<thead>
<tr>
<th>Previous abortions</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>28</td>
</tr>
</tbody>
</table>

\[ \chi^2 \text{ sig. } < 0.7 \geq 0.5 \]

How many abortions

<table>
<thead>
<tr>
<th></th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Two</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

The two groups were not significantly different as far as previous babies and abortions were concerned although the mistakes tended to have had more children than the planners. As might be expected the planners were more likely to have used contraception and to have used it efficiently.

<table>
<thead>
<tr>
<th>Was contraception used?</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>24</td>
<td>33</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>5</td>
</tr>
</tbody>
</table>

\[ \chi^2 \text{ sig. } < 0.01 \geq 0.001 \]

How often were contraceptives used?

<table>
<thead>
<tr>
<th></th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>13</td>
<td>28</td>
</tr>
<tr>
<td>Most times</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Occasionally</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

\[ \chi^2 \text{ sig. } < 0.05 \geq 0.02 \]

Method used

<table>
<thead>
<tr>
<th></th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>I.U.D.</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

\[ \chi^2 \text{ sig. } < 0.1 \geq 0.05 \]
In both groups the majority had used the most reliable methods of the pill and I.U.D. As might be expected the planners had much more positive reactions on confirmation of the pregnancy than the mistakes. Only one of the planners said she was worried when she found she was pregnant; all other thirty seven were either absolutely delighted or very pleased although seven of them did have feelings of apprehension, worry and depression mixed with the positive feelings. The majority of the mistakes (27) had negative or neutral feelings, most of them saying they were very worried. A significant minority of fourteen, however, said they were very pleased about the pregnancy, only one of them subsequently having negative feelings.

The planners, on the whole, had their pregnancy confirmed much earlier than the mistakes with thirty five receiving confirmation within the first two months and three people obtaining confirmation around the third month. In contrast twenty six of the mistakes had confirmation within the first two months, twelve around three months and two had confirmation later than that at five and six months. One person could not remember the details about this. Of the twelve who had confirmation at three months half of them had some difficulty with identifying that they were pregnant; five of them were taking the pill and continued to have periods and one had a coil, did not have periods and did not notice she was pregnant until she had started to change shape. Of the two very late confirmations one person denied the pregnancy to herself and the other was having a phantom pregnancy. The first person told about the pregnancy was as follows:-
### First person told

<table>
<thead>
<tr>
<th></th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy-friend</td>
<td>19</td>
<td>33</td>
</tr>
<tr>
<td>Mother</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Other relative</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

\[X^2 \text{ sig.} < 0.001\]

### Family reaction

<table>
<thead>
<tr>
<th></th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favourable</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Unfavourable at first but now O.K.</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Neutral</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Unfavourable</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Family do not know</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

\[X^2 \text{ sig.} < 0.5 > 0.3\]

The planners were much more likely to first tell their boyfriends about the pregnancy than the mistakes who were likely to confide in a member of their family. There was no difference in the reaction of the family to news of the pregnancy. Perhaps surprisingly there was also no significant difference in those who had considered an abortion:

### Consideration of Abortion

<table>
<thead>
<tr>
<th></th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not considered</td>
<td>24</td>
<td>27</td>
</tr>
<tr>
<td>Considered in passing</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Considered seriously</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>

\[X^2 \text{ sig.} < 0.7 > 0.5\]

Those who had considered it in passing had thought about the possibility of abortion and had in some cases spoken to their G.P. about it but had not actually had an appointment at the hospital.
Those who had considered it seriously had seen a doctor at the hospital and may have actually been admitted for the operation.

A significant difference between the two groups was that of age, with the mistakes mostly under the age of 25 and the planners over the age of 25.

<table>
<thead>
<tr>
<th>Age</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>20 - 24</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>25 - 29</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>30 - 34</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>35 &amp; over</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

\[ \chi^2 \text{ sig. } \leq 0.1 \geq 0.001 \]

The differences in nationality were not statistically significant although there were more West Indians among the mistakes than the planners.

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>28</td>
<td>31</td>
</tr>
<tr>
<td>West Indian</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Irish</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

\[ \chi^2 \text{ sig. } \leq 0.2 \geq 0.1 \]

It must be remembered, however, that the mother having an illegitimate baby made up a far higher proportion of the West Indians in the clinic population (66.7%) than the English (14.8%) or the Irish (17.6%). There were no differences between the groups in marital status with about the same proportion having been once married in both groups.
Marital status | Mistakes | Planners
--- | --- | ---
Single | 36 | 30
Married and separated | 2 | 5
Divorced | 3 | 3

\[X^2 \text{ sig. } \lessgtr 0.25 \lessgtr 0.2\]

(last two categories combined for computation)

The planners were on the whole more highly qualified than the mistakes although the majority in both groups had no educational qualifications. The majority in both groups had also not enjoyed school very much.

Educational qualifications | Mistakes | Planners
--- | --- | ---
Degree | 2 | 6
Professional qualifications | 5 | 6
'A' levels | 3 | 1
'O' levels | 16 | 10
None | 15 | 15

Did they like school?

- Yes | 7 | 5
- Yes with reservations | 9 | 4
- All right | 4 | 8
- No | 21 | 21

As might be expected the babys' fathers were very similar to the mothers in terms of age and nationality with the mistakes on the whole younger than the planners and with no differences in nationality between the groups.
<table>
<thead>
<tr>
<th>Age of babys' fathers</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 &amp; under</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>20 - 24</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>25 - 29</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>30 - 34</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>35 &amp; over</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Not determined</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

\( \chi^2 \text{ sig. } \leq 0.05 \geq 0.01 \) Table 9:14

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>West Indian</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Irish</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Not determined</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

There were no significant differences in occupation although more of the mistakes were unemployed or students, which related to their relative youth.

<table>
<thead>
<tr>
<th>Occupation of babys' father</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Non Manual</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Student</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Unemployed</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Not determined</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

\( \chi^2 \text{ sig. } \leq 0.2 \geq 0.1 \) Table 9:15

The fathers in the mistakes group had been known for a significantly shorter period although the majority in both groups had been known for between one and four years. The mistakes were also more likely to feel unsure about the relationship or for the
relationship to have been terminated, although again the majority of both groups were in what they considered to be a steady relationship.

<table>
<thead>
<tr>
<th>Time baby's father known</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a year</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>1 - 4 years</td>
<td>28</td>
<td>23</td>
</tr>
<tr>
<td>5 years and over</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Not determined</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

\[X^2\] sig. \(< 0.05 \geq 0.01\) Table 9:16

State of relationship

<table>
<thead>
<tr>
<th>State of relationship</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>'Stable' Cohabiting</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>Going steady</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>'Unstable' Not sure</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Broken up</td>
<td>10</td>
<td>4</td>
</tr>
</tbody>
</table>

\[X^2\] sig. \(< 0.05 \geq 0.01\) Table 9:17

Surprisingly there were no differences in the first reactions of the baby's fathers when first told about the pregnancy.

<table>
<thead>
<tr>
<th>Fathers first reaction to the pregnancy</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very pleased</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>Not pleased at first but now pleased</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Neutral</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Not pleased</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Not determined</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

\[X^2\] sig. \(< 0.5 \geq 0.3\) Table 9:18

The pleasure of the fathers in the mistakes group often turned to indifference as the pregnancy progressed. Respondents thought the pleasure was related to the pregnancy enhancing his own virility rather than about the baby itself. This was supported by the figures for
involvement with the baby where the fathers of the planners were reported as being much more involved.

<table>
<thead>
<tr>
<th>Involvement of fathers with baby</th>
<th>Mistakes</th>
<th>Planners</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot (intends to see baby born and very interested in it)</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Average (interested in baby but will not be present at birth)</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Not sure (does not know how father will react to baby)</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>None</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Not determined</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

\( \chi^2 \) sig. < 0.001  

There were no significant differences in the type of accommodation the respondents had. In both groups the majority lived in Council or privately rented accommodation and approximately two thirds in both groups saw their accommodation as permanent. One of the mistakes was homeless and in bed and breakfast accommodation, as were two of the planners.

In both groups the majority of respondents had parents who were married and living together and in both groups the majority of these were reported as being happy, even if this was not necessarily in the respondent's own terms. There was no significant difference in the proportion of respondents in each group whose parents had separated but parents in the mistakes group were more likely never to have married or to be divorced whilst those of the planners were more likely to be widowed.
Marital status of parents | Mistakes | Planners
--- | --- | ---
Married & living together | 17 | 19
Married but separated | 3 | 5
Not married and separated | 6 | 0
Divorced | 7 | 3
Widowed | 8 | 11

Table 9:20

\[ x^2 \text{ sig. } 0.5 < 0.3 \] (computed using parents not separated and parents separated)

If the marital status of the parents is ignored and the quality of the relationship assessed, seventeen (41.0%) respondents in the mistakes group and twelve (31.0%) of the planners had come from backgrounds which were unhappy or unsettled. It was difficult to assess, however, the influence of this on the present pregnancy. The respondents in the mistakes group tended to come from larger families, but this was only approaching significance at the 5% level.

Family size | Mistakes | Planners
--- | --- | ---
Only one | 1 | 2
One sibling | 10 | 9
Two siblings | 7 | 14
Three siblings | 8 | 23 | 2
Four & over siblings | 15 | 11

\[ x^2 \text{ sig. } 0.1 < 0.05 \] Table 9:21

Surprisingly there were no class differences between the groups although in the mistakes more were from families where they had either been brought up by their mother or did not have much information about their father's occupation.

Class of respondent | Mistakes | Planners
--- | --- | ---
Middle class | 16 | 17
Working class | 15 | 16
Not determined | 10 | 5

\[ x^2 \text{ sig. } 0.5 > 0.3 \] Table 9:22
The mistakes could therefore be characterised as young, unlikely to have used contraception (or if they did to use it inefficiently), to have negative feelings about the pregnancy, less likely to have had a higher education, likely to have become pregnant by a man of about the same age who was unlikely to become involved with the baby and likely to have come from a larger family. The planners could be characterised as older (nearer the age of women in the clinic population), likely to have used contraception, to have positive feelings about the pregnancy, more likely to have had a higher education, a baby's father who was involved with the baby and likely to have come from a smaller family. There were, however, important differences within these two groups relating to the situation in which the respondent became pregnant and how she reacted to the pregnancy. These differences will now be discussed with illustrated cases from each group.

Diagram to show the Proportion of Different Types of Illegitimacy in this Sample

Figure 9:1
The diverse characteristics of mothers of illegitimate babies found in the A.I.D. program are more easily explained now that it can be shown that this category covers a wide variety of different types of mother. These types should be seen, however, as more of a continuum than as very distinct categories with the differences between mistakes and planners more distinct than the differences between the subgroups within these categories.

The Mistakes

The Mistakes with no Stable Relationship

The main characteristics of the people in this group were that they had not planned the pregnancy and had been, at the time of becoming pregnant, in a very unstable or fleeting relationship with her baby's father. There were eleven people in this group which was 13.9% of the total sample.

They were the youngest group in the sample with seven of them aged 19 and under with an average age of 21.2 years. The two older women in this group were aged over 30 and were different to the other nine in that both were pregnant as a result of contraceptive mistakes, (one left out her cap for one night and the other had neutralised the effects of the pill by taking ampicillen) both had already got a home together and seemed to have become well adjusted to their situation. One person in this group was Irish, six were English and four were West Indian.

Two people had had previous children, (one of whom was one of the older women who had been previously married) and four had had a previous abortion. Four people had attempted to use contraception
at the time of becoming pregnant, two of whom had made mistakes as mentioned above and two who had not taken the pill regularly for various reasons.

"I was only on the pill off and on ....... I was worried about what it could do to me." (60) aged 19. W.1.

"The pill made me sick ....... the clinic was a long way away." (22) aged 18. W.1.

Of the seven people who said they had not used contraception when they became pregnant two people had previously tried some form of contraception - one the pill which she had not liked and one the coil which had 'fallen out'. One person had trusted her boy-friend to use something and he did not and another had been told she was sterile after catching V.D. The remainder had never used anything, either because they refused to think about it or because they were too embarrassed to obtain contraceptives from a clinic.

As might be expected all eleven had negative feelings when they found out about the pregnancy, although two had had some positive feelings as well. Only one person in the group had not told her parents and of the remainder seven had been angry at first and then come round; the remaining three had not been unfavourable. Abortion had been considered by only five in this group, even though previous research would suggest that these women are the most likely to have an abortion. This group also had the most who had later confirmation of the pregnancy and included the two who obtained very late confirmation at five and six months. Five of these respondents had later confirmation at around three months and had managed to persuade themselves during that time that they were not pregnant.
This group were the least successful educationally with only one person obtaining 'A' levels, five people obtaining 'O' levels and C.S.E's and five people having no qualifications. Five had non manual jobs, all of which were office or shop jobs, four had manual jobs and two were still at school. Eight of the eleven had had sex education at school, but no one had found this very useful and in three cases it had come too late.

The babys' fathers had been known the least time in this group with six knowing the father for less than a year and the remainder knowing him for between one and four years. In eight cases the relationship had broken up and in the remaining five the respondent was very unsure about it. Only three of the men still had some involvement with the baby, but in all cases this was very small indeed. The men were on the whole young with seven under the age of 25 and five were either students, apprentices or unemployed.

Four of the respondents' parents were married and living together and all thought their parents happy although one was from a large family in which several members had had unwanted pregnancies and been connected with drugs and another was from a family where the father was unemployed but refused to accept unemployment benefit with consequent bad effects on the family. In one case the parents were married and separated and in another they were not married and separated; in each case the respondent had found this very disturbing. In two cases the parents were divorced, in one case the mother re-marrying happily but in the other the respondent lived with her grandmother and only saw her mother at weekends. In the remaining three cases one parent had been widowed or both parents were dead and in
all three the parents had not been very happy. Five of these respondents had come from large families with five or more children.

My overall impression of this group was that they came from the most disorganised family backgrounds, were mostly unhappy (although this was not true of the two older women) and possibly, in some cases, psychologically upset. This group also contained the most unforthcoming of those interviewed. It was very difficult to choose examples which represent such diversity, but the following two show up some of the characteristics discussed particularly relating to family background, relationship with the baby's father and reaction to the pregnancy.

Mary

Mary was aged 16, English and expecting her baby in two weeks time when I saw her. She was very forthcoming although she spoke in a flat monotone with only an occasional spark of life in her eyes and looked very miserable for most of the time. Her contact with drugs is not characteristic of this group, nor is her contact with religion, but much of the confusion she verbalises is characteristic.

Mary had first tried taking the pill when she was 14. She went initially to her own doctor who prescribed the pill. He gave her no examination and told her to take it every day. She took it for thirty-five days during which she had a continuous period. She went back to the doctor who prescribed different pills, but the same thing happened so she stopped taking them.

(Did you think you might get pregnant?)

"Well I knew there was a risk as I've two elder sisters who were pregnant before they got married. But the fact that my boy­friend was a junkie and that he'd never fathered a child - we didn't think there was much chance of my falling pregnant."
She did in fact go to the Family Planning Clinic (arranged through the school) to try the pill again. She was given a supply and told to start taking them after the next period, which never appeared because she was pregnant.

Mary first thought she might be pregnant after missing the first period. "I had these off periods when I always used to think I was pregnant so when I thought I was pregnant everyone said 'it's only a phantom pregnancy' and so I thought that's probably all it is. The day I went to the Youth Advisory Service I thought I was going to come on, I had pains and everything. I thought it was all imagination and I didn't want to go and then when the doctor turned round and said I was two months pregnant I nearly died."

(How did you feel about it then?)

"In a way I was quite happy because I'd always wanted a baby ....... but after the shock had worn off I started getting worried because my parents are against that sort of thing; especially because my boyfriend is a junkie and I'd broken with him just before I knew I was pregnant."

(Did you ever think of having an abortion?)

"No, because I was brought up as a Jehovah's Witness and we don't believe in abortion. I thought it was wrong to kill a child because we were always taught that it was a living being from when it was conceived. But because my boyfriend's a junkie and because he's had hepatitis my parents' first reaction was for me to have an abortion ....... The consultant at the hospital said I ought to have a termination when I was just coming up to twenty weeks. My father was very much for it and my sister said I would ruin my life if I didn't have one ....... I've seen two social workers and several teachers from my school but that didn't change my mind. They all seem to take the attitude 'you're young, why do you want to ruin your life? Get an abortion and you'll be O.K.', but I think they
don't really know what an abortion is. They don't seem to have any feelings, I'm against abortion completely.

(What about if the baby were deformed?)

"I've got a baby brother who's a mongol, so it doesn't bother me that much - he's very lovable."

When Mary refused to have an abortion her father was very angry and would not speak to her for several months although they were on speaking terms by the time I interviewed her. She told her mother just before she went on holiday who told her father, leaving Mary to look after the house and deal with her father alone. During this time Mary was very sick and lost a lot of weight and was admitted to hospital for two weeks. When her mother returned from holiday Mary thought she had accepted the situation. "She's more or less for it. My little brother (the mongol) is only 18 months old and she thinks the baby will be company for him."

(What do your friends think about the baby?)

"I've lost contact with my age group completely - all my friends are over 20 and all the people I know in my area are either religious or drug addicts. I used to be very close to my elder sister but when I broke up with my boyfriend and we went our separate ways I lost communication with her completely because she was still associating with people who took drugs .......
I used to take drugs and was in fact taking them for the first 8 weeks of the pregnancy. (One reason why the consultant had suggested an abortion). I took L.S.D., 'speed' and 'barbs' mostly. My sister's boyfriend is a junkie and my other sister who was married is now living with a junkie and she comes round a lot because he's in prison. It's a circle where I'm in the middle because they're all involving my family in one way or another."

(Do you think you'll take drugs again?)

"No, it was just a stage I went through, rebelling against my parents and not wanting to go to school, but now I see where its got me."
Mary came from a large family of nine children. She was fourth in the family with three elder sisters who had all had problems with drugs and unwanted pregnancies. The sister immediately after Mary was (Mary thought) going the same way as her elder sisters but Mary thought that the next sister might be avoiding these problems as she was becoming religious. Mary considered that it was the strength given to her by her religion which had helped her to turn away from drugs and cope with the pregnancy.

Mary thought that her parents' marriage was happy although they disagreed about a lot of things and sometimes argued about how the children should be brought up.

"They disagree about hitting them for various reasons and I don't think they discipline them enough ....... they all seem so unruly, but perhaps it's because there are so many of them." Decisions in the family were made jointly by her mother and father who she remembered as being much stricter in earlier years. "It was hard for them to come to terms with my sister being pregnant before she was married as she'd been brought up so strictly, but they've slackened off in the last few years. When it came to me they found it very difficult to accept it because I was only 15 and wasn't married like the rest of my sisters. My father doesn't want to accept it ....... I don't know what he'll be like when I take the baby home."

(All in all, do you think you were happy as a child?)

"I was always very confused. I never knew which way to turn because I seemed to go one way and then all of a sudden came out of a shell into the world which I'd never faced before. When I was 13 I was at a grammar school and I'd never done my eyebrows or anything. Then my sister and I ran away to Wales and when we came back we got involved with squatters and since then it's been one big catastrophe." It was at this time, when she was 13, that she started taking drugs. Mary had had no separations from her family while a child and had never been seriously ill or in hospital. There were no other relatives in the area and
she never saw her relatives in Wales. Prior to the pregnancy she had never seen a psychiatrist or social worker although she had gone to see a probation officer with her boyfriend to try and help him.

Mary originally went to a girl's grammar school which became a mixed comprehensive school while she was there. "When I first went to (the grammar) school I used to be a fanatic - I never had a day off. But then things went wrong. It was a short while after we went comprehensive ....... there didn't seem to be any point in going because there was nothing there that you enjoyed. Either the teachers couldn't control the classes or the lessons weren't sufficient to take in all your thinking power ....... My sister lived nearby and as there wasn't much at school, nobody seemed to keep a check on us, so I used to go round to my sisters and then she'd write letters for me and they never used to question the notes. So I never used to be there." Towards the end of her time at school she was taking drugs and was frequently in the school's sick bay. The school was told about the pregnancy at the end of the academic year when Mary was 15. "I told my form teacher that I'd been feeling weird and that I thought I was pregnant although my parents had said it was just imagination even although I was being sick all the time ....... They didn't believe I'd go to the Youth Advisory Service on my own so they sent my form teacher with me. She was there when the doctor said I was pregnant and she went back and told the rest of the school ....... I told my form teacher everything, she was a bit weird so we got on well together. She was only coming in as a stand-in teacher while my teacher was in Spain. I'd got into such a state before that as I'd started using needles and it just cracked me up completely. I said to her 'I don't know what's happening to me.' I had people coming to put me away and everything and they were going to send me to a home or put me out for fostering. Then I found on top of all this I was pregnant. The school got involved when I couldn't sit still in lessons and when I came in tired - they'd given me a lot of medicals and everything."
(Did your teacher suggest anything about the schoolwork?)

"She said she was quite jealous that I was pregnant and she thought it was quite good. She said she thought I should just leave off the schoolwork and I'd got so out of the routine of doing it that it didn't seem to matter. Then I found I had so much time on my hands it seemed pointless not to be doing my exams."

(How did you get a home tutor?)

"I wanted to do 'O' levels but everyone just left it. I left school in June and then I bumped into a friend (about the same age and also pregnant) who I hadn't seen for five years. She said she was having a home tutor so I enquired at the clinic who got in touch with County Hall and they sent a tutor to me. My tutor thinks I'll pass my exams (4 'O' levels) provided the baby hurries up. My tutor is really nice because she's got twin children who are only two and she's given me a lot of their things to help me out."

(Do you intend to go back to school?)

"I could go back to college if I wanted to."

(Do you want to go?)

"No. I think the first three years of a child's life are important and that the mother should be with the child. Eventually I might go back but I don't think that 'eventually' will come round. I can't see it happening because I think by the time I'm ready to go back the child will be growing to a stage where they're very inquisitive and at that stage of their growing up they'd need guidance. If I ran off I'd be as bad as a mother who should have had her child adopted so that it could get full attention."

Mary had been given some sex education but she thought this was too late to do her any good. "The school told me about my periods when I was 11 or 12 but mine had already started (when she was 10). My sister told me all about that when I was 9."
I used to read her magazines (Forum) and she used to take me down to the Family Planning Clinic and tell me all about what happened there." Mary started going out with boys when she was 13. Her first boyfriend was 19 and 'straight' and she went with him for six weeks before going with her baby's father. He was 23, English and a junkie who lived in the squat that Mary and her sister got involved with after they had returned to London from Wales. She had known him for two to three years prior to the pregnancy and had been sleeping with him for half that time. She had also slept with other men during short periods when she had broken up with her baby's father and when she was also under the influence of drugs and did not know what she was doing. She broke up with her boyfriend just before she knew she was pregnant because he could not give up drugs. She has since heard that he has got married and as far as she knows he does not know anything about the pregnancy.

Mary was pessimistic about the future although her parents were providing her with somewhere to live. "I want to stay at home with the baby but it depends on what Social Security is like. My mother has had to pay out for everything, baby clothes, maternity wear and I don't have any spending money at all. I was 16 last Sunday so I've made enquiries and I've got someone from Social Security coming to see me, but I don't know whether they'll give me anything. They came and saw my friend and said she wasn't eligible until she's finished her education - so that's really forcing her to give up her tutor at Easter."

(How do you see your future?)

"I don't think I have the right to get married - I don't think I should expect it. I will bring up my child according to the bible as best I can. I can't give it a father out of the blue - I've done wrong and it hasn't got a father."

I saw Mary after she had been delivered of an apparently normal baby girl. The change in her was amazing, the lines of worry had disappeared from her face and she looked much happier and at
peace. She was going to return home with the baby, her father having accepted the situation. Mary was delighted and looking forward to her life with her daughter.

Rosemary.

When I first saw her in the clinic Rosemary seemed very depressed although she seemed less so when I visited to interview her. She seemed rather shy and inarticulate and was difficult to draw out. She was nearly six months pregnant when I spoke to her.

Rosemary had become pregnant through not using contraception. "He said he was going to use the sheath. He said I wouldn't get pregnant and I trusted him....but he didn't use anything at the time."

(When did you first think you might be pregnant?)

"I didn't take any notice when I missed my first period....(although she had never missed a period before) but when I didn't come on for the second month I began to get worried. I went to the doctor and he just examined me and said I was pregnant and he gave me a letter for the hospital"

Rosemary first told her younger sister about the pregnancy. "She was shocked and I was upset myself....My mother was a bit shocked but she said she expected it.....she said she dreamt about it you see......she's been on and off about it and we don't talk about it".

(Did you ever think of having an abortion?)

"Yes. I went and saw the doctor at the hospital and we talked and then I decided to keep the baby.....I talked it over with my boyfriend and he said he didn't want me to have an abortion"

Rosemary's parents had come over to England from Barbados when she
was five leaving her with a great Aunt and her sister and brothers with her grandmother who lived nearby. She came over to England with her sisters and brothers when she was twelve where they lived in a very overcrowded flat with one new brother. She hadn't seen her parents during this time as they hadn't been able to afford the fare to Barbados. "I came over in the winter and it was very cold.....I was a bit scared of my parents at first but I just got used to them.....We all came over to England together and it was the first time we'd lived together." Rosemary thought her parents were basically happy although they argued sometimes.

She had been to primary school in Barbados and transferred to a comprehensive school when she arrived in England. "I got on alright at school.....I got five C.S.E.'s" She didn't mention any conflict she had felt between the two different school systems. Her first job was as a trainee in a factory which she left after a few months. "I didn't want to do that sort of job, I wanted to work in an office...I'd done typing and that at school." She successfully got an office job but the firm went bankrupt after a few months and she was unemployed at the time I saw her.

Rosemary had known her boyfriend for about eight months in all, becoming pregnant during the first three months of their relationship. "He was very shocked when I told him I was pregnant as he said it was an accident that shouldn't have happened.....we've quarrelled a lot since I've been pregnant.....I'm so depressed.....I sometimes think about marriage but then I put it out of my mind because I don't think it would work. He's talked about marriage but I've told him I don't think I'm ready yet." Rosemary did not want him there when she had the baby.

She was very hazy about the future although definite about keeping the baby. She wanted a place of her own as she had to share her bedroom with her sister, but hadn't put her name down for a Council flat or actively tried to get a rented flat. She thought she might go back to work, but not until the child was aged three and could go
into a nursery. She was not, meanwhile, feeling very happy with
the pregnancy. "I feel sick and there are too many people telling
me to do this and that. It gets on my nerves."

**Mistakes in a Steady Relationship.**

This was the largest group in the sample with 30 (37.9%) respondents.
Everyone in the group had mistakenly become pregnant while in what they
had considered a stable relationship, where quite often they had planned
to get married. The people in this group were as a whole older than
in the previous group with an older average age of 23.1 and the majority
(13) in the 20 - 24 age group. A larger number (22) of them were
English with 7 West Indians and 1 Irish. The majority (26) were single
with two married but separated and two divorced.

Nine of the 30 had had previous babies, five people had one child
two of whom had had them adopted; four people had had a previous
miscarriage and five a previous abortion. As far as the present preg­
nancy was concerned two thirds (20) had been using contraception at
the time they became pregnant. In five of these cases respondents
had become pregnant either with a coil in situ (2 cases) or had become
pregnant on the pill. (Two were on the progesterone only pill which
has a higher failure rate). Thirteen people had not used their method
of contraception (the sheath in one case, the rest on the pill) con­
sistently either by 'forgetting' days or coming off the pill for a
rest and not using anything in its place. In one case the boyfriend
was against using the pill, in another she had become broody after
a recent miscarriage and not taken it consistently, in another she
had just stopped taking the pill but could not say why. Of the ten who
had not been using contraception three seemed to have a block against
using anything, in one case because she confused it with abortion. Three other people who had never used contraception had been going with various men for some time and never became pregnant so had presumed they were sterile. Of the four people who had used contraception at some time two people had tried the pill and not liked it, one person had been told she was sterile so stopped taking it and another had 'not been very careful' about using contraceptive foam.

The pill was by far the most popular method of contraception used by 18 of the 23 who had ever used contraception. Of the 20 who had been using contraception when they became pregnant, half of them had not used it all the time.

More people in this group had initial positive feelings about the pregnancy with 12 feeling this way and 18 having neutral or negative feelings, 10 of whom felt worried. A majority of 18 thought they might be pregnant after the first missed period and had the pregnancy confirmed soon after that time. One person could not remember when the pregnancy was confirmed and the remaining eleven had it confirmed around the third month. With six of these there was some problem with identifying the pregnancy, three others had irregular periods so left it for two months before getting a confirmation and two people could not bring themselves to go to a doctor for several months. No one in this group, however, had the pregnancy confirmed very late after the first trimester.

The boyfriend was the person most likely to be the first to know about the pregnancy in this group with 18 telling him before anyone
else. Six people first told another member of the family and six
told other people - friends, health visitor and psychiatrist. Three
people had not told their family about the pregnancy and seven had received an unfavourable reaction from their family. For six the initial reaction had been unfavourable but the families had come round and for the majority the families did not mind, although they may have been shocked initially.

The majority (18) had never considered abortion. Eight had considered it in passing, three of whom had been persuaded not to do it by boyfriends. Four had considered it seriously, two of whom did not make up their minds not to have one until the day of the operation.

This group were better educated with seven people with degrees and/or professional qualifications. (social work, nursing and secretarial) Thirteen people had 'O' and 'A' levels and 10 had no qualifications. Only two people had last held a manual job, one person had never worked and two were teacher training students. The remaining twenty five had last held a non manual job and these varied from temporary office and shop work, nursing, pharmacy and senior social work.

Like the respondents the babies fathers were of a similar age with most (11) in the 20 - 24 age group and only 5 aged 19 and under, the remaining 13 about whom information was obtained being over the age of 25. Like the mothers the majority (13) were English with 2 Irish, a West Indian and four of other nationalities. They were divided evenly between manual and non manual occupations with only six being students (2)
or unemployed (4). The majority (23) of these fathers had been known for between one and four years with four being known for five years or more and only three being known for less than a year. The initial reaction to the pregnancy of sixteen of these fathers was pleasure and in a further eight cases an initial reaction of surprise and shock had turned to pleasure. Three fathers were described as neutral in reaction and there was no information about two.

A majority of eleven were described as being very involved with the baby and intending to be present at the birth and a further five were described as having quite a lot of involvement. Seven people were not sure about the relationship and how involved the father would be - in two of these cases the father was abroad. In four cases the father was not involved at all, in one case because he was in prison and in the other three cases because the relationship had broken up. Two people in this group got married, one before and one soon after I had interviewed her. Twelve people were cohabiting and eleven maintained they were going steady although a few of these relationships sounded rather unstable. For five people the relationship had either broken up or was about to do so.

As in the previous group the majority (24) lived in either Council of privately rented accommodation with five living in owner occupied houses and flats and one person homeless in bed and breakfast. Two thirds considered their present accommodation to be permanent.

Thirteen respondents had parents who were married and living together, two of whom were described as very unhappy and the rest described as happy. Four people, all West Indian, had parents who were not married
and separated. They had all lived with a step-parent, but only one described her situation as unhappy. One English respondent had been brought up by her grandparents and did not know much about her parents although she suspected that they were not married and separated. In two cases the parents were married but separated and one had been very unhappy whereas one had been, on the surface at least, quite happy until the last two years. In five cases the parents were divorced and in all cases family life had been very upsetting. In five cases a parent had been widowed, two of whom had had a very unsettled and unhappy marriage. Ignoring the marital status of the parents eleven respondents had been in a family situation which they thought was unhappy and unsettling. Twenty respondents came from families with between one and four children and ten came from large families of five or more. Like the previous group they came almost equally from both classes with 13 from the middle class, 11 from the working class and insufficient information from 6.

The people from this group appeared similar to those described by Vincent - perfectly 'normal' women in 'normal' relationships who had made a mistake and become pregnant. They could be described as 'casualties' of a particular behavioural pattern where sexual intercourse is accepted in a fairly steady relationship or where marriage is planned - mistakes are bound to occur and an illegitimate baby is the result. Two people were married and twelve were cohabiting, some of whom would undoubtedly get married in the future. Eleven people were going steady and undoubtedly some of these would also marry and others would be left on their own with the baby. Five were unsure about the relationship or it had broken up and they were having to come
to terms with the fact of being a mother on their own. The cases described are examples of each of these sub groups, although for all women in this group it was a very fluid situation and circumstances could and did change during the pregnancy. In many cases it would be difficult to predict what situation they would be in after the baby was born.

Cathy.

Cathy was English, aged 21 and one of the two people in the sample who had got married by the time I spoke to them. She was quite articulate and, having got over the initial shock of the pregnancy was looking forward to having the baby.

Cathy had become pregnant with a coil in situ and had had no other symptoms of pregnancy until she noticed her stomach changing shape. "I didn't have any symptoms....I was lying on the bed and noticed for the first time that my stomach was changing shape so I immediately jumped up and started doing exercises to get rid of this bulging stomach. I think I must have known but wouldn't accept the fact. I thought I might as well go to the doctor to see if there was something wrong with my stomach and find out what it was. She examined me and told me I was pregnant.....as I hadn't had any symptoms until I was told I'd no idea ". She thought she was between the third and fourth month of pregnancy when this happened, but throughout the pregnancy she had been given several different dates as to when the baby was due. She was very shocked at the news. "All I could say was "Oh God, Oh God."" Actually we were going up to see my parents that weekend to say we were getting married, so of course we had to say we were getting married and having a baby as well. They were really marvellous about it and within six weeks we'd made all the arrangements and got married. We had planned to get married, but this was a bombshell and we never expected it so quickly."
Cathy had had a previous pregnancy. "When I came to London my periods went altogether and I was told I'd never have a baby - they said it was quite safe to have sex. We went ahead and I did get pregnant, but there was no way we could keep a baby - he was a student and I was a student. We asked for a termination and got it even although they said it was probably the last pregnancy I'd ever have. They said it was a chance in a lifetime and it wouldn't happen again but I said I still wanted to take precautions.....I had a coil put in but no one told me about checking it, so perhaps it slipped or something. Its still in there somewhere."

(Did you think about an abortion this time?)

"No. It was suggested to me by the doctor because he thought the coil might affect the baby, but when I went to the hospital they said there was nothing to worry about.....I found out about the pregnancy a bit late for an abortion but even if I'd found out earlier I wouldn't have had one. I found I was thinking about the last one a lot and sometimes thinking I'd done the wrong thing.... when they first told me I was pregnant I was pleased, but I was also confused and worried about telling other people."  

Cathy's family came from an area in the North of England where the rest of her family lived. She said her parents were very happy together although her mother had looked after an invalid sister for as long as she could remember. As she said, they had been marvellous when told about the pregnancy. "I expected my mother to go off the deep end....when we told her she went the most dreadful colour and burst into tears. I expected my father to go mad as well but he just said "Well! its got here sooner than we expected, but it'll be none the less welcome for that".....he calmed my Mum down and after that day they were both tremendous." All her relatives had taken the news of the pregnancy very well, but as she said, this may have been because of her age. "It didn't seem too bad for me because I was older and had been through college and everything."  

Cathy had one older brother who was married with two children. She had never been separated from her parents while a child and there had been no traumatic deaths in the family.
Cathy had been to convent primary and grammar schools in the North. She had started dancing when she was 13 and came down to London to a ballet school after one year in the sixth form. She had obtained 8 'O' levels at school but dancing had been her main interest in life and she eventually qualified as a teacher of ballet and dancing. She had been working as a teacher in various schools in the area and had been hoping to open her own school before she became pregnant.

Cathy had known her baby's father for five years. She met and started going with him a few months before she came to London. He joined her (as a student) in London two years after that and a year later they started living together. He was a student with another year to go before he completed his course. He had been very shocked about the pregnancy. "I was going to be all calm and collected when I told him, but I just burst into tears and said "We're going to have a baby" He went white as a sheet and didn't say anything – he didn't say a single word all morning.....he's looking forward to the baby now and says he'll probably spoil it. He's not sure about being there at the birth......I think he doesn't really think he'll be able to do anything for me.....but he might change his mind."

Cathy was very positive about her present situation and future prospects. "We have a very good relationship, we're very honest with each other and there's no difference now we're married. We expect it to be quite difficult with him still being at College, but I think we'll cope alright. People have managed in worse situations." She was expecting to return to work soon after the baby was born as her job had been kept open for her and she would be able to take the baby with her.

Patricia.

Patricia was an extremely attractive West Indian aged 18 and between 6 – 7 months pregnant when I spoke to her. She was initially rather wary of me, but warmed up considerably and became very
articulate once she had satisfied herself that I was not going to give her any advice.

Patricia had taken the pill for six months. "But I got fed up with taking it".

(Did it make you feel ill?)

"Oh no! I just got fed up with taking it. I got pregnant six months after I stopped taking it".

(Did you use anything?)

"No, nothing".

(Did you ever think you might get pregnant?)

"No, it never entered my head, well, it sometimes did but I thought to myself no it won't happen. I was careful because when I used to make love I only did it when it was near a period. The time when I did get pregnant I knew straight away because we did it slap bang right in the middle".

(When did you first think you might be pregnant?)

"After I'd missed my first period. I went and had a pregnancy test and they confirmed it - I felt rotten, I was so shocked. I first told my boyfriend and he was also shocked. But he was quite good about it - better than I was. I didn't want to have the baby then, I was going to have an abortion. He said 'no', but I was determined to go through with it. I made all the arrangements, but in the end I couldn't go in on the day."

(How did your family react?)

"I had to leave home when my parents found out - they turned me out."
I kept it quiet for as long as I could because I think if they had found out earlier they would have made me have an abortion and I didn't want that, I stayed one night at my cousin's and then I went to Bed and Breakfast the next day. Social Security are paying for it.

(Where will you go when you've had the baby?)

"I've had my name on the Council list and they're looking around for a flat for me after I've had the baby. I may have to stay in bed and breakfast for a month or so after I've had the baby before I get the keys to a flat. I've got to move from the bed and breakfast because it's not very nice. You couldn't bring a baby back because it's so cold and very expensive."

(What do you do for the rest of your meals?)

"I go to my boyfriend's house and stuff like that." Patricia said she had a few very helpful friends (actually her cousins) one of whom had a child and another who lived nearby and who had helped her a lot. Apart from the housing problems her pregnancy had been trouble free.

Patricia said originally that her parents were married and living together, but it later turned out that she meant her father and stepmother with whom she had lived since she was three months old. Her mother came to England before she was born so that Patricia had been born in England. She had two younger brothers also born in England but who were sent back to grandparents in Jamaica so that she had never seen them. Patricia lived with her father and stepmother but spent weekends with her mother in another area of London and felt very much that she fell between the two families, and never fitted in anywhere.

(Were you happy as a child?)
"I don't really know whether I was happy. I had such a funny childhood - all the ups and downs and whatnot. It was not as happy as I would have liked it to be."

(How would you describe your father and stepmother's marriage?)

"Oh, they've got a good thing going.....they used to argue a lot, but not so much now. I suppose my Dad makes most of the important decisions but they both have a hand in it." Patricia had had no serious illnesses although she had been in hospital for eight days to have her appendix out. She had never seen a Psychiatrist or Probation Officer and had only seen a Social Worker since she was pregnant which she had not found very helpful. "My Social Worker is OK but she asks me the same bloody questions every time I see her - and it irritates me. She asks whether I planned to get pregnant and I have to keep telling her 'no'. When I was homeless I had to see her deputy who was ever so good, but she wanted me to go in a Mother and Baby Home. I didn't want to go - I've got qualms about places like that. I'm so independent and I've got too much stuff to go in a place like that."

Patricia described her secondary school (a girls' comprehensive) as "that horrible place" although she had like it when she first went there. "I liked it at first, it wasn't a bad school but then it started to get heavy when I got into the 6th form and then I started to slack. I got 11 C.S.E.'s and 4 'O' levels but that was just my memory. I spent a year in the 6th form which I admit I wasted. I then went to a College of Further Education but I wasn't really there long enough to give an opinion about it. I had to work - that was what hit me. I had to work up to 'O' level and above to get the 'A' level and the classes were very academic. I did like it better but you did have to work."

(Did you tell anybody at the College that you were pregnant?)

"Only a friend from my primary school days, I didn't tell anyone else."
(Does the college know why you left?)

"I really don't know. I just didn't go back and nobody's said anything".

Patricia had had some form of sex education; firstly when she was eleven she had seen films about babies being born and been told about menstruation and secondly when she was 14 somebody from the Family Planning Association had come to give lessons about contraception. Her baby's father was her first real boyfriend and she had been going out with him for about eighteen months, but not without difficulty. "I couldn't go out with boys - that was it, I was going out with George on the sly.....He made me go on the pill, otherwise he wouldn't touch me.

(Did he know when you stopped taking it?)

"Yes and he kept nagging at me to go back and get it. Finally I thought OK, I'm not going to put up with any more nagging, so I went and got it, but by then I was two days pregnant......After I've had this baby I'm going back on the pill. I'm not ready to have another one until things are settled down. I'm going to plan out the next one." Since she had been pregnant Patricia thought that the relationship between herself and her baby's father had improved. He was very pleased about the baby and intended to be with her when she had it. She was, however, rather worried about his employment record. "He's unemployed at the moment. He had a job in the summer but he messes himself up with his jobs. But he knows he really has got to get one and not mess himself up - with the baby he knows he can't do it any more. I don't know what happens, he had a nice job in this men's boutique. The money wasn't very good but it would have gone up. I really don't know what happened, but he got the sack six weeks later. He's going to see his Careers Officer - I made an appointment for him to see her. He has a good brain, far better than mine, but he can't be bothered to use it." Patricia thought they would probably get married eventually although
they were intending to get engaged and live together so that they could get to know each other very well first. She thought he would enjoy being a father. "He comes from a large loving family. He likes babies, especially one that is going to be his own."

Patricia was optimistic about the future and was making plans for her career after the baby was born. "What I've to do is go back and see my Careers Officer to get a job with maybe day release. I'd like to be a lab technician - I'm a science fanatic. At College I was doing 'A' level chemistry and biology, but I did get fed up with studying. I would prefer to work and study, I'd be getting some experience as well as money and I could study at the same time. I want to try and get into a hospital as a laboratory technician by September as by that time the baby could go into a nursery. I've got a friend from school who's doing the same thing and she's got the same qualifications and she's doing very well.

Sandra.

Sandra was English, aged 30 and extremely articulate about her situation, which was not surprising since she was a social worker. Her description of the events and her reaction to them which led to her facing the future as a single parent family is characteristic of many who made this choice.

Sandra had become pregnant while taking the progesterone only pill. About a year previously she had suffered from a uterine complaint for which progesterone had been prescribed. She had taken the pill everyday and had been assured by the doctor that it was perfectly safe as a contraceptive. "I had a tummy upset and was very sick and this could have reduced the progesterone level. I was seeing a lot of my boyfriend then and I presume that's when I got pregnant ......I was also rebounding from the effect of being told that I'd probably never be able to have children; perhaps that reduced my conscious efforts to take them very regularly but I never ever didn't take them, although I might forget one in the morning I'd take it
in the evening to catch up. I'd been taking them for years and it was very much a habit."

There was some problem with identifying the pregnancy. "I wasn't having periods or anything although I did start to put on weight and feel a bit sick. In fact I was feeling very low and depressed and went to see my G.P. I couldn't cope at work and was feeling very tired in the afternoons - I thought I was cracking up altogether ....I told him I thought I was chronically depressed and I'd also been working very hard so he gave me some tablets but I didn't feel any better so he referred me to a psychiatrist. I saw this psychiatrist twice and he said I was reacting to pressure at work, but by the time I saw him again the pregnancy had been diagnosed ....... my G.P. had decided to stop the progesterone for a bit and when I stopped taking it and I didn't bleed he gave me a test and found I was pregnant ....I was jolly relieved that was all it was".

(How did you feel when he told you?)

"It was an enormous jumble, it was very mixed feelings. Part of me was thrilled as I've really badly wanted a baby for donkeys of years so I wasn't totally horrified. I was very very surprised, it was the shock I suppose ...... He was very good and gave me the weekend to think about having a termination ...... I'm not against termination but I desperately wanted a baby and couldn't think of termination for me ...... I had to think about it very carefully as in the past I'd thought about having a baby on my own and whether I could manage and decided against it. In the last few years I'd been thinking that I couldn't bear never to have a child but hadn't got round to thinking that it would be alright to have a child without a father".

Sandra had known her boyfriend 'for a long time' and they had had many work and other interests in common. She felt that the relationship had been cooling off just prior to her finding out she was
pregnant." During the period when I felt very low I felt he didn't have enough to give and I would have been asking too much of him to have done it....I found the relationship very destructive as I was feeling low and he wasn't tuned into it....He was very pleased at first (about the pregnancy) and he was alright about it and trying to put himself in the fathers role. We talked about it for two hours but it was very painful for me having the father of the child (who was only the second person I'd told) come back about all his concerns. I felt like saying to him "what about me?" She didn't see him for three weeks during which he returned to his family. "I met him at a conference and he told me he couldn't commit himself to the baby or make a life with me. I didn't ask why, but it may have been something to do with his family." Since that time she hadn't had contact with him but was in the process of trying to get promised financial support from him for the period when she would have to leave work.

Sandra had first told her father about the pregnancy. "He was very surprised, but he took it very well and soon got used to the idea.....my mother comes from a posher family and was much more shocked and has had much more trouble from her friends." Although Sandra described her parents as both rather independent she said their marriage was surprisingly very happy and they had adjusted well to her mother's recent illness. Her parents were helping her to buy a house and she lived with them until the baby was born. She had one younger sister and had never been separated from her parents. Her only serious illness had been the result of a car crash.

Sandra had attended primary and grammar schools. "I was always just above average and I enjoyed school very much, particularly games." On leaving school after doing 9 'O' levels she went to a Secretarial College. After that she did nursing which she had to give up because of the car crash. She then decided to do social work and went to college and got the relevant qualifications. She couldn't remember ever having any sex education at school but that if she had, it had
not included anything on contraception or the emotional side of relationships. She had found out about sex and contraception from friends and books and had never risked becoming pregnant.

She was optimistic about the future while being realistic about the problems she would have to face. Her job was being kept open for her and she was in the process of finding a suitable baby minder, but she was very aware of the relationship difficulties she might have to face and the questions her child would ask about its father. "I don't think I'd feel totally fulfilled unless I could look back on my life and see that I'd successfully brought up a child..... I'm going to have a jolly good go at it!"

**Planned Within Cohabitation or Steady Relationship**

There were 24 people in this group which was 30.3% of the sample and the second largest group within the sample. Everyone in this group were either cohabiting or in a steady relationship and had either definitely or 'sort of' planned the pregnancy, usually jointly with their baby's father. The respondents in this group were older than in the previous group with an average age of 25.4 and the majority aged between 25 and 34. Only five were aged 19 or under. Five people had been once married; two were divorced and three were married but separated. The vast majority of 19 were English (which included three of West Indian parentage) with three Irish and two West Indian.

More respondents than in any other group had had previous babies. Eight had had one child, one of whom had had the child adopted and one who had had a stillbirth. Two people had had three previous children. Four people had had a previous miscarriage and eight people had had a previous abortion. One person was having the present baby because she thought she had made a mistake in having the previous abortion.
Twelve people had planned to become pregnant and after deciding this had stopped using their method of contraception. "We thought we'd like a baby so I stopped taking the pill and was pregnant within two months. I was surprised really as I didn't think I'd get caught so quickly." (57) age 22. W.I. The remaining twelve people had all 'sort of' planned the pregnancy and felt that it would be 'right' if it happened' but couldn't point to a particular time when they had actually decided to become pregnant. Some of these people had stopped using contraception for various reasons, such as an operation, or were using a method which they knew was unreliable. Two people in this group were not using any contraception.

As might be expected the majority of people in this group had used contraception prior to the pregnancy and only four people had never used it. Seventeen people were using the most reliable methods of pill or I.U.D. and only two were using the less reliable rhythm method. Those using the latter method were also not using it all the time as was one person on the pill, although as her boyfriend had had a vasectomy she did not think that she needed to bother too much. On the whole the majority in this group were using the most reliable forms of contraception in the most reliable way.

All twenty four had first told their baby's father about the pregnancy and all had had the pregnancy confirmed by the third month. Later confirmation in this group was usually because, having had a previous child, they knew what was happening and did not bother to go to a doctor until later. Family reaction was, in the majority of 16 cases, favourable although 5 had initial unfavourable reaction
which became more favourable as the pregnancy progressed. Four families were described as being unfavourable or neutral.

The majority (19) had also never considered an abortion. Four had considered in passing, one because the doctor had suggested it to her, one because she was very sick, one because of extreme ambivalence once she had become pregnant and another because the relationship was breaking up. Only one person considered abortion seriously enough to come and see a doctor at the hospital.

Five respondents in this group had a higher education with either a degree or professional qualifications. One had 'A' levels, 9 had 'O' levels and nine had no qualifications at all. They were divided evenly as to whether they enjoyed school with 13 saying they did not and 11 saying they did although seven of these had reservations. Seventeen people had last held non manual jobs which included teaching and community work to temporary office work.

The babies' fathers were, like the mothers, older with 11 aged between 25 and 29 and no one aged 19 and under. Fourteen fathers were in manual occupations, eight in non manual and two were students. The majority (13) were of English nationality with five Irish and six West Indians. Only two fathers had been known for less than a year, the majority (15) had been known for between one and four years and seven had been known for between five and ten years. Only two fathers were not pleased about the pregnancy, three had had reservations at first but were now very pleased and nineteen had been very pleased right from the start. Sixteen fathers were very involved with the baby and expected to be at the birth, five were quite involved and
only three were not involved at all. Eighteen of these couples were cohabiting, one of whom had got married, four were going steady and in only two cases had the relationship broken up.

As in the other groups the majority in this group (16) lived in Council or private rented accommodation. Four were in owner occupied houses, one was in a caretaker's flat and two were homeless in a hostel or bed and breakfast. Eleven considered their accommodation was permanent and eleven that it was temporary.

The parents of half the group were married and living together, ten of whom were described as happy. In four cases they were married and separated, two by work although they had been separated for some years. Three were either divorced or getting a divorce, four had widowed parents and in one case both parents were dead. Disregarding marital status eight came from families where they thought their parents and the rest of the family had been unhappy. The majority of this group came from families of from one to three children; only eight people came from families with four or more children. Like the other groups the class background was approximately equally split between ten from a middle class background and 11 from a working class background.

The majority of this group looked and behaved very much as if they were married. Attitudes to marriage however varied, one group expecting to get married 'if everything turned out all right' or 'to make absolutely sure he was the right person' and the other group only expecting to get married if a compelling reason arose for doing so. Two of the latter group considered themselves married and one
had in fact had a religious ceremony, but neither could see the point in getting legally married. It was also interesting to note that five people had had previous children by the same father only one of which had been planned. In these cases it had led to cohabitation and planning a second child. In five other cases the respondent had been on her own with children by a previous father and had started cohabiting with the present father before planning the present child.

The two case quoted are examples of the two groups mentioned; one was waiting to see how things turned out before possibly getting married in the future and one could see no reason for getting married now or in the foreseeable future.

Jenny

Jenny was an attractive and articulate West Indian aged 22. She had had one previous child (by the same father as the present one) which had been a mistake. "I just got pregnant when I was 16. I was living with my parents and lived with them for a year after my little boy was born. They decided to return to Guyana so I got their Council flat. We've been living together ever since then." They had planned the present pregnancy together and she had got pregnant very quickly after stopping the pill. Both her boyfriend and her family had been very pleased. "We'd planned it together so he wasn't disappointed......my mother is pleased and hopes it is a girl this time as she has another grandson." She had never considered an abortion this time or previously. "I think it's up to you to choose really but it never crossed my mind....last time the doctor asked me what I was going to do but he didn't say anything about abortion." Jenny had done temporary office work since her first baby was a year old and intended to return to this work as soon
as she could get the present baby in a nursery.

Jenny's father had come over to England when she was very young and was followed two years later by her mother. Jenny lived with her grandmother in Guyana until she was six when she came to England with her Aunt and brother. She described their marriage as 'about average. It's mostly my Mum who does all the arguing while my Dad just takes it easy." She thought, however, that her father made most of the family decisions. She thought they had been very good about her first pregnancy. "I didn't know how to tell them I was pregnant. In the end I showed them my appointment card for the hospital, but they said they already knew; my father said he could see it in my eyes. They took it quite good." She had two younger brothers and one younger sister and had never been seriously ill or in hospital. She was separated from her parents between two and six and had not found the reunion easy. "I didn't know my parents when I came to England. I found it difficult to call my Mum 'Mum'. I wanted to go home at first, but I got used to it."

All Jenny's schooling had taken place in England. She had neither liked or disliked school and had left with four C.S.E.'s. Since leaving school she had done mostly clerical work. She had had some sex education at school, but this had not included anything on contraception. She only found out about contraception after having her first baby but hadn't worried about getting pregnant before that. "I didn't think about it actually."

Jenny had met her baby's father eight years ago when she was 16 and had been going with him ever since. He was very fond of children and looking forward to the present baby. "If we could afford it we'd like to have four or five children - he really likes them." She was unsure as to whether they would get married in the future. "I don't think marriage is everything.....we've got a good relationship going. I think he's kind of scared as well to get married. Things are going so smooth now and ......it might change altogether.....we've talked about it but he thinks he's quite young to get married and I think I am too. Maybe eventually we will though."
Rachael

Rachael was English and aged 28. She had had a previous child when she was 18 by another father who was now bringing up the child. "I wanted the first baby but it wasn't planned to the extent that this one is planned. . . . I believed that he (the first baby's father) wanted a child and he was pleased at first when I told him I was pregnant. . . . but there was a lot of trouble in between. . . . He went back to his family in South Africa and when he came back he was married to a relative. . . . it was all very confused. . . . He took the baby when she was two weeks old and I've only looked after her for two weeks since then. . . . I don't have any desire to see him or the child apart from curiosity. I think it's out of my system." The present baby had been jointly planned by herself and the baby's father with whom she was living. "I lost my prescription at a Christmas party and we decided after that we'd be very pleased if I did get pregnant. It took about a year after that to actually get pregnant." She first told her boyfriend about the pregnancy and he was very pleased, as were her family and friends. She hadn't ever thought of having an abortion and it had not been suggested by a doctor, although it was the automatic reaction of her boyfriend's friends that this is what she would do.

Rachael described her parents as very happily married although she could remember not being very happy at home. "I left home when I was 18 and we got on quite well now although that wasn't so before. . . . My father is a rather independent sort of man, he can exist with everyone around him and not actually be aware of them. I think my mother had the main responsibility for bringing us up. My father didn't pay a great deal of attention to us as children but he's a lot more alive now. He wasn't interested if the children weren't successful academically. . . . but he now realised he made a mistake." Rachael had three brothers and two sisters and she was fourth in the family. She had lived much of her life in an area of acute housing shortage and could remember all of them living in a two roomed cottage with no running water or sanitation right out in the country. She
remembers her father as being the one who made the decisions. "My mother always used to say "see your father", even although my mother did most of the childrearing....no, I can't remember any arguments, my father didn't encourage argument." Rachael had never been separated from her parents and had never been seriously ill. She now lived a long way away from them and felt that what she did didn't really affect them. "I've been away so long and the things that I do don't really affect them. They only hear what I want them to hear."

Rachael attended primary and grammar schools but felt that she hadn't lived up to her father's academic expectations. "Until I went to grammar school I was always near the top of the class and got on quite well. When I went to grammar school I was put in the 'B' stream so that was alright.....but I got very lazy and stopped working and in any case I couldn't see the blackboard. I had to wear glasses which I hated because they were those dreadful National Health ones. I was 15 before I got a nice pair which I actually started wearing." She could remember not liking the grammar school but couldn't remember the reason why although she thought it may have been something to do with not liking the area in which she lived. 'She left school with one 'O' level and then did a secretarial course after which she came to London. Rachael couldn't remember having any sex education at school and thought she had not been very aware of sexual interest until she left school. "I learn't about it by picking up bits and pieces from people at school.... I didn't use contraceptives at first.....it did worry me at the back of my mind (that I might get pregnant) but it (sexual intercourse) happened so infrequently I thought I probably wouldn't. Every so often you'd find that you'd leapt into bed with someone except that in the area I came from you leapt into the bushes. Its enough to put you off sex for life....I was aware of the fact that it led to pregnancy but I always assumed I'd be lucky...... I was lucky that when I did get pregnant I wanted the baby." Since the birth of her first baby Rachael had used the pill consistently and had had no other unwanted pregnancies.
Rachael's boyfriend was very pleased about the baby and intended to be with her at the birth. They had been living together for two years and she did not think their relationship had changed since she had become pregnant. She could not see them getting married in the foreseeable future. "If there were any real reason to get married we would but we don't see a need at the present. I can't see that I've got anything to gain by getting married. I'm not religious and he's a lapsed catholic. His parents are dead and mine don't worry. I suppose if we were going to suffer monetarily we might, but otherwise we won't get married."

**Independent Planners.**

All the respondents in this group had decided independently that they would like to have a baby and had planned to be responsible on their own for bringing up the baby. There were 14 in this group which comprised 17.7% of the total sample. They were the oldest group with an average age of 29.1 and ten aged 25 or more. Of the six aged under 25, however, only one was aged 19 and under. Ten of the group were English, one was Irish and two were West Indian. Two were once married, one being divorced and two being married but separated.

Only three people had had a previous baby, all of whom had kept it, two had been planned and one was a mistake. Four people had had previous abortions, one of whom had had two. In eight cases the present pregnancy had been conventionally planned with the respondent deciding to have a baby and then stopping the use of contraceptives. The remaining six had 'sort of' planned it with two people either using an unreliable method or no contraception and not minding a pregnancy, one person leaving off the pill for an operation and not
minding if she became pregnant, and the remaining three stopping use of contraceptives and leaving this up to their boyfriends and not minding if they became pregnant. Of the twelve who had previously used contraceptives only one person was using what might be described as an unreliable method, (chemicals only) but she had used it all the time and hadn't become pregnant before she wanted to. The remainder had all used the more reliable methods of pill, I.U.D. or cap and only three of these had used it for most of the time rather than all the time.

Everyone in this group had had very positive feelings when the pregnancy had been confirmed although four had also had feelings of apprehension. Only two people had had the pregnancy confirmed between the second and third month. Ten people had first told their boyfriend about the pregnancy and four had told other relatives. Only one family had reacted unfavourably towards the pregnancy and had not accepted it and in one case the parents had not been told. The remaining twelve families were described as favourable towards the pregnancy although six of these had been initially unfavourable. Abortion had been considered in passing by six respondents, but usually this had been quickly dismissed and no one had taken any steps to go to the hospital to get it done.

The respondents in this group were either very well educationally qualified or had no qualifications. Seven had a degree or equivalent professional qualifications, one person had 'O' levels and the remaining six had no qualifications. Eight people had enjoyed or quite enjoyed school although this had been qualified in six cases. The remaining
six cases had hated school. Only seven people had had sex education at school and in only two cases had this been considered comprehensive. The majority of this group had learnt about sex by trial and error, from friends and from books. Three people in this group had last held a manual type job and the remaining 11 had had non manual jobs ranging from office work to solicitor and teaching.

Everyone in this group could say who the father was and no one had taken the philosophy of independence to the logical extreme of deciding to have a baby and sleeping with anyone until she got pregnant. One person had originally not been sure who the father was and this was because, unable to persuade her boyfriend to be the father of her child, she had carried out her threat to let someone else be the father. This had had the desired effect of changing her boyfriend's mind and tests had shown that the baby was probably her boyfriend's.

"It wasn't always clear (who was the baby's father) particularly when I was desperate to have a baby and he was refusing to do so, but I wanted him to be the father." (1) age 30. One other person had got pregnant as the result of a very short affair. "I had this sudden urge to have a baby......I'd known him two months but I fall in love very easily......I didn't tell him I was pregnant until he was leaving .....I didn't want it to be anything to do with him, I wanted the child to myself." (61) age 22, Irish. Two people had known their baby's father for less than a year, but the majority of 8 had known him for between one and four years. The remainder had known him for five years or more. Like the mothers most of the fathers were aged 25 or more and most (7) were in non manual jobs, with one in a manual
job, two students and one unemployed and information not forthcoming on three. Seven of the fathers were English, four were West Indian and three were of other nationalities. The majority (10) of fathers were now quite pleased about the pregnancy although six had initially had some misgivings. Three were neutral about the pregnancy and in one case the relationship had broken up. The majority of fathers (10) were quite involved with the baby, seven of whom intended to be present at the birth. Only two respondents in the group were cohabiting, seven were going steady, three were unsure about the relationship and two had broken up.

Like all the other groups the majority (11) lived in Council or privately rented accommodation with two in owner occupied houses and one in a hostel. About two thirds (9) considered their present accommodation to be permanent.

Half this group (7) had parents who were married and living together and all considered their parents happy, although in one case she said they argued a lot because of her father’s drinking. In one case her parents were married but separated and this had been a very unhappy marriage. Six respondents had widowed parents, four of whom thought their parents had been happy. In one case the marriage had been described as a disaster and in another the early widowhood of her mother had led to considerable geographical mobility and a very poverty stricken childhood. Nine people came from families with one to three children and five came from families with five or more children. Like the other groups the class background was split equally with seven from a middle class background and six from a working class
background and one that could not be classified. The majority in
this group could be characterised as being well educated, articulate,
middle class women who had decided to have a baby and bring it up on
their own. Often this was for ideological reasons sometimes connected
with ideas of Womens Lib leading to a redefinition of marriage and
changed attitudes towards it and the two parent family. This could,
however, arise from past experience (as in the second case described)
or from a present situation where marriage was impossible - such as
the respondent who had a boyfriend who wouldn't marry her and wasn't
too keen on a stable cohabitation although he was quite willing to
support her and the baby. Like the respondents in the group who had
made a mistake with no steady relationship this group of independent
planners had a great variety of individual variation and it is diff­
cult to choose a typical case.

Alice

Alice was a very well educated and articulate person who was very
typical of the middle class woman who wanted a baby, but did not
think marriage or the two parent family had much to offer her.
She was aged 27, English and nearly 5 months pregnant when I saw
her. She had been on the pill prior to deciding to have a baby
and had never had an unwanted pregnancy. "Since I left school
I've been aiming at and doing a professional training and now I've
reached it and I get a lot of satisfaction from what I do. Now
suddenly I've got these overpowering maternal feelings and because
it was a steady relationship and one I felt secure in I thought I'd
like a child. I thought I could give my child as much love and
happiness as if I were married." Alice had a job as a solicitor
which was being kept open for her and to which she intended to
return when the baby was three months old. She lived with friends
and although she intended to continue seeing her boyfriend
she did not think he would play a major role with the child
although she anticipated that he would 'be around' for quite a
long time.

Alice's mother was widowed but described her mother's marriage
as being very happy. Her mother had also been very interested in
her career. "My mother is a professional woman and encouraged us
(an older sister and herself) to get a professional training so
that we never had to be dependent on a man. My mother always worked
so that she never gave me the usual stereotype image of the mother...
My mother stayed at home until we were two and then we were looked
after by childminders......my mother was too frustrated at home and
thought it was better if she went out to work." The effect on
Alice's sister had, however, been different. "My sister had been
very disapproving as she thinks you can't give a child security in
that situation....she's been very moralistic about it, but I think
she's under the influence of her husband who is very rigid and
middle class." Her mother had reacted differently "My mother's
been lovely - she's been really smashing." Alice had no separations
from her parents, had had no serious illness and considered that
she had been very happy as a child.

Alice had attended primary and grammar schools and then gone to
University to do law. She had liked school until the sixth form
when she wasn't very happy because of the petty rules and regulations,
She had had no sex education at school and had always asked her
mother when she wanted to know something. "My mother told me about
contraception, she was rather embarrassed but very honest." Alice
had always used contraception.

Alice had known her boyfriend for ten years and described it as a
relationship in which she felt reasonable secure. She did not think
she would have got pregnant if she had not felt secure, although it
was not a very intense relationship. "It's not passionate or anything
like that." His first reaction to news of the pregnancy had been very emotional. "At first he thought it was a good idea, but after talking about it he didn't like it because he thought it would be too much of a commitment for him. I explained that I didn't expect him to keep me and since then he's been fine.....

... He discussed whether I ought to have an abortion (Alice did not consider this herself) as a sort of panic reaction. He's still panicking a bit and doesn't know whether he'll be with me when I have the baby. I'd like him to be there and I hope eventually he'll decide to do so although I think he's afraid of what will happen. I think he might also think that if he sees the birth he'll be more committed than he wants to be." She said that because of these ambivalent feelings the relationship had been rather strained. I saw Alice after she had the baby (a boy) and she said that her boyfriend had been there at the birth and that the relationship between them was now as she wanted it to be and happy for all three of them.

Alice had no intention of ever getting married. She could see no point in getting married, particularly as in her work she saw a succession of broken marriages. "The only reason I can see for getting married is to give me security - and I've got that anyway."

Carol

Unlike Alice, Carol was less well educated and somewhat less articulate. Her independence seemed to stem more from her previous experience as an unmarried mother but it was clear that she had always felt that she did not want to marry although she had only recently been able to articulate this.

Carol had had her first child by a different father when she was 23. She had lived with the father and the pregnancy had not been planned. He was very angry about the pregnancy and had said that it was not his. The relationship had become very strained and had finally broken up when the baby was six months old. At that time she had been living with the parents of her
baby's father where she was very unhappy because they were always fighting. She was finally accepted by the Council as homeless and rehoused by them. Since that time she tried working for six months but found that this was too much for her so she lived on Social Security. As a result of this experience her attitudes to marriage had changed and become articulate. "There's been a change in my attitude. I've been through it once and got over the thing of being 'an unmarried mother'. I've proved to myself it could be done and now I don't worry ......... I've always said I wouldn't get married, I could never visualise myself as married." She had decided she wanted another baby and had gone to the Family Planning Clinic to have her coil removed. "I wanted two children before I was 30 and I wouldn't have felt complete if I didn't have this second one." She felt that her relationship with her boyfriend had given her more security this time. They were more or less cohabiting before she became pregnant, but he wanted to go away after the baby was born. "He wants to go away somewhere - somewhere quiet - perhaps it's the responsibility that worries him ......... He doesn't want to get tied down. I don't want to get tied down to him, but I enjoy being tied to the children."

Carol's father was widowed when she was 9 and her mother had been ill for most of those nine years. Her father remarried and Carol did not get on with her stepmother so she went to live with an aunt. With her mother's illness and father's remarriage Carol had a somewhat unsettled childhood, spending one year in a boarding school, three years in a children's home as well as moving several times. Her father's second marriage was breaking up and she only saw him occasionally. Her sister took a very moralistic view of her situation and Carol saw her very rarely. "I get most of my security from my friends, not my family." She had one elder sister and three half sisters. She had never been seriously ill or had to stay in hospital.

Carol's schooling was severely disrupted by all the moves and she felt this had stopped her from getting on. "I sat the eleven plus when I'd just started at the children's home and it was a bad time
emotionally. I failed and I didn't get on after that." She had wanted to stay on after the age of 15 but had been prevented from doing so by her father who was short of money and wanted her to leave. Carol had never had any sex education at school and used to ask her sister about most things. Even when she later had a fairly comprehensive sex education from a day release course she had while training to be a telephonist her family upbringing made it difficult for her to obtain contraceptives. "My family were very stern and there was no real information. It was thought dreadful to go to a doctor to ask for the pill so I never bothered." She was, however, on the pill prior to living with her first baby's father.

Carol had known her present boyfriend for just over two years and they had been cohabiting for nearly two years. He had been acting as father to her first little boy, but had not been keen on having another baby. "I got very restless and decided I wanted another baby although he never wanted children." He had not been keen at first but was now looking forward to having the baby although he did not intend to be there at the birth and they were not going to live together for a while after the baby was born. Carol thought that since she had been pregnant the relationship had felt more secure and more like a family. She did not, however, contemplate marriage. "I don't see many good marriages about or any reason to think that marriage is anything in particular. I don't think I'd be any more secure if I did get married."
The characteristics of the different types of illegitimacy can

be summarised by the following diagram:

1) Age - the youngest group, average age 21\text{.}2
2) Nationality - 6 English, 1 Irish, 4 West Indian.
3) For most, contraceptive use erratic.
4) Education - 'A' levels Highest education - obtained by only 1
5) Occupation - 6 in manual occupation or at school.
6) Baby's father - of similar age to mothers - known the shortest time

11 Respondents 13\text{.}9\% sample

MISTAKES

ILLEGITIMACY

PLANNERS

16 Respondents 20\text{.}3\% sample

1) Age - slightly older, average age 23\text{.}1
2) Nationality - 22 English, 1 Irish, 7 West Indian.
3) Contraceptive use - attempted by more but still tended to be erratic.
4) Education - Higher, 7 had degree or professional qualification.
5) Occupation - Only 2 in manual occupations.
6) Baby's father - of similar age known for longer.

30 Respondents 40\text{.}0\% sample

No steady relationship

In steady relationship

In cohabitation/steady relationship

1) Age - the oldest group, average age 29\text{.}1.
2) Nationality - 12 English, 1 Irish, 3 West Indian.
3) Contraceptive use - only 2 had never used, majority used effectively.
4) Education - best educated group, 7 with degrees/professional qualifications.
5) Occupation - 3 in manual occupations.
6) Baby's father - known the longest time, only two cohabiting.

16 Respondents 20\text{.}3\% sample

1) Age - older, average age 29\text{.}4.
2) Nationality - 18 English, 3 Irish, 1 West Indian.
3) Contraceptive use - attempted by all but three, used effectively in other cases.
4) Education - 5 had degree or professional qualifications, fewer (9) with no qualifications.
5) Occupation - 5 in manual occupations.
6) Baby's father - only four not cohabiting, majority known for more than a year.

22 Respondents 25\text{.}8\% sample
Quite clearly the concept of illegitimacy covers a wide variety of different types which have different characteristics and interpret their situation differently. The statistical analysis, however, showed that nationality has an important interactive effect which is not apparent within this taxonomy, although there are small differences between groups as regards the nationality of the individuals within them. This aspect of nationality, or ethnic/cultural background, will therefore be considered in the next chapter together with its relevance to this taxonomy.
Chapter 10

The Process of Becoming the Mother of an Illegitimate Baby within Different Cultural Groups.

The A.I.D. program showed that nationality had an interactive effect on class which itself was related to age. It was therefore hypothesised that this interaction could result in different proportions of women within different nationalities having illegitimate babies, possibly by means of a different process. National differences were therefore examined in terms of the differences within nationalities between mothers of legitimate and illegitimate babies and the process of becoming the mother of an illegitimate baby within each of these nationalities. For the purposes of carrying out this comparison the sample was divided into English, West Indian and Irish nationalities. The Irish were the most clear cut of these groups as all were immigrants and all came from Eire. The West Indians, however, came from all areas of the West Indies with four coming from Jamaica, four from Grenada, two from Guyana, three from Barbados and one each from Trinidad and Montserrat. With such small numbers it was difficult to make comparisons between the group and as they seemed to have certain similarities they were treated as a group. Some of these respondents did describe themselves as West Indian rather than indicating their nationality in terms of the island from which they came. The results from this group, therefore, can only be taken as an indication of what happens in the West Indian area as a whole and it is possible that there might be inter island differences although these could not be identified in this research. The English group also contained a number of people of mixed descent.
Five were of English/West Indian descent, four of mixed English/Irish descent, two of mixed English/African descent and one each of mixed English/French and English/South African descent. One other person, while being born in England and of English descent had spent most of her formative years in Rhodesia. Again there were insufficient numbers within these groups to warrant treating them as separate groups and they were all included within the English group. Nationality was therefore determined mainly by what respondents called themselves although as it can be seen the concept of nationality is by no means clear cut.

In terms of the level of illegitimacy found within each of the groups under discussion this was not as expected, as shown by the following table:

<table>
<thead>
<tr>
<th></th>
<th>Mothers of illegitimate babies</th>
<th>Mothers of legitimate babies</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>90</td>
<td>378</td>
</tr>
<tr>
<td></td>
<td>19.2%</td>
<td>80.8%</td>
</tr>
<tr>
<td>Eire</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>21.6%</td>
<td>78.4%</td>
</tr>
<tr>
<td>West Indian</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>66.7%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

chi sq. $P < 0.001$ Table 10:1

The West Indian group have the highest level of illegitimacy and the United Kingdom the lowest with Eire in between, although the illegitimacy level here is nearer that of the United Kingdom than of the West Indian. There were differences in the marital status of mothers of illegitimate babies in that the West Indian mothers were all single, two (3.9%) of the Irish were once married and twenty one (4.5%) of the English mothers were once married showing the greater part that once married mothers have in producing illegitimate babies in the latter group. The reason for the greater than expected illegitimacy level in the Irish group
could possibly be explained by the increased level of recent immigration to England within this group because of women who come to England specifically to have an illegitimate baby. Only two people, however, were recent immigrants to London in that they had arrived in London during the previous year, so this cannot explain the increased rate. In all probability, however, this group of women are very different from Irish women as a whole in Eire. This is particularly true in terms of the proportions interviewed for although 64% of English and 63% of West Indian mothers of illegitimate babies were interviewed this was true of only 55% of Irish mothers of illegitimate babies. In all 58 English, 15 West Indian and 6 Irish mothers of illegitimate babies were interviewed.

**Individual Differences in Becoming the Mother of an Illegitimate Baby.**

The critical 'decision' points in becoming the mother of an illegitimate baby according to the concatenated theory are whether extra marital sexual intercourse takes place, whether contraception is used, once pregnant whether abortion takes place and whether marriage occurs before the birth of the baby.

In terms of sexual behaviour there seemed to be few differences between the groups in the duration of the relationship from which the pregnancy arose. Two English women, one possible West Indian and no Irish were pregnant as the result of a very fleeting relationship such as at a party or on holiday. There was no statistical difference between the groups in the length of time which the baby's father had been known although fewer of the Irish and the West Indian had known their baby's father for a very long time as the table overleaf shows.
This could to some extent be explained by the overall younger age of the women in these groups. The Irish and the West Indian were much more likely to be under the age of 25 than the English as the following table shows:-

### Age of Respondent

<table>
<thead>
<tr>
<th>Age of Respondent</th>
<th>19 &amp; under</th>
<th>20 - 24</th>
<th>25 - 29</th>
<th>30 - 34</th>
<th>35 &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>14</td>
<td>15</td>
<td>13</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Irish</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>West Indian</td>
<td>7</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

\[ \chi^2 \text{ p. } < 0.5 \geq 0.3 \]  
Table 10:2

As might be expected the English had the highest average age of 24.8, the Irish 23.8 and the West Indian the youngest of 20.6. Even given these different ages within the different groups there seemed little difference in the type of relationship experienced with the baby's father. Apart from the three who had a casual relationship with the father and the seven who did not wish to talk about the relationship (some of which may have been very fleeting relationships) the rest all considered that they had been in a reasonably stable relationship. There were differences, however, in the extent to which such a relationship either led to marriage to legitimate the baby before or
after it was born. The majority in all groups were in relationships where they were 'waiting to see how things turned out' before deciding whether to marry or not. A larger proportion of the English, however, had either married or had marriage planned for a definite time in the future than in either of the other two groups.

<table>
<thead>
<tr>
<th>Contemplation of Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married or Waiting to Relationship Does not believe in marriage</td>
</tr>
<tr>
<td>marriage planned</td>
</tr>
<tr>
<td>English</td>
</tr>
<tr>
<td>Eire</td>
</tr>
<tr>
<td>West Indian</td>
</tr>
</tbody>
</table>

\[ X^2 \text{ p. } < 0.2 > 0.1 \] Table 10:4

There were also differences in the attitudes expressed in relation to marriage, with the English and Irish more centred on the particular relationship in terms of how it would turn out whereas the West Indians had a more generalised commitment to marrying later. This is probably best shown by the following extracts:

"I want to leave London in the next week or two, get married, my boyfriend to get a job and start saving and live a happy family life ....... but it depends on what he decides while he's away." (23) English aged 19. (I believe she did get married before the birth of the baby and went to live in a New Town)

"If it all works out I want to join my boyfriend in Australia .... I'd like to get married for the baby's sake ....... but if it doesn't work I'm quite prepared to keep the baby on my own." (34) English aged 22.

"I'll get married hopefully one day, but not for now ....... its not in my book at the moment because I'm so used to my independence
I think I'd feel too tied down if I were married......
My mother didn't get married until she was older and had already had one child." (26) West Indian (from Trinidad) aged 29.

"I don't want to get married until I'm an old woman - it's a waste of time and money." (4) West Indian (from Grenada) aged 21.

On the whole the West Indians expressed the more generalised commitment to later marriage whereas the Irish and the English tended to focus on the actual relationship and discuss the probabilities in those terms, although there were elements of both found in all national groups and the difference was one of emphasis on the factors considered. The West Indians appeared on the whole much more relaxed about delaying marriage and taking on the status of parent before that of mate whereas when this happened in other groups the individuals could feel much more uneasy about their situation, as the following extract shows:-

"I don't want to get married at the moment, I just don't feel ready, but that's no answer because I feel ready to have a baby but not ready to get married." (2) Irish aged 23. (This respondent had, earlier in the year, been planning a 'huge white wedding' but this had been delayed since she became pregnant as she did not want to appear to be marrying just because of the pregnancy.)

The English group had a large minority (29.3%) of what could be described as 'principled deviants', i.e. those who did not believe in marriage and in some cases the two parent family. They also had a much larger minority than in either of the other two groups of individuals who were unable to marry the father of the baby because the relationship had broken up. The English group, unlike the other two groups, therefore contained three sections with different reasons for not marrying
The smallest group (13.7%) either married during the pregnancy or had marriage planned for the very near future; the next smallest group (34.4%) were waiting to see how the relationship turned out before deciding upon marriage and for the largest group (51.9%) marriage was either impossible or not desired. The English therefore displayed a wider variety of attitudes and behaviour in relation to marriage although this could have arisen from the larger numbers and greater diversity of social background found in the original sample frame.

As far as contraception was concerned there were no significant differences in whether contraception had been used or not as the following table shows:

<table>
<thead>
<tr>
<th>Use of Contraception</th>
<th>Table 10:5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>English</td>
<td>42 74.4%</td>
</tr>
<tr>
<td>Irish</td>
<td>2 33.4%</td>
</tr>
<tr>
<td>West Indian</td>
<td>10 66.6%</td>
</tr>
</tbody>
</table>

\[ x^2 < 0.5 > 0.3 \]

The English were, however, the most likely to have used contraception with the Irish least likely to have done so. The English were also more likely to have used it the most efficiently although there were no differences relating to the type of contraception used.

<table>
<thead>
<tr>
<th>Type of Contraception</th>
<th>How often used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All the time</td>
</tr>
<tr>
<td>English</td>
<td>29</td>
</tr>
<tr>
<td>Irish</td>
<td>1</td>
</tr>
<tr>
<td>West Indian</td>
<td>5</td>
</tr>
</tbody>
</table>

\[ x^2 p. < 0.05 > 0.02 \]

\[ x^2 p. < 0.1 > 0.05 \]

Table 10:6
There were no cases of complete ignorance about the existence of contraception or of methods of obtaining it although it did not follow from this that respondents found it easy to obtain and use, as well as using contraception the most efficiently the English had used it the longest with, apparently the least side effects, as shown in the following table:-

<table>
<thead>
<tr>
<th>Time Contraception Used</th>
<th>Whether Side Effects Experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than 1 year</td>
</tr>
<tr>
<td>English</td>
<td>6</td>
</tr>
<tr>
<td>Irish</td>
<td>1</td>
</tr>
<tr>
<td>West Indian</td>
<td>5</td>
</tr>
</tbody>
</table>

\[ x^2 \text{ p. } \leq 0.05 \geq 0.02 \]
\[ x^2 \text{ p. } \leq 0.1 \geq 0.05 \]

The length of time used could be related to the older age of the English but the apparently greater amount of side effects experienced by the West Indians was a factor in their less efficient use of contraception and also a contributory factor in their becoming pregnant, as the following extracts show:-

"I was on the pill 'off and on'. I started to bleed while I was on holiday so I stopped taking them and waited for a period to start taking them again, but it never came ....... I was worried about the side effects of the pill so I didn't like to take them all the time." (60) West Indian (from Barbados) aged 19.

"The pill made me sick ....... the clinic was a long way away .. .... so some mornings I didn't take it." (22) West Indian (from Jamaica) aged 18.

"The pill gave me pains in the breast so I stopped taking it .... I went to have a coil fitted and they found out I was pregnant." (41) West Indian (from Grenada) aged 21.
As far as the Irish were concerned there was little evidence that their religion had been very influential in whether they used contraception or not, although whether this was something they were unable to articulate is difficult to say. Of the four Irish women who had not used contraception two did not do so because they wanted to become pregnant (although in one case this might have been an ex post factum rationalization) and in one case the respondent had wanted to get contraceptives but had not been able to 'get round' to going to her doctor (there certainly seemed to be some unarticulated conflict here which could have been related to religious values). The remaining respondent had used contraception very erratically but this seemed to be an expression of one aspect of her very confused family life rather than related to any religious conflict over contraceptive use.

As far as abortion was concerned the West Indians were, perhaps surprisingly, significantly more likely to have considered this option than any other group:-

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td>Irish</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>West Indian</td>
<td>13</td>
<td>2</td>
</tr>
</tbody>
</table>

\[X^2\] p. < 0.01 > 0.001 Table 10:8

Although they considered abortion more often the West Indians were less likely to actually do anything about it and were much less likely to get as far as either appointment or admission to the hospital.
Seven of the English who attended a clinic or were actually admitted to hospital decided not to have an abortion as it was too late on in the pregnancy; the remaining five decided that they could not go through with it. Of the thirty-eight who had not considered abortion, twenty-six had not done so because they had planned the pregnancy in the first place and twelve because they did not think abortion was right for them. These types are illustrated by the following extracts:

"I came into hospital and they told me I was too far gone to have an ordinary abortion and that I'd have to have a drip and it would be like having a baby. As well as being rather scared I'd decided I wanted to have the baby by then." (16) English aged 21 years.

"I came to the clinic at the hospital, but then I realised I didn't want one. (an abortion) ....... If I'd have been really negative I would have had one." (77) English aged 32.

In the case of the West Indians the only respondents who did not consider abortion were those who had decided to become pregnant in the first place. The remainder considered it, but as mentioned before, only two went as far as taking positive steps towards obtaining one. The attitude of the boyfriend seemed to be extremely important and these respondents appeared to give greater weight to his requests.
than in either of the other two groups, where the decision was seen to be mainly that of the woman herself. Thus, although abortion was seen by this group as a possible option there were factors in their social situation which inhibited them from doing anything positive about it, as will be shown by the following extracts:

"I thought about abortion and I even applied for one but the baby's father said I shouldn't so I changed my mind." (21) West Indian (from Jamaica) aged 22. (This respondent told me that her baby's father had not wanted her to have an abortion as this was his first child, but that she had since had reservations about her decision and wished that she had taken the abortion as "I've got to do all the sitting around waiting for the baby and leave work and everything.")

"I thought about an abortion but the doctor wouldn't allow it ....... my boyfriend didn't want it so I didn't try and get one." (41) West Indian (from Grenada) aged 21.

"I thought about it (an abortion) but I couldn't really get down to doing it. I thought if I threw it away I might not get pregnant again." (27) West Indian (from Grenada) aged 21.

Like the last respondent several West Indians emphasised to a greater extent than other groups the possibility that abortion might make them sterile.

Of the two Irish women who considered having an abortion only one went as far as attending a clinic. This was at the instigation of her boyfriend with whom she was having emotional difficulties. These improved slightly over the time when she was deciding whether to go into hospital or not. She decided against the abortion and to bring the child up on her own if necessary although when I spoke to her things had improved between herself and her boyfriend so much she did not
think that the situation would arise. The other person had considered abortion mainly through the instigation of her mother who had tried to persuade her to have one. Although all the Irish described themselves as Roman Catholic there was no overt connection between this and not wanting an abortion, although they could have very strong ideas about whether they should have an abortion or not.

"I wouldn't ever have an abortion, not for any reason." (2) Irish aged 23. (she was in any case too late for an abortion when she went to the doctor).

"I wouldn't consider it (an abortion) ....... The doctor wrote a letter to the hospital but I wouldn't have an abortion under any circumstances." (61) Irish aged 22. (This respondent had decided that she would like to have a baby, had come off the pill and became pregnant. Later she said she did not want the baby after all and was arranging for it to be adopted.)

The only cases where religion seemed to play an important part in the decision to have an abortion or not was where one English respondent was a very committed Jehovah's Witness and where another West Indian felt that the congregation at her local church (Church of England) would not be sympathetic towards her if she had an abortion, even though she had had one previously.

In relation to the decisions made at critical points throughout the process of becoming the mother of an illegitimate baby there are different points of emphasis relating to the decisions which occur more frequently in the different national groups. The English group showed the greatest diversity in terms of general characteristics like age, marital status and class and in terms of the kind of relationship with the baby's father and the orientation
towards marriage within it. A greater proportion of this group used contraception, used it more efficiently and for longer with a consequent decreased probability that the pregnancy was not planned. The respondents in this group were less likely to have considered abortion but were more likely to have taken positive steps to obtain one if they had done so. By contrast the West Indians were more homogeneous in terms of age, marital status and class and were as a whole less likely to be oriented towards marriage in their relationship with the baby's father and to take a more relaxed view in relation to marriage. They were only slightly less likely to use contraception than the English but more likely to use it less efficiently, have more side effects and to use it for a shorter time. This was a contributing factor in the larger proportion of this group who had definitely not planned the pregnancy. They were more likely than any of the other groups to have considered abortion but to have been more sensitive to social pressure against abortion, particularly from their boyfriends so that they were less likely to have taken positive steps to obtain one. With the very small number of Irish the conclusions drawn must be tentative, but like the West Indians they were more homogeneous than the English in terms of age, marital status and class. It was difficult to generalise about the factors which were influential in terms of contraceptive use and consideration of abortion but they did not seem to be related to the expected factors of religion, although this may have been unarticulated. In terms of what the expectations were within the three groups after the baby was born, as found in the pilot study, the West Indians were more likely than any other group to be returning to work before the baby was a year old, although a
substantial minority of the English hoped to return to work before the child went to school. In the case of the majority in all groups of those expecting to return to work before the child was a year old, plans for a nursery place or baby minding had been or were being made.

Table 10:10  **Expectations of Returning to Work**

<table>
<thead>
<tr>
<th></th>
<th>Before baby aged 1 - 4</th>
<th>Before baby aged 5 or more</th>
<th>Do not know</th>
</tr>
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<tbody>
<tr>
<td><strong>English</strong></td>
<td>18</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td><strong>Irish</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>West Indian</strong></td>
<td>10</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
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\[ X^2 \quad p. \quad < \quad 0.05 \quad > \quad 0.02 \quad (\text{columns 2 \\& 3 combined for this calculation}) \]

Although these differences were apparent it must be emphasised that a variety of different attitudes were found within each of the national groups so that it is impossible to formulate the stereotype of the English, Irish or West Indian mother of an illegitimate baby in terms of how the process of becoming such a mother occurs. Cases could be chosen, however, to illustrate some of the differing national aspects in relation to the decisions made at critical points and also to examine the manifestations of various norms and values relating to the family which were found within these differing groups. Before doing this, however, the factor of immigration will be considered in relation to the West Indian and Irish groups.

The experience of immigration for the West Indians could be described as traumatic, neutral or a good experience. Those who described it as traumatic usually found it difficult to adjust to English life and felt very homesick (often these respondents expressed
a wish to return to the West Indies) and also found it difficult to get on with their parents when they came to England. The following extract is an example of this kind of experience. This respondent came to England when she was eight having lived with an Aunt in Jamaica since she was nine months old. (Her mother already had two children and was unable to cope with the respondent as well). She then stayed with her grandmother and came to England two years after her mother had emigrated there. She had found the experience difficult to cope with.

"I didn't like it when I first came to England, it was cold and I couldn't understand the language. ...... My mum was very strict but she couldn't really cope with me (at the time of the interview her parents had recently split up and were in the process of obtaining a divorce) ...... I was hoping to go back to Jamaica but now I'm pregnant I won't be able to, but I'd like eventually to see my grandmother."

The neutral reactions to emigration (experienced by four respondents) were in the nature of finding everything strange at first, but becoming used to it eventually. These apparently emotionless reactions, however, may have hidden strong feelings about their situation which they did not like or had difficulty in expressing. The following respondent, for example, had been left by her parents in Barbados when she was five with her great aunt. Her other sisters and brothers lived with her grandmother who did not live very near so she only saw them occasionally. She came over to England when she was twelve together with her other brothers and sisters to live in a very crowded rented flat with a new brother and parents whom she had not seen in the intervening years. Her feelings about this were as follows:
"When I first came over I was a bit scared of them (brothers and parents) at first, but I got used to them and now we get on all right together - well sometimes we do!"

Five of this group had found the experience of emigration a very positive one although they may have found it strange at first. Two of this group had in fact come over on their own, one to join her mother so that she could become qualified as a nurse and midwife and another to join her aunt and also to do nursing. Both were in their early twenties when they did this. The following is more characteristic of those who came over when they were younger. (She came to England when she was 11). She had been brought up by her mother and grandmother in Jamaica and had been left with her grandmother when her mother came to England. When her mother had found somewhere to live she came to England with her grandmother and lived with her for a period, seeing her mother (who had remarried and had another baby) at weekends and holidays. She was now living with cousins and felt that she had settled in England.

"Coming to England seemed like a fairy tale ....... I was a bit homesick but I came with my grandmother and I saw my mum holidays and weekends. In the end I settled down - I feel strange when I go to Jamaica now."

It was extremely difficult to tell the extent to which the prolonged separation which many of these women experienced and the consequent dislocation experienced by emigration was relevant to the illegitimate pregnancy. Only one person seemed to have been so disturbed by the experience of emigration that she was still finding it difficult to get on with her parents and felt very isolated and friendless. She had been unable to settle at school or at work and was longing for her
mother to accept the pregnancy but her mother appeared very rejecting which had made the respondent feel even worse and she was finding it very difficult to cope with the pregnancy in that situation. On the whole, however, these respondents seemed to have accepted their separations at least on the surface and although their family situation may have been a factor in their illegitimate pregnancy it was difficult to see how it could have been the whole explanation. The extent to which this was the case, however, would require a much more detailed 'in depth' analysis.

In contrast to the West Indian immigrants, the Irish immigrants either came over on their own when they were older or came over with their families. There were no cases of long separations of parents and children owing to the parents coming across first to find a home and a job. Of the three people who came over with their families, however, all appeared to have led a very unsettled existence. In two families the father had found it difficult to obtain a satisfactory job and in one case this had meant moving frequently in and around London and in the other had led to extreme deprivation in the family as the father refused to accept unemployment benefit. In the remaining case the father had come across with the children when the respondent was ten and had immediately put them into care. Her mother had left her father when the respondent was three owing to the violence of her father, but under Irish Law had had to leave the children with their father. She had been more or less brought up by her grandmother who lived nearby although she continued to live with her father and to see her mother who had gone to live in England. Since living in England she had hardly seen her father (who she
described as 'touched') but had recently gone to live with her mother with whom she was getting on very well. Of the remaining three who came on their own two had come for a holiday and stayed and the third had joined a dance troupe which went all over the world and she had decided to make her base in London. Again it was difficult to say the extent to which the emigration experiences were related to having an illegitimate baby. In one case the respondent explained her behaviour in terms of wanting a baby because she missed her mother so much since she had died a year or two previously. In the other two cases the disturbed picture of the family background seemed relevant but considerably more 'in depth' information would be needed to determine what the processes were in these cases.

With the diversity found in the various groups it was difficult to find cases which were typical of each of the groups. Cases were therefore chosen to illustrate both relevant factors in the family background and expressions of the norms and values surrounding their behaviour as the mother of an illegitimate baby.

The English

Two examples have been chosen to illustrate the family and process aspects of becoming the mother of an illegitimate baby. The first, Vivian, came from a middle class background and was pregnant with her third child which had come rather before time owing to a contraceptive failure (she had been using the coil). This case has been chosen as each of Vivian's children represented a different type of illegitimacy with differing reactions from her family. The second case, Theresa, came from a working class background and was again pregnant by mistake.
The reaction of her family and herself to these events and her eventual marriage appear typical of this particular section of English society.

Vivian

When I first met Vivian in the clinic she was very ambivalent and confused, but when I interviewed her a month later she said she felt much more positive. She had been living with her boyfriend for three years and had begun thinking that they would like a baby. She thought she had probably become pregnant while her coil had been in place as it had started to get uncomfortable (probably because of the pregnancy) and she had had it removed. Since then she had regularly used the cap but found that she was pregnant at about two months. When she realised this she was very ambivalent and confused as she had already missed one year of a college course because of her son's illness the previous year and she had wanted to finish it before she became pregnant. Even although her boyfriend was very pleased about the pregnancy, he was very supportive and said it was up to her whether she had an abortion or not, she came into hospital for an abortion but realised that it was not really what she wanted and so decided to continue with the pregnancy.

Vivian came from a middle class family in a provincial city, her father being the proprietor of a large shop.

"I would describe my parent's marriage as traditional for that time I suppose and they just got on with it. I can't think of it in terms of happiness or unhappiness, I suppose you could say they were mutually dependent. I can't really say very much about it."

Her father did not heed important things like bills and most of the decisions were taken implicitly or explicitly by her mother.
"... she needed to be humoured and indulged ...... we all used to get round her in various ways. In the end I just went away and had babies - which upset her."

Vivian thought she had a secure childhood.

"yes it was just like everyone else in the suburban part of a city. Sometimes I felt outside it all but at the time it felt all right."

She had had no separations from her parents until she was aged 11 but then became quite ill when she was separated from her mother for a period (on holiday) at that age. She said she remembered always being very dependent on her mother's conditional approval when she was a child.

Vivian went to a girl's grammar school and although she obtained three 'O' levels there, she did not feel very integrated with the school.

"I wasn't academic and was always in the remove. I started to rebel and rejected the academic side of school ...... I got my exams but not through interest."

Her first job was in administration in a hospital where she became interested in nursing. She started training as a nurse when she was 19 and enjoyed it very much although she was very miserable at first when she left home. She came to London when she was 21 and shortly after that she became pregnant.

(Were your other two pregnancies planned?)

"No, no those were in a way stereotyped unmarried mother things except that I wasn't 16 ...... I suppose I was about 22. In a way I felt I was very caught up in the romantic myth of it all. It was very much my way of rebelling against the polite middle class thing. All the things that have become revealed about me since point in that direction. I wasn't exactly on my own."
I was living with my second child's father shortly after I found I was pregnant with my first child. For some reason he quite liked the idea of a pregnant lady and we got together and stayed together for about five years, so it was a sort of marriage although he was very much against marriage and still is. I think I wanted to get married particularly when I found I was pregnant the second time. I must have been incredibly naive. The first time I wasn't using any contraception at all because that would have been too planned, wouldn't it? If you thought you were going out one night to get laid that was a bit rude, but when it happened - surprise, surprise - and then you don't have to take any responsibility. I was just very ripe for conceiving with the second one - I think, but who can tell? ....... There's only about fourteen months between them. I've never really been on my own while I've been pregnant although the second one was awful because the relationship was very strained and it was obviously a disaster and had there been abortion available I'm pretty sure I would have gone for it because I did try in various ways not to have the second baby. We eventually split up about two years later. I was on my own for a couple of years before I met my present boyfriend."

She thought that much of her behaviour derived from her relationship with her mother.

"I used to think my mother treated my father very badly and I suppose I've spent a lot of my life apologising to men for this ....... I can see that need in myself as in my mother to be humoured and to make those sort of demands on other people. I think both my sister and I stopped doing that, we used to circle round her and try and keep her happy but as adults we went beyond that. I used to avoid the issue while my sister used to confront her. I used to go away and have babies, maybe to punish her."

(How was she when you were pregnant the first time?)
"Oh, she was pretty thrown, it did upset her ....... My sister isn't married to her man and she's got two children. In the end my mother did come round and in the end she started to question all the things she'd grown up with and that was very difficult for her too ....... she didn't ever reject us but inside she must have felt anger and rage, but she never showed it and in the end she was able to support us."

She felt that her first sexual encounters without using contraception were part of the rebellion against her mother.

"I didn't use contraception and I knew I could get pregnant. It's all rather a blank to me but I think part of the reason was that I didn't acknowledge my own sexuality and I didn't acknowledge that this was something I had to take responsibility for. This was definitely my way of not being a nice girl, because I badly wanted to be one of the 'lads and lasses'. I think I had a rather priggish image around the neighbourhood, particularly with the way it was with my mother, that I was really only valued if I kept up this 'very nice girl' image - it was certainly a pretty 'Jekyll and Hyde' existence! I started sleeping with boys when I was 13 and it was done just as a gesture."

With her first two pregnancies Vivian felt she was rebelling against both the relationship with her mother and the set of values which she thought she stood for. Sexual behaviour was therefore an instrument which she was able to use against her mother although she had also done badly at school for the same reason. Even though the present pregnancy was a mistake she felt that she was having it for different reasons. The middle class norms and values were therefore something to be rebelled against and to Vivian 'deviant' sexual behaviour seemed the most potent way of doing this.
Unlike Vivian, Theresa was from a traditional working class family and her pregnancy seemed to stem more from ordinary sexual behaviour rather than a desire to rebel against familial norms and values. At 19 she was considerably younger than Vivian and less introspective although very articulate. She had been on the pill since she was 16 for painful periods, although she had taken them somewhat erratically.

"I'm not the sort of person who's good at remembering that sort of thing. I used to forget sometimes and would have to take three or four together to catch up on myself."

She first thought she was pregnant when she missed a period and she and her boyfriend went to have a pregnancy test.

"I felt absolutely dreadful when the test came through positive - my knees were like jelly, but he was absolutely delighted."

Her mother and father were both O.K.' when she told them about the pregnancy and plans were immediately made to get married.

Theresa described her parents' marriage as very happy 'with no more arguments than usual'. As a child she did not get on very well with her father but felt that this had not really mattered as she had 'literally hundreds' of relations within the area to whom she could go, many of these living in the same block of flats or in the Hammersmith area. Important decisions in the family were always made with the whole family discussing it and she described a recent decision that her parents made to buy a house. She was hoping that she could take on the lease of the vacated council flat when her
parents left. She said she was very happy as a child despite not getting on with her father although this had greatly improved since she had become independent. None of her family had ever had an illegitimate baby although 'plenty were pregnant when they got married'.

She had 'quite enjoyed' school although she said she was rather lazy and never tried very hard because she was bored rather a lot of the time. She obtained 'office type' qualifications and had done various sorts of office work since then. She met her baby's father through a friend and at the time I spoke to her had known him for two years and had been engaged to him for six months. Plans for getting married had always been rather hazy although she said she thought they might have married in the summer anyway. She said she had expected the marriage to be 'a quick decision when we are ready. This pregnancy is only bringing the wedding forward a few months.' She said she would have managed quite well on her own if the wedding had fallen through as her family would have helped her, but thought that it was much better if there were two of you, whether you were married or not.

When Theresa next came to the clinic she was married and said she had had 'a lovely wedding with all the bits and pieces.' Her plans for the future were to become a full time mum, hopefully with several more children.

The case of Theresa seemed to illustrate various factors in the traditional working class family, particularly the large supportive network of extended family relations. Her sexual behaviour seemed
characteristic for this group in that she started sexual relations young with pregnancy precipitating the marriage and this being quite acceptable both to herself and her family. If the marriage had fallen through she would have become another statistic in the illegitimacy figures but she was aware of this and did not see it as an insuperable problem if it occurred although she was glad not to have been faced with it. Thus the norms and values in Vivian's family were something to rebel against whereas for Theresa her family's norms and values were something to accept. Both, however, could lead to illegitimacy although the route was different in each case.

The West Indians

The respondent chosen to represent the West Indians illustrates many of the factors relevant to the family in this group. She already had two children and this was her third pregnancy. Her family's reactions, particularly to the first pregnancies, were very typical of the reactions of other West Indian families. Geraldine was fairly positive about her emigration experience so that its effect on her in terms of the illegitimate pregnancies was probably less than in other cases.

The present pregnancy was the result of a mistake in taking the pill, which she maintained she only forgot to take for one day. After she had had her second child she had not wanted any more children. She had had one abortion soon after the birth of her second child and although she had been offered an abortion to terminate the present pregnancy she did not think she could go through with another one.
She felt that she had been pushed into the previous abortion by her mother and other friends and she did in fact become pregnant with the present baby very soon after that. When she first found out she was pregnant she was very depressed but had since become more accepting of it.

"Say I'm in between. I'm looking forward to having a girl but if it's a boy I'll be very disappointed. If it's a girl I'll be much happier."

Geraldine's mother had left her in Barbados with her grandmother when she was three with her other brothers and sisters. Geraldine and the rest of her siblings came over when she was ten to live with her father and stepfather in two rented rooms in London. (Her mother had never married her father). They were very overcrowded but had saved up enough money to buy a house. The person to whom they gave the deposit ran off with the money and as they had not used a solicitor they were unable to retrieve it. Eventually, however, the family were given council accommodation and Geraldine's mother was only a few minutes walk away from her flat.

"I found it very exciting coming to England. When we first came we didn't like it but mother said "stay and perhaps you will like it" and we did. We went to school and everything and we enjoyed going to school."

Geraldine described her mother as very happy with her stepfather (by whom she had had two further children) as she had got everything she wanted and had never had to go out to work although she did in fact do so since the children had grown up. She described her mother as making most of the decisions and her father concurring.

"...even if he doesn't like it he has to put up with it, but I don't think he minds."
As far as her childhood was concerned Geraldine found it difficult to say whether she had been happy or not.

"In a way yes and in a way no - seeing there were so many of us we couldn't afford to have the things we wanted. My mother couldn't really afford to send me to the school I wanted to go to." (the grammar school).

The first pregnancy was not planned but Geraldine would not call it a mistake either!

"No, I wouldn't say the first pregnancy was planned, but I wouldn't call it a mistake. People always say the first one was a mistake, but I was going out with his (the child's) dad for about a year. I didn't know anything about taking the pill or anything like that. My mum hadn't even told me anything about my periods as my little sister had had to tell me. After I got pregnant I went to my sister and said "my periods have stopped" so we rushed down to the doctors and he found I was five months pregnant. It was too late to do anything about it. Then the second one came along almost in the same way, but I don't mind, I like kids."

Geraldine's father had, however, been something less than enthusiastic when she told him about the first pregnancy.

"When I told my stepfather I was pregnant he kept going on "why don't you get married?" but I said to him "what's the use of getting married if a couple of months after you get a divorce - that's not marriage. I look at it that you have to be sure that you've got the right person." He started going on "you can't stay here" but my mum disagreed and said "what do you mean, she can't stay here" and they had a row about it. So I went to my boyfriend and said I was having trouble at home so he said "come and stay with my mother" but I said "I can't move in with your parents because how's it going to look with your smaller sisters and everything."
Geraldine nevertheless moved in with her boyfriend's family but found after two weeks that she was not getting on very well so she returned to her mother. Her father telephoned the Council, however, and said that he did not want her staying there and was going to turn her out. The council persuaded him to accept her back but he said he would only do so provided she did not become pregnant again. When she did become pregnant eighteen months later he did turn her out and she obtained a council flat.

Unlike many of the other West Indians Geraldine had actively enjoyed school and liked the English school better than the one in Barbados. She enjoyed games and did well in examinations. She left school at age 16 and went to college to do a commercial course which she was hoping to finish after the pregnancy. Although she had received some sex education at school she said at the time it had seemed irrelevant and she had contrived to miss the lessons.

"Yes, we had sex lessons but I didn't like to do it - I preferred to play netball. Because if you didn't want to do it you didn't want to do it. Every time there was a film I didn't want to watch ....... I wasn't interested in it because I thought it would never happen to me."

Geraldine seemed to find it very difficult to acknowledge her own sexuality at this time.

"I used to hear girls talking about it in the class, but I wasn't interested and I didn't know what they were talking about."

Geraldine had not been told anything about her periods.

"When my periods started I said to my little sister "what's that?" and she took me to Mum and she said "Oh! you're a young lady now"
and I said "what's that?" and she said "never you mind!"
Everything I find out I find out for myself."

When she started having sexual intercourse her boyfriend sometimes used Durex, but the thought of pregnancy did not worry her unduly.

(Did it worry you that you might get pregnant?)

"Well in a way yes, but then again everyone was having their babies and I used to play with them and everything. I was overjoyed when I found out I was pregnant. And then I had my first wish which was a boy."

After having her first child she found out about the pill, but was put off it by the side effects experienced by a friend. She then had a coil put in but this 'fell out' and she became pregnant again with the second pregnancy. Since then she had been taking the pill which, she said, made her feel very lethargic.

Geraldine lived with her children in a flat with her baby's father visiting regularly. She said he was very interested in the children and looked after them and brought them clothes even although, at present, he was unemployed. He intended to be with her during labour as he had done for the births of the other children. She thought eventually they would marry.

"We will get married in the end, he's planned it already, but I said "look, you might see a girl you like or something. We're only 21 and we've got a whole life in front of us ....... we might get married and then we split up, and what would everybody say if we split up after two years?" When I had the second child everyone was pushing us to go down the Registry Office, but I don't want that, I want a church wedding and then we couldn't afford it."
Geraldine took marriage very seriously indeed and said that once she had made a promise she would not go back on it so she wanted to be absolutely sure that she was doing the right thing.

Geraldine's experience of immigration was fairly typical although it seemed less traumatic than most. Her experience of a large family was also typical although, again, she was less negative about it than many respondents. The attitudes she expressed towards sex and the family silence about such matters were also found in other cases and in this case there seemed to be quite a lot of unarticulated embarrassment about it along with difficulty in facing up to her own sexuality. Not everyone was so completely ignorant as Geraldine about conception when they began having sexual intercourse, but her reservations about taking the pill after her first pregnancy were also found in other cases. Her strong positive orientation to having children was quite typical with most seeing children as worth having even when they had not been planned and were not necessarily wanted at first. Her attitude to abortion was one manifested by very many other respondents even when, as in Geraldine's case, they had had an abortion. In many of these cases the respondents said that they had been 'forced' by family and friends to have an abortion, often when they were very young and still at school. The reasons why so many of this group had had an abortion were difficult to assess given the strong attitudes against abortion expressed by many of the respondents. These attitudes were also prevalent amongst their families and friends and many experienced considerable regret as a result of a termination. For many, age must have been an important factor or perhaps, as in this case, a panic reaction which was later regretted. The reaction to the
first pregnancy was also like that found in other cases although often the father did not go to the lengths of trying to throw the respondent out. In Geraldine's case a sister, also with an illegitimate baby in the home, must have added to the overcrowding and thus the desire to try and get some of the children into their own flats. As a result of this Geraldine had not become estranged from her family and on the contrary spent quite a lot of time with them as they lived so near. Her very serious attitude to marriage was also expressed by other respondents both West Indian and English. Thus Geraldine's case shows how an embarrassment about talking about sex and contraception led to initial sexual experiences which produced the first pregnancy. The reaction to this in the family was to try and get her into her own home although whether this arose from a sense of propriety or as a method of relieving overcrowding is difficult to say. In the event, the situation was accepted and strong positive orientations towards babies and children were manifest. With negative orientation towards abortion and a desire to delay marriage illegitimate children were a natural result.

The Irish

The case which best represents the six Irish women is of Frances who came to England on her own in her early twenties. She is not therefore typical of the three respondents who came over with their families and appeared somewhat more confused and disturbed than the three who came over independently. This case is interesting in that Frances frequently compared the social situation in Eire to that of England and identified how it affected her behaviour. She had already had
one baby (by the same father) which had died of a heart condition two years previously. Although not living in the worst housing conditions I visited (she lived in one small sparsely furnished room with the use of a kitchen and bathroom down the corridor) she had had a very difficult housing history. During the first pregnancy she was living with friends but when they had to leave there Frances and her boyfriend went into bed and breakfast for over a year. Friends put them up for a further few months but they then had to go back into bed and breakfast. This was very expensive and during much of this time her boyfriend (a labourer) was unemployed owing to illness. They managed to find the present room when she was three months pregnant but the house was now up for sale and she did not know where they would go after that. She had not been to the Council because she thought that they would not accept couples who were not married.

When I interviewed Frances she said she had been very depressed and moody, probably because she was worried that the present baby might have the same problems as the last one and also because of her housing difficulties. She felt very guilty about not going back for her previous post natal check up and thought this may have prejudiced her chance of a successful pregnancy this time.

Frances had spent her childhood on a small farm 'way out in the country' in Southern Ireland. She was 11 when her father died and her mother then took over the running of the farm. Her mother died when Frances was aged 25 (this was after she had come to England) and since then her brother had taken over the farm. Her younger sister was in a hospital for the mentally subnormal. She described her parents as being very happy together, only arguing now and again and
most family decisions being made jointly. She compared the differing attitudes towards pregnancy in Ireland and England.

"No one I knew had an illegitimate baby although I had two cousins who had to get married. If I were in Ireland now and like this I'd be absolutely disgraced. People, you know, family friends and neighbours would just look down on you. Over here it's more liberal ...... If a girl gets pregnant over there she's out the door and that's it. They turn her out and put her in a mother and baby home and then they won't take her back. They'll leave her in the home and make her work to keep herself and the baby. They're hard like that."

Frances went to a primary school which she enjoyed and a secondary school which she did not.

"I was bored stiff there so I left (when she was 13) ....... I couldn't settle there."

After leaving school she went to work in a textile factory which she 'loved doing' and stayed there about nine years in all. She had had no sex education at school and as her mother had told her nothing, most of her information was obtained from friends. Although she started going out with boys when she was 13 she was very shy. She did not have sexual intercourse until she started living with her boyfriend in England.

"We started living together as soon as we met in England, but it wouldn't have been possible in Ireland."

Frances had never used contraception and became pregnant for the first time eighteen months later.

"It's not as difficult to get contraception in Ireland as it was, but it was pretty difficult."
"No, it's not against religion or anything like that. I don't know, I just don't want it. Maybe after this child I might want to ....... I never worried about getting pregnant in fact I was worried that after not going for my post natal check up last time I might not be able to get pregnant."

The present pregnancy had been 'sort of' planned and Frances was pleased when she found she was pregnant, although she wished it could have been delayed until they had sorted out their housing problems.

Frances had known her baby's father for several years in Ireland before he came to England. She followed some years later 'for a change' during one holiday and stayed permanently. They then began living together. She was very aware of the different choices she had in England as regards marriage.

"It's possible we might get married but it's doubtful in this country, whereas if we were in Ireland we would have to have done. I don't see any reason to get married at the moment."

Her boyfriend very much wanted to get married, however, and during the previous pregnancy they had actually set a date to do so. During this time, however, her mother died and she had had to take all the money saved for the wedding to return to Ireland. She had never told her mother about the first pregnancy as she was very ill and she thought the shock would have made her much worse. Frances thought, however, that although her mother would have been shocked at first she would have got over it eventually. Unfortunately her mother died before she was able to tell her. When Frances returned to Ireland after her mother's death she was pregnant and felt that the neighbours would be condemning.
"My brother didn't mind. I stayed indoors a lot, but I think the neighbours could see although none of them said anything to me. I prefer England to Ireland now as it's lonely at home without my parents."

At the time I saw her Frances's main concern was that the baby should be all right. She had had little antenatal care with the first pregnancy but was determined to 'do it right this time' and was carefully attending all the antenatal clinics and following their advice. Until the baby was born and she knew that it was all right she did not feel she could make any plans about marriage, housing or work.

The comparison of what Frances felt she could do in England and what she could do in Ireland highlighted some of the factors which led to low illegitimacy rates in Ireland. Firstly the condemnation of the result of an illegitimate baby and the way in which this was shown (or believed to be shown) was an important factor in showing that this was behaviour which would not be tolerated. The extent to which Frances felt she was condemned by the neighbours when she went home, unmarried and pregnant, to her mother's funeral and the way in which she felt she could not have remained unmarried in Ireland, all point to the strong social pressures exerted in this area. Frances also felt that in Ireland she could not have indulged in extra marital intercourse and did not start this until she began living with her boyfriend in England. Thus in Ireland there appeared to be strong social pressures which condemned both the behaviour which predisposed towards illegitimate pregnancy (i.e. extra marital sexual intercourse) and the behaviour which could result from it. (i.e. the birth of an illegitimate baby). If for some reason the taboos
against the predisposing behaviour were overcome there were then strong pressures to take avoiding action (in this case marriage) so that the result of an illegitimate baby was avoided. Without these social pressures in the more liberal English atmosphere Frances felt she was able to ignore these taboos. As with all the Irish respondents, however, Frances may have been an odd case in that she was able to throw off the taboos so easily. The comparisons she made brought out the social pressures in the Irish situation very clearly, but they were pressures which appeared to have little effect on Frances once she was removed from them. In all the other cases also, particularly of those respondents who emigrated as children with their parents the experience of emigration could be described as leading to a state of normlessness and resultant illegitimacy. Whether these families were different and therefore decided to emigrate or whether it was the emigration that forced them to become different cannot be known.

The norms and values of family life are obviously an important factor in relation to illegitimacy. In some cases the norms predispose towards illegitimacy as part of normal sexual and family behaviour, in others illegitimacy is the result of a rebellion against norms which attempt to avoid that behaviour. In the former case the West Indian and working class respondents were examples of families of this type. The initial behaviour of extra marital intercourse which predisposed towards illegitimate pregnancy was accepted in the case of the working class respondent as part of the 'premarital sexual behaviour when marriage planned' pattern. In the case of the West Indian respondent this behaviour was, on the face of it at least,
less acceptable and therefore was not discussed except in a mysterious way. Inevitably curiosity led to sexual encounters for which the individuals were unprepared so that contraception was unlikely to be used and pregnancy an inevitable result. In the case of the English working class respondents concern over contraception would not be great as marriage would be expected if pregnancy occurred. If marriage did not materialise, abortion would be a possibility although it might be too late for this if there was some prevarication before the marriage did fall through. If an illegitimate child did result this would be accepted into the family of origin as a tolerable 'mistake', otherwise marriage would take place and everyone would be happy with it as the 'ideal' outcome. In the case of the West Indian respondents the possibility of marriage might be suggested although it would be likely to be rejected given their serious attitude towards marriage and a desire to make absolutely sure that they were marrying the right person. They would also be likely to reject the other alternative of abortion and to be very tolerant of the resultant illegitimate baby These two processes can therefore be described as situations in which there are factors which firstly predispose towards the pregnancy in the extent to which premarital sexual intercourse takes place. Once pregnancy occurs there are either norms and values which militate against the taking of alternative action (abortion or marriage) and a tolerance of the result of an illegitimate baby, this being particularly true in the case of the West Indians.

In the case of the middle class English and the Irish, however, there are firstly social pressures which exist which condemn the behaviour which predisposes towards illegitimate pregnancy. In the
Irish case this relates to the strong religious and social mores against sexual intercourse whereas in the middle class this may appear in similar mores against extra marital sexual intercourse. It may also appear in an increased use of contraception. If pregnancy does occur, however, in both cases there are strong social pressures to avoid the result of an illegitimate baby. In the Irish case this results in strong social pressures to marry whereas in the English middle class this can result in social pressure to have an abortion if marriage is not possible. In both cases there is little tolerance of illegitimacy with the pregnant mother likely to have to leave her home and unlikely to find acceptance there. Thus, there are strong negative pressures against the factors which predispose towards illegitimate pregnancy with condemnation of the result of an illegitimate child and resultant strong pressures to take various avoiding action. A chart which compares these differences is on page 505.

Although there are these differences in the norms and values surrounding the family which may or may not be a factor in the high or low levels of illegitimacy, each of the groups nevertheless had examples of all the different types of illegitimacy although, as might be expected, the proportions of each type were different within each of the different groups. Thus, although it was possible to show that there were differences in relation to the relative weight attached to various predisposing and avoiding factors in becoming the mother of an illegitimate baby in the different national groups, it appeared that the results were the same in the types of illegitimacy which were found within the groups. As the following table shows each of the
### Chart to Show Differing Processes of Becoming the Mother of an Illegitimate Baby

#### West Indian

<table>
<thead>
<tr>
<th>Pre-marital Sexual Intercourse</th>
<th>Ambivalent acceptance but not discussed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Contraception</td>
<td>Usually unprepared. Non discussion of sex making it difficult for respondents to obtain and use contraception.</td>
</tr>
<tr>
<td>Abortion</td>
<td>Not acceptable but may be 'forced' by family if young.</td>
</tr>
<tr>
<td>Marriage</td>
<td>Usually rejected, especially if young.</td>
</tr>
</tbody>
</table>

#### English Working Class

<table>
<thead>
<tr>
<th>Pre-marital Sexual Intercourse</th>
<th>Accepted if marriage planned.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Contraception</td>
<td>Less worried about contraception if in a steady relationship. Possibility of pregnancy viewed with equanimity.</td>
</tr>
<tr>
<td>Abortion</td>
<td>A possibility, although if waiting to see if marriage materialises may be too late.</td>
</tr>
<tr>
<td>Marriage</td>
<td>Ideal outcome but illegitimate child accepted.</td>
</tr>
</tbody>
</table>

**Result**

- High levels of illegitimacy.
- High levels of illegitimacy.
- Low levels of illegitimacy.

**N.B.** These are stereotypes which have been formulated from the data on the sample. There are, of course, variations found within these groups.

**Figure 10:1**
national groups had all types of illegitimacy although there were
different proportions of each within each of the groups.

**Type of Illegitimacy**

<table>
<thead>
<tr>
<th>Type of Illegitimacy</th>
<th>Mistake</th>
<th>Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No steady relationship</td>
<td>Steady relationship</td>
</tr>
<tr>
<td>English</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>Irish</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>West Indian</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

\[X^2 < 0.2 > 0.1\] (Columns 1 & 2 and 3 & 4 combined for this calculation)

Table 10:11

The West Indian group had the largest proportion of mistakes, the English were evenly divided between the mistakes and the planners and the Irish had a majority of planners although in the latter case the figures are too small for more than tentative conclusions. The large proportion of mistakes in the West Indian group would be expected in the light of the above discussion about the West Indian family and the factors in it which predispose towards illegitimacy. Given the discussion also about the English working class family it would be expected that the majority of mistakes in the English group would be of a working class background, and as the following figures show, this was the case although the figures did not approach statistical significance.

**Difference in Class between Mistakes and Planners in English Group.**

<table>
<thead>
<tr>
<th>Class</th>
<th>Mistakes</th>
<th>Working class</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle class</td>
<td>13</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Planners</td>
<td>19</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>

\[X^2 < 0.2 > 0.1\] Table 10:12
There were qualitative differences found between the three national groups as far as the process of becoming the mother of an illegitimate baby was concerned. These differences related to differences in norms and values surrounding the behaviour which predisposes towards having an illegitimate baby. In the case of the English working class premarital sexual behaviour was condoned as part of the 'sex before marriage when marriage planned' pattern, there was little concern over the use of contraception and when pregnancy happened the most usual course of action was to marry although if this fell through there was a tolerance of the illegitimate baby. In the case of the West Indians premarital sexual behaviour was not condoned but was not discussed openly so that young people were unprepared for sexual activity with a consequent high risk of pregnancy. When pregnancy occurred a strong positive orientation towards children, negative orientation towards abortion or early marriage made and illegitimate baby the inevitable result. With these types of norms and values relating to normal sexual and reproductive activity illegitimacy levels could be expected to be high and mainly of the mistakes type. This was true to some extent in the West Indian group who had the highest proportion of illegitimacy amongst all the national groups in the sample and also had a higher proportion of the mistakes type of illegitimacy amongst all the nationalities. While the mistakes type of illegitimacy contained more of working class background than the planners the difference was not sufficiently large as to be statistically significant, although young (under the age of 25) English women who were predominantly of a working class background were more likely to have an illegitimate baby.
In the case of the Irish and English middle class families the process was likely to be somewhat different in that the ordinary family norms militated against illegitimacy. Thus in the Irish family there were strong taboos against extra marital sexual behaviour (which could predispose towards illegitimate pregnancy) and strong social pressure to use the alternative of marriage should this taboo be breached with condemnation of the resultant unmarried mother and her child should this alternative not be taken. In the case of the middle class family the sexual taboos may be less but there might be more emphasis on the use of contraception so that the illegitimate pregnancy is avoided. If a pregnancy does occur then there will be social pressure to take avoiding action in the way of abortion or marriage and perhaps increased pressure to have the illegitimate child adopted. With these types of values it would be expected that the illegitimacy levels in these groups would be low with again the mistakes type with perhaps more of an element of rebellion against the ordinary family norms. Overall, however, the Irish had a larger proportion of mothers of illegitimate babies than the English but this could possibly be explained in the different characteristics of these families compared to families in England and there were too few interviewed to generalise about the types of illegitimacy found within the group. The older English mainly middle class women in the sample had a lower level of illegitimacy than the younger mainly working class English group. In this group also the extent to which the individual has either failed to internalise the norms or the extent to which the norms are no longer operant owing to factors such as emigration must also be considered.
Thus in the one case (English working class and West Indian groups) illegitimacy can be seen to be related to normal sexual reproductive behaviour whilst in others it can be seen as deviant to it. Both processes, however, lead to the same type of illegitimacy although it might be viewed differently in both groups - as not ideal but acceptable in the English working class and West Indian group and as totally intolerable in the English middle class and Irish group. In the latter group the mother of an illegitimate baby is likely to have a very difficult time while in the former group she is likely to find things much less difficult. Although these differences have found, however, and although they lead to the same mistake type of illegitimacy in each of the groups other types of illegitimacy were also found which did not appear to be related to the family norms and behaviour under discussion. Those who decided to have an illegitimate baby seemed to be outside the differences in family behaviour so far examined and yet were found in each of the national groups so that for an explanation of all illegitimacy a wider view needs to be taken.
Chapter 11

How Can Illegitimacy be Explained?

The Definition of Illegitimacy

At the beginning of this research the definition of illegitimacy was taken in legal terms in that a child was taken as illegitimate if its parents were not married. This seemingly precise legal definition, however, covered a wide variety of social situations both in terms of the process leading up to it, the attitude taken towards such behaviour and whether this was a situation which had been planned or arrived at by mistake.

The process of becoming the mother of an illegitimate baby was found to have wide variation in terms of whether it was planned or a mistake and in terms of whether it was the result of normal sexual behaviour or deviant behaviour in relation to the conventional norms and values found within the families within the society under examination. These variations in the process had important outcomes in terms of the decisions made during the process, particularly with regard to any avoiding action such as abortion or early marriage which might be taken and the attitude towards the actual situation of having an illegitimate baby. The other factor of importance was the difficulty of actually identifying the mothers of illegitimate babies. Illegitimate pregnancy did not necessarily lead to the birth of an illegitimate baby and even such a birth may not lead to illegitimacy in the long term if the parents eventually decide to get married.
There is thus a problem in empirically identifying the mothers of illegitimate babies although this can be done on a rule of thumb method which ignores some of the above problems. In this research, for instance, all potential mothers of illegitimate babies were interviewed although some got married during the pregnancy. This meant that not all the mothers interviewed actually turned out to be mothers of illegitimate babies and that some mothers who had originally had illegitimate pregnancies but had married before I saw them in the clinic were not interviewed. It is also very probable that some of the women interviewed have, since the birth, legitimated the child by marrying the father.

There is also the problem of identifying what it is exactly that is being examined and thus what it is that is being explained. The illegitimacy examined manifested a wide variety of types with individuals who seemed to be in very dissimilar circumstances. The taxonomy formulated was an attempt to elucidate the various types of illegitimacy in terms of how the pregnancy arose (by mistake or by planning) and the type of situation in relation to the relationship which preceded it. To some degree this taxonomy was therefore formulated in terms of the extent to which it approximated the cultural norm of the two parent family and conventional childbirth patterns. The types enumerated, however, are not clear cut although the main features by which they are identified (whether the pregnancy was planned and the type of relationship which preceded the pregnancy) can be shown, as can the different characteristics of the groups elucidated. It should, however, be seen
as more of a continuum with groups shading into one another and having some characteristics in common as well as some different characteristics.

A third aspect of this problem of identification is the recent desire by various pressure groups such as the National Council for One Parent Families to abolish the concept of illegitimacy completely as has been done in Jamaica and Sweden. In the societies which have already done this it could be taken as a desire by those countries to see illegitimacy as a legitimate type of reproductive behaviour. With such problems of identification, variety of phenomenon and a changing social definition of the concept, the difficulty is in deciding exactly what it is that is being explained both in terms of what illegitimacy is and whether one is explaining illegitimacy directly or illegitimacy as a manifestation of other factors in society.

Two Ways of Explaining Two Types of Illegitimacy

On the basis of the results obtained there appear to be basically two 'types' of illegitimacy, the 'mistakes' and the 'planners', although these two types do shade into each other in terms of the way in which the decision may have been made such as those who 'sort of' decided to become pregnant. In the literature the assumption has been that most of the illegitimacy has been of the first type and explanations have been in terms of why the mistake was made, whereas illegitimacy of the second type has been almost completely ignored. It could be argued that as the two types of illegitimacy are different, then a different explanation is required for each type. It would certainly appear that the sequence of questioning designed to elicit an explanation is different for each type.
To explain why some individuals have illegitimate babies as the result of a mistake one asks questions about each of the critical decision points in the process of becoming the mother of an illegitimate baby. Why did they have sexual intercourse outside marriage? Why did they not use contraception effectively? Once pregnant, why did they not have an abortion or get married prior to the birth? Comparison with suitable control groups would then make it possible to elicit all the various factors relevant to the process which terminates with an illegitimate baby. In the case of the planners, however, questions related to extra marital sexual relationships, the use of contraception are inappropriate. In each case the answer to such questions would be 'because I wanted a baby'. One could, however, ask about the factors related to the decision to have an illegitimate rather than a legitimate baby. The important factors here would be concerned with the rationale behind the decision rather than the factors which led to a particular outcome (which might relate to various factors in the social situation and interpretation by the individual as well as acts of pure will) as in the case of the mistakes. This also leads to a difference in focus in that as far as the mistakes are concerned one is asking why did they get pregnant? and why did the pregnancy terminate in the birth of a child? Whereas in the case of the planners one is asking why did they decide to have an illegitimate instead of a legitimate baby? In the former one is examining behaviour and the determinant of that behaviour whereas in the latter one is looking at a decision and the rationale behind that decision.
The two types of illegitimacy will now be examined in the context of these differing sequence of questions. It will become clear, however, that there are common factors related to all illegitimacy if questions are asked about the reproductive processes in society as a whole rather than drawing a distinction between legitimacy and illegitimacy.

The First Type of Illegitimacy - The Mistakes.

It was not possible in the context of this research to make comparisons between all the relevant control groups. Nevertheless comparisons with results from other research made it possible to show some of the factors relevant to why the individuals in this group had illegitimate babies rather than taking avoiding action.

The characteristics of this group were such as would be expected for those having an illegitimate baby in that they were young and predominantly working class. A group such as this would be more likely to experience premarital sexual intercourse younger, to get married younger and to be more likely than a middle class group to be pregnant when they got married. (e.g. Kantner and Zelnick, Coombs, Peel and Carr, Bumpass and Westoff) these factors, together with the relatively short time they had known their baby's father and relatively low educational achievement correlated strongly with the non or ineffective use of contraception found in this group (e.g. Cartwright, Kar, Keller, Schofield, Kantner and Zelnick) Such women are less likely to have an abortion (Pearson, Schofield, Baird, Hall) this being particularly characteristic of the West Indians, many of whom had strong feelings against this alternative.
In this group the majority of mistakes had occurred as the result of relatively normal sexual behaviour consonant with the norms and values of the families from which they came. They were predominantly from the working class sector of society or were West Indian immigrants where first sexual experience was likely to occur when they were young with some ambivalence about using contraception, but with a tendency not to find abortion acceptable. Within this group there were eleven who were pregnant as the result of a very short relationship and they appeared to be the most confused and from the, apparently, most disorganised personal and family backgrounds. The majority, however, had been in a steady relationship of some duration when they became pregnant and the majority were either married, cohabiting or still going steady when I spoke to them. Most of this group were therefore pregnant as the result of normal attitudinal and behavioural patterns which were not resolved by abortion or marriage so that illegitimacy was the inevitable result.

It is at the point of questioning about the decisions made with relation to abortion and marriage that the explanatory similarity between mistakes and planners can be seen. Once a non married woman had become pregnant either by design or mistake the decisions she has to make about the pregnancy are made in a similar social context. Whereas the planners are more likely to have made these decisions prior to the pregnancy the mistakes are more likely to make the decisions after the pregnancy and perhaps be less conscious about the decisions. The mistakes, unlike the planners, will have the decisions forced upon them at what may be a time of emotional upheaval, but similar emotional and practical factors will be relevant for both groups.
The Second Type of Illegitimacy - The Planners.

The rationale behind the decision to have an illegitimate rather than a legitimate baby were of two main types related to varying degrees of reaction against marriage and in a minority of cases the two parent family.

The first group could not see any good reason for getting married as it would give them no more than they felt they had in their present situation. It would not provide them with any more security in emotional or financial terms and they did not think that the fact of being illegitimate would put their child at any disadvantage. Some felt that they might get married if there were ever a good reason to do so, but others could not envisage any situation in which they would ever get married. The independent planners were also likely to disagree with the nature of the nuclear family as well and to question it as the best situation in which to bring up a child. Many of these respondents felt that their children would have many extra advantages in not being brought up in a conventional two parent family.

The second group did not want to get married as they did not think the conventional type of marriage fitted their relationship. This group included the three people who had had some form of religious marriage ceremony, but were not legally married, did not think this aspect was important and could not see themselves doing this in the future. Others thought that they had a very happy relationship at present which might be spoiled if they were legally married and had to fulfil sets of rights and obligations which did not fit their present relationship. Some thought that imposing the legal definition of marriage
on their relationship might actually lead to the relationship breaking up. Many of this group, however thought they might get married in the future if and when their relationship developed to a stage that matched the conventional ideas of marriage.

**Illegitimacy, Marriage and The Family.**

Illegitimacy is only possible where there is legitimacy in terms of marriage and a socially accepted way of reproduction. A change in the definition, attitudes towards and institutional support of marriage and the family will have an effect on the way in which illegitimacy is also defined and supported. Many of the decisions taken about the pregnancy, particularly that regarding marriage, were related to these various social changes in relation to marriage and the family.

Murdock defines marriage as existing 'only when the economic and sexual are united into one relationship and this combination occurs only in marriage' The nuclear family is formed by this institution of marriage which established under what conditions a man and a woman can cohabit with the approval of the community, practice sexual intercourse and support each other economically. Thus marriage is a social and economic as well as an emotional unit, Malinowski pointed out how the core of marriage in primitive societies has been commitment to parenthood. Marriage was the institution which made sex in the fullest sense (i.e. sex that led to parenthood) exclusive and individual. Marriage was therefore for the legitimization of parenthood rather than sexual activity for as both Murdock and Malinowski point out the latter can be licensed in a number of ways whereas the former is licensed only by marriage.
Given the importance to society of providing adequately socialised individuals, analyses have been done to show the way in which society supports marriage and the family, as marriage and the family support and continue the society. Changes in the industrial sector have been analysed and related to corresponding changes in the patterns of family life. Families have been shown to change from the geographically immobile large extended family to the geographically mobile small nuclear family which is very self contained and has little reliance on extended kin. This nuclear type of family has been described as a response to changes in industrial society which required a geographically mobile workforce. Although there have been changes in the institution of marriage and the family it is still thought of as having various functions both for individuals and society. The family may now provide fewer functions, but those that it does provide are considered to be more important, particularly in relation to the aspect of child care. Marriage is described as providing security for its members; for the child by giving it 'social placement' (Goode) and thus a set of rights and obligations to which the whole community can orient itself; to the woman by providing her with economic and social support during the years of child rearing (Parsons) and to the man by providing him with adult status. The family provides a sense of personal identity for all its members, unobtainable in the wider mass society, by providing them with various status placements and roles to play. With these characteristics and functions it provides well socialised individuals capable of continuing the society.

On empirical observation, however, it is quite clear that marriage does not function in this way in modern society. With a rising divorce
rate marriage no longer guarantees long term security. It is true that a large proportion of divorcees have few or no children (although in recent years this has changed) and that a large proportion remarry, suggesting that marriage retains its popularity even if it takes more than one try to find a successful one. Even so, the likelihood of experiencing at least one divorce before a secure marriage is obtained is increased. Some people may therefore prefer to either delay or dispense with marriage so that the disruption of divorce is avoided. As far as the security for women in childbearing and child rearing is concerned the increased possibility of divorce may be seen as a negative factor in relation to this aspect. In any case this security is no longer obtainable only within marriage. Recent legislation relating to equal pay and security of tenure have made it easier for women to support a child on their own although as yet this probably affects middle class women more than working class women. If it is impossible to obtain support in this way every mother and child has the right to State support, which if rather meagre, is sufficient to live on. Many a woman has found the small but regular payments from Social Security provide her with more security than the possibly larger but irregular payments from a husband.

As far as providing identity is concerned, many women now feel that the identity of housewife is a demeaning one with which they would rather do without. As Oakley writes:- "however honourable the housewife's role, hers is, and must be a situation of economic dependence, which marriage, by definition involves." Oakley points out all the contradictions within this role - its exclusive allocation
to women, the economic dependence of women in this role, its status as non work and its primacy over other roles which women might enjoy. Marriage is the institution which supports this role and the contradictory demands of it and she argues that this does not provide true self realization for a woman but is rather a method by which women continue to be subjugated and forced to accept second class citizen status. While marriage has been shown to be extremely good for the psychological health of men it has been shown to be less good for the psychological health of women (Bernard.) Married women, particularly older married women, are more likely to suffer from psychiatric problems and to be admitted to psychiatric hospital. As far as the legitimating function of marriage and the family is concerned there are now few legal disabilities on the illegitimate child and in any case the father is able to acknowledge paternity of the child without necessarily marrying the mother. In any case if the concept of illegitimacy is abolished the legitimating function of marriage will be irrelevant.

It could therefore be argued that the rationale behind the behaviour of the planners in this group was a response to the changing aspects of marriage and the family, particularly as on questioning, individuals raised many of these points. They felt that marriage had nothing to offer in terms of security both emotional and financial, identity or in legitimating their child and had therefore decided against marrying, at least for the time being. It could therefore be argued that when the institution of marriage is not supported structurally by society then more people will decide not to get married and have illegitimate babies instead. It can certainly be shown that the
structural supports for marriage have diminished in that the State supports childbearing and childrearing alternative to the two parent family. This support is on the whole, however, less than that provided for the two parent family and there is often felt to be an inherent contradiction in supporting the one parent family, in that if it is supported too well this may become the preferred alternative. Fathers are therefore expected to support their children when the marriage breaks down or when there is no marriage although Social Security payments are no longer withheld if the woman refuses to sue her children's father for maintenance. There is thus an increasing degree of support for one parent families by right, but with an attempt not to do this at the expense of two parent families. The overwhelming majority of women in this sample were married so that although these alternatives exist they were positively desired by only a minority - 38 respondents who comprised approximately 5.0% of the total clinic sample.

The difficulty is therefore to determine the exact significance of this minority. They explained their decision not to marry with reference to the changes already described in the family and marriage, but quite clearly the majority of the sample had not found them compelling reasons not to get married. It could also be argued that in this sample respondents with these kind of ideas would be over-represented as the management of childbirth by the hospital with its emphasis on natural childbirth and Leboyer births had encouraged a disproportionate number of this minority to come to the hospital from other areas of London. It could therefore be argued that this small number of women represent a deviant minority rather than the start of a larger reaction
against marriage and the two parent family as part of a wider search for another alternative to the conventional nuclear family. There are a number of points, however, to be considered in this respect.

Firstly, although the planners represented a very small proportion of the total sample, the proportion having illegitimate babies was much larger and all these respondents would have to make decisions about the pregnancy. As explained previously a proportion of such mistakes will be solved by marriage but a probably larger proportion will go on to become a one parent family and will have made that decision to do so in the light of such factors as the support which could be expected for such a family (the same factors in fact, which are relevant to the planners making their decision). Once they have found that they can manage and that the one parent family is a viable proposition then they may plan to have further illegitimate children. Similarly, women in the clinic who are married may get divorced and find that they have to manage as a one parent family and again find that it is a viable situation in which to have further children. There may thus be an increasing proportion of individuals who through experience find that marriage and the two parent family is not the only form of viable situation in which to bring up children. Thus the momentum towards an increase in the proportion of people who decide to have children in a one parent family situation may increase as people both intellectually decide that marriage and the two parent family has little to offer and find through experience that the one parent family is a viable alternative. Secondly, the importance of marriage as a legitimating institution is likely to decrease rather than increase as the importance of
legitimacy could only be established by a return to the legal and social disabilities of illegitimate children which is unlikely in the present climate of opinion and present attempts to have the concept removed. There are also important factors in relation to the economic status of women which appear likely to increase rather than decrease the financial independence of women in the future. Blumberg and Garcia, for instance, highlight the importance of the relationship of the women to her society's mode of production as crucial to the genisis of the mother child family. As women are now increasingly able to participate in the economy on the same terms as men this could indicate an increasing propensity towards the one parent family, particularly in view of the economic subjugation and consequent second class citizenship which conventional marriage may have to offer.

It is therefore possible to indicate a complex interaction of factors which shows that the small proportion opting for this alternative in this sample may increase in the future. As the advantages of marriage and the two parent family diminish and the structural supports for it become less with a relative increase in support for the one parent family more may choose the latter alternative. This is not to say that there will be a mass shift from marriage and the two parent family to non-marriage and the one parent family but that there is likely to be some shift in the relative proportions of each with a move towards the latter. As Rodman has pointed out in a recent article which compares the family in Trinidad to that in the U.S.A., the family in the U.S.A. is becoming more like that of Trinidad in the range of childbearing and childrearing possibilities - such as short and long
term cohabitation and the mother child family - which are being manifested. It is possible, therefore, that in Britain also such diversity will increase rather than decrease, but this can only be determined by future study of the family. It can be hypothesized that more women will find the one parent family a viable alternative and that more couples will have more flexible ways of arranging their relationships as society's commitment to a support of marriage and the two parent family diminishes. Testing this hypothesis will therefore require data about the reproductive processes and how they change and the changes in the economic and social factors which related to changes in reproduction.

From the foregoing it will be obvious that with a change in the way in which illegitimacy is looked at a change in the orientation of the questions will be required. As was evident in most of the literature on illegitimacy, marriage, as the way in which children were legitimated was implicitly or explicitly taken as the norm from which illegitimacy was a deviation. Examining illegitimacy in this way, however, led to asking questions about the phenomenon in terms of why the deviation occurred, which became absurd in societies or sectors of society where there were high illegitimacy levels as the result of normal sexual and reproductive behaviour. In these situations one either had to change the orientation towards illegitimacy or conclude that these societies were deviant as a whole - thus the arguments about whether the law of illegitimacy is universal or not and the implication by some poverty theorists that the black family was somehow deviant and inferior. These problems are overcome, however, when illegitimacy is seen as one possible reproductive process which is itself manifested in a variety of ways and may be tolerated in differing
degrees by the society. Instead of asking why do women have illegitimate babies? or why women do not get married? it is better (following Rivière) to approach marriage as one of a number of ways in which men and women can work out their relationships and set up a situation in which to bring up children. Instead of discussing the question of marriage or non-marriage we should ask: How do men and women work out their relationships and subsequent arrangements to have children? Marriage may be the way children are legitimated, but it may not, and there may be differences in the extent to which marriage functions in this way. There may for instance be strong social pressures which both force marriage and prevent behaviour which could lead to illegitimacy (as in Ireland) or there may be much less social pressure and a tolerance of illegitimacy (as in the West Indies) while still subscribing to an ideal of legitimacy and the two-parent family. There may be a whole range of ways in which children are born and reared which might include the single-parent family, cohabitation, various forms of communal and polygamous family or conventional monogamous (which may include serial monogamy) marriage and the two-parent family. Illegitimacy would then be one of a number of options available which would receive varying amounts of support. This would be manifest in the extent to which it was supported financially and the extent of favour of disfavour with which it was viewed. This in turn would affect the extent to which people choose voluntarily or involuntarily this particular situation in which to bear and rear children. The planners in this sample, although a very small proportion of the sample, could be said to have found a functional alternative to marriage and
the two parent family either through experience or by considering their situation in terms of what they saw in society. They had economic security either through a good job or State aid and many believed they had more emotional security through not being married. For the majority of those taking this alternative, this did include a cohabitation or steady relationship which viewed from the outside had many of the features of a conventional marriage. These arrangements ranged from the 'spiritual' marriages in which commitment was considered to be greater than that of any legal marriage to a much looser arrangement which might only have been made 'for the time being'. Legal marriage may have been rejected completely or it may have been considered as a possibility for the future. For the independent planners in particular the alternative could be a very loose arrangement with the baby's father and a much greater reliance on friends and possibly the family of origin for the support usually obtained in marriage. Two of these respondents were in fact living in a commune and had sought this situation as better and more secure than the conventional nuclear family in which to bring up a child. The individuals in this sample who were pregnant by mistake, although making decisions at a different time in the pregnancy, would be making their decisions in the light of the same factors as the planners with particular emphasis on the viability of this alternative form of family. Three women in the mistakes group had in fact planned to have an illegitimate baby eventually and the unplanned pregnancy merely speeded up plans to do this.

In an article which uses this perspective Fox discusses the range of possibilities in relation to the different types of family and the different types which evolve according to the different stages of social
development which societies have experienced. He begins by asking the question: What does the species do about such matters as raising children? rather than making any assumptions about the nuclear or any other kind of family pattern. He says that the family should be seen as a field of action rather than as an institution or unit. Various bonds operate for various purposes and it is these purposes which determine which bonds will be forged, strengthened or ignored. It is possible that these bonds are simply intensifications of more general bonds so that the father is simply a special kind of older dominant male and the mother a special category of older nurturant female. Although Fox accepts that this might be so for the male he believes that the mother child bond is a special one in that 'she is essential to mental and physical well being of the child' (p2). (He does not appear to accept Keller's point that it is possible that women may not make the best 'mothers' and seems to assume that it is the biological link between mother and child which is paramount). From this basic proposition it follows that if society wants healthy and effective adults the mother and child must be safely seen through the critical period of birth and childrearing, at least until the child becomes mobile. Since in humans this dependency period is very long there must be some way of protecting and providing for the mother through this time. There is no logical reason why the putative father should be called upon to do this, but the fact that he so often does must be explained and not taken for granted.

The institution of marriage and the family must be seen as problematic rather than given.

One obvious way of protecting and provisioning the mother-child dyad is by attaching it to the mother's mate. There are advantages in
this arrangement in that where there are equal sex ratios and simultaneous maturity with the sexes this is statistically the most convenient method. Other reasons are the sexual division of labour which requires contributions from both sexes and the bonding effects of repeated sexual activity. In all human societies there is a regular assignment of mates but this says nothing about the social units which may emerge. The mother child unit requires a share of the food obtained by the group and it is when this comes on the scene that the assignment of mates and consequent responsibilities in the material sense that various family patterns emerge.

In some primitive hunting groups, however, this does not occur as the females and young stay very much together as a group while the adult males follow their pursuits as a group and provide for the females and the young in that way. Sparse resources and a large territory can force the group to split up and it may split into units of mother - child plus an adult male or several mother - child units plus an adult male. The advent of agriculture may settle and perpetuate this type of polygamous unit. This economic situation can also give rise to another possibility which is that the males attached to the mother child unit can be consanguinal rather than affinal. The reasons for this are not clear but the brother and sister become the domestic unit with the husband and wife reproductive unit being peripheral to this. Other solutions are also possible which only minimally activate the husband wife tie such as a group of consanguine women with their dependent offspring as found in Western Pueblos. Two such groups of males, consanguine and affinal, were attached to the group with different degrees of permanence. In
such societies the problem of the females seems to be to divert the attention of the males from themselves to the mother-child dyad.

A really firm male attachment to the mother-child group seems most likely when it is in his interests. This will occur when the socio-ecological situation demands the cooperative efforts of closely attached males, and in these instances fathers will want to keep their sons with them so that the sibling ties will be ignored at the expense of the husband-wife, father-son and mother-daughter ties. There are few societies in which the total group can support the mother-child dyad within it, although as Fox points out this is what is happening in modern Welfare States such as Sweden so that no males need be attached to it.

Fox concludes by saying that the basic unit is that of the mother-child and the basic problem that of its provisioning and protection in the context of the socio-ecological conditions of the society. Various bonds within the family will therefore either exclusively or partially be activated to meet the problem. Our own system of the nuclear family can therefore be seen as an adaptation to industrial society which requires a small mobile unit. The mother-child tie is the only given so that we are free to ring a number of changes around the security of this unit depending on the various developments in society.

The problem with these arguments is that they hinge on the primacy of the mother-child bond and the various solutions which are necessary to protect and nurture such a bond which Fox implies is difficult to break because of the existence of biopsychological links between mothers and children. This begs the question, however, as it is possible to
have substitute mothers as well as substitute fathers and although there may be strong ties between mother and child these may derive as much from the social situation as from inherent biological ties. The other issue which is only touched on is the extent to which men are necessary to provide for the mother child bond. Fox presents the case as the basic mother - child unit using various strategies, according to the socioeconomic situation, to obtain provision for that unit. He mentions that in the modern Welfare State where support comes from the community, husbands may not be necessary for provision of material goods to mother and child so that presumably the husband could be dispensed with completely. Future increased activity within the economic sector by women could also mean the husband becoming less important from the material point of view of providing for mother and child, although from an emotional point of view he may still be necessary. While reserving judgement of the necessary primacy of the mother child dyad and the emphasis on the male members as having to provide the material goods necessary for the sustenance of this dyad he nevertheless provides a number of alternatives which the family of the future could take. These tend to consist of various ways of arranging the various affinal and consanguinal bonds, but as Keller points out this need not imply a modern nuclear family as shown by factors such as separation of sex from reproduction, choosing the sex of offspring and a growing awareness that marriage and the family are not indespensable for the meaningful existence of the individual. According to Keller this opens up various possibilites and a new range of human association and sexual behaviour.
Although both these authors point out the variety of family forms available, even although the process of industrialization has led to an emphasis on the nuclear family, other authors continue to show how the family in the post industrial era will tend to become more nuclear rather than manifesting the variety of forms suggested by Fox and Keller. Weiss, for instance, in speculating about the way in which family life may develop in the near future in a highly industrialized society like the U.S.A. proposed that family life would increasingly be organized around marriage rather than parenthood and that such relationships would become both more important to the participants and more fragile. The factors relating to this would be: increased affluence leading to reduced familial interdependence, increased reliability of income leading to a more job centred instead of family centred life, greater length of schooling for both men and women which (because of the socialization experience of education) will lead to increased vulnerability of young marriages as well as increasing the tension between partners because they are both career minded; increased use of contraception which will lead to a reduction in family size, a delay in child bearing so that the gap between parents and children will be greater producing an increased 'generation gap' so that there will be a greater orientation of the children towards the peer group rather than the family of origin. Weiss concludes that the family resulting from the above factors will be an isolated nuclear family unit without secondary adults within the home, in contact with kin and with many friends but without emotionally intimate ties in either. The maintenance of the emotional tie between husband and wife will be the most
important function for a marriage of this type. This will lead to an increased vulnerability of the marriage for whereas husband and wife could continue together in a relationship which depended on role performance this would be much more difficult on one that existed primarily to provide emotional intimacy. This will therefore lead to an increasing divorce rate with emotional isolation of the marital partners concerned because of the initial isolation of the nuclear family unit. The increasing frequency of divorce will increase its acceptability thus leading to even higher divorce levels with subsequent contradictory social forces aimed at both strengthening the bonds of marriage and amending the divorce laws to make it an easier and less expensive procedure.

Weiss thinks that this will lead to a change in the attitudes towards marriage and that serial monogamy will become the norm rather than the exception. A system might also evolve which recognizes two forms of marriage, an easily breakable one in which it is forbidden to have children and a nearly unbreakable one in which it is permitted to have children. With marriage a source of such difficulty there will be more alternative ways for individuals to organise their lives. Some couples will live together without marriage although Weiss assumes that the women would want marriage once children came along! He did think, however, that there would be 'boyfriend' relationships in which women and children would set up in a domestic unit of their own with the boyfriend visiting on occasions. Another resolution to the future problems of marriage would be in the form of a commune or group marriage. Weiss did not think these would be particularly successful as the
natural propensity to pairing would conflict with the communal aims which together with the needed social and geographical mobility of modern society would mean that such institutions were unlikely to last very long. Weiss then concludes that although marriage will become more difficult the alternatives to marriage are unlikely to provide a solution to the difficulties. Overcoming these difficulties would be achieved by examining all the various alternatives and seeing them as possible ways in which individuals might realise the goal of self realization. He sees this, however, as only a temporary solution but fails to show what modifications will follow on after this. Weiss therefore believes that the changes brought by industrialization will continue to the extent that a completely different orientation towards marriage and the family will be required with changes in types of family within society to provide for the different needs of individuals within this area. In this paper, however, the factors necessary to bring this about in terms of support for the family and other changes in the wider society are not discussed.

There has been an attempt by Fletcher to examine the making of the modern British family within a very large perspective. He sees the modern British family as a definite social form related not only to social conditions but to the moral and political aims of modern industrial societies. It is a social form, created as a unit, appropriate and integral within the whole entire making of a new society. The new society which Fletcher considers has been created is the highly rational industrial society which grew from a simple traditional agrarian society. Within the latter type of society the overall 'ethos' was that of
'man in nature' with imponderables larger than man being responsible for his destiny. By contrast in the industrial society the overall 'ethos' was that of man dominating nature by his knowledge and control. At the heart of this transformation was the accumulation of knowledge culminating in advanced natural science which led to greater exploitation of natural resources by industrialization. Such transformation led to increasing rationality and purposive control in terms of deliberate physical and social reconstruction which could bring great improvements but also great disasters. Man was considered crucially distinguishable from animals by his purposive and moral nature with the establishment of values seen as the core of both the process of institutionalization and the ordering of experience and behaviour of the individual. In the agricultural societies such values were traditional, taken for granted and continuously reinforced by the regular repetition of ritual practice and mythical doctrine. With industrialization came the notion of individual moral judgements for which the individual was responsible. Although this may all seem somewhat remote from the modern English family Fletcher attempts to show how such a family has been created as a necessary part of this larger process. Thus the rights and duties of individuals have been clarified and affected in government, law and social and economic relationships. With this has come equal status for men and women and improvement in the status of children. The modern family as we know it, defined by government, and law, upheld by morality and aided by social services is the outcome. "It is founded on the basis of free personal choice by partners of equal status, and the expected basis of it is that of personal affection (not legal constraint). Responsible, planned parenthood is firmly expected of it; casual and
irresponsible parenthood is condemned. Within it children enjoy a high status and much parental and social concern. Dogmatic parental (chiefly paternal) authority has been superseded by reciprocal discussion and sensitivity to the needs of all members of the family when decisions are made (p184). Thus the making of the modern family has been part of the making of a new society and is the outcome of efforts to approximate to humane ideals as well as an adjustment to industrial and urban conditions. This is not to say that this is the final form of family but it is Fletcher's contention that it is the family of now. For this reason the family should be supported by changes in the community which engage it more richly rather than attempt to resuscitate the 'extended kin' type of family. There should thus be an attempt to provide more primary and secondary group networks within the community where the modern nuclear family could be enriched. Unlike Weiss who has a pessimistic view of changes in marriage and the family Fletcher sees the modifications of the modern nuclear family as necessary and desirable so that the community should be changed to support it and so that its advantages can be retained and its disadvantages overcome. This is the view taken by Kempler who suggests various community changes which would support the nuclear family to retain its advantages.

Such discussion about the family of the future would appear to be somewhat removed from the original research about illegitimacy. This research showed, however, that illegitimacy could be seen as a form of alternative childbearing and childrearing. It could arise from ordinary sexual behaviour related to conventional norms surrounding the family or as a reaction and rebellion to family norms and values. In
any case illegitimacy had to be seen as a process in which various decisions would be made about the pregnancy both in relation to the norms and values of the family and other aspects in society such as the availability of abortion and the extent to which society supported the illegitimate child. Illegitimacy itself was not a clear cut phenomenon and throughout and after the process, illegitimacy might, with the use of marriage, be transformed into legitimacy. The concept of illegitimacy also contained within it a number of different types; the planners who seemed to manifest a change in attitudes towards marriage and the family and the mistakes who held conventional ideas about the family and would therefore have preferred not to be in that situation. This was to some extent a false dichotomy, however, in that the mistakes would have to make similar decisions about the pregnancy and the same issues would be important as for the planners except that the decisions were made after rather than prior to the pregnancy. It is also a possibility that once having found the one parent family is a viable alternative the mistakes might plan another illegitimate baby, as might married women in the sample who later divorced.

With such a variation in the process of becoming the mother of an illegitimate baby and in the types of illegitimacy the problem was in deciding what the significance of the results were. Was it a deviation from the norm by a minority or the start of a change in family patterns? This sample, particularly those who planned the pregnancy was a very small proportion of a total clinic sample who had overwhelmingly decided to have children within the normal family context. Nevertheless factors
such as the increasing divorce rate which would make marriage appear less secure and the State support for the illegitimate child are factors which increase the viability of the alternative one parent family. In the future there may therefore be a gathering momentum to have children within this situation.

Examining illegitimacy in this way means that it must be seen as the manifestation of an alternative form of childbearing and child rearing and questions must be asked about it in those terms rather than in terms of a deviation from the norm of marriage. Consideration of some of the literature on the future of the family shows that either the future will produce a multiplicity of different family types which relate to individual needs, (Fox and Keller), marriage and the family will change to the extent that a new permanent form must be found (Weiss) or that the nuclear family, as the most practical family in modern society, will be supported in a way that retains its advantages and overcomes its disadvantages. (Fletcher) Again there is dispute over whether the changing family types found in modern society will either be viable or an alternative to the nuclear family used by a significant proportion in society.

The individuals who had planned to have an illegitimate baby had done so because they could see few advantages to the conventional marriage and the family and were able to obtain support for an alternative. Future research on the alternative forms of childbearing and childrearing in alternative ways will therefore have to be done in a way which examines both these aspects. Thus the extent to which various forms of marriage and the family are supported by society will have to be examined in the
context of what the individuals get from those various alternatives and the decision making process in choosing which is the most satisfactory situation for any individual. If the advantages of conventional marriage and the two parent family diminish then individuals may turn to other alternatives such as cohabitation or commune living. If they seek for more societal support for these alternatives there will be decreasing support for the conventional family which might increase the impetus towards the alternatives. The process of change within the family is therefore likely to be a reflexive one in terms of the support which society gives towards certain types of families and the support demanded, with the interaction between them leading to possible changes in marriage and the family.

More research is therefore needed to show whether the individuals who had illegitimate babies in this sample were the vanguard of a new and increasingly familiar family type or whether they are an unimportant deviation from conventional family norms. If the support for the two parent family continues to diminish, in particular with a change in the tax laws, and more individuals continue to decide that it does not have much to offer; if the concept of illegitimacy is abolished and with it the stigma so that it is seen as an acceptable alternative way of childbearing; if the support for one parent families is increased then this alternative way of childbearing and childrearing may be taken up by an increasing proportion of women. With various other factors such as the increased economic activity of women, with job security even when having children and thus continuing financial independence I think this is likely to be the case, but only future research will show whether these speculations are correct or not.
Appendix 1

Questionnaires used in the Main Study

The following questionnaire was given to all the women who came to the ante natal clinic during the specified period as described in the text.

Serial number........ Sample number.......... Hospital number....... QUESTIONNAIRE ON PREGNANCY FOR EVERYONE ATTENDING ANTE NATAL CLINICS AT CHARING CROSS HOSPITAL

The following questions are part of a research project on pregnancy being carried out in this hospital. I hope you will help with this research by answering the questions which are about yourself, your pregnancy and your family. By finding out more about the people who attend these clinics it will be possible to improve services for other pregnant women. All the information is strictly confidential and will only be used to provide tables of figures. Will you please answer all the questions if you can. If you want any help or more information about the research please ask at the reception desk. First of all I would like to know something about this and previous pregnancies - UNDERLINE the answer that applies to you.

1) Have you had any other babies? YES NO
   If yes how many have you had? ................

2) Have you had any miscarriages? YES NO
   If yes how many have you had? ................

3) Have you had any abortions? YES NO
   If yes how many have you had? ................

4) Did you plan this pregnancy? YES SORT OF NO

5) Did you use any method of birth control before you became pregnant? YES NO
   If yes what sort of birth control method did you usually use?

   Did you use it - all the time
   most of the time
   sometimes
   occasionally
   UNDERLINE THE ANSWERS
   THAT APPLIED TO YOU

6) How long had you been pregnant when you were told that you were definitely expecting a baby? ..................

7) How did you feel when you first knew you were definitely pregnant?

   Absolutely delighted
   very pleased
   quite pleased
   didn't mind
   neutral
   numb
   resigned
   worried
   horrified
   depressed
   UNDERLINE THE ANSWERS
   THAT APPLIED TO YOU

If you had any other sort of feelings could you briefly describe what these were.
Now I'd like some details about yourself.

8) How old are you now? ...... 8a) What, if any is your religion? ......

9) What nationality are you? ........................................

10) In which country were you born? .................................

11) How long have you lived in England? ..............................

12) How long have you lived in London? ..............................

13) How old were you when you left school? .........................

14) Have you any educational qualifications?  YES  NO

   If yes please say briefly what they were:-

15) How many jobs have you had altogether since leaving school? ........

16) What was the last job you had? (or have if you are still working)

...........................................................................................................

17) Are you:- single  divorced and remarried (PLEASE UNDERLINE

   married  widowed  UNDERLINE

   married but separated  widowed and remarried THE ONE THAT APPLIES

   divorced

   To you)

   If you are married, how long have you been married? ........

Now can you tell me something about your baby's father.

18) How old is he? ........................................................

19) What sort of job does he do? ....................................

20) What nationality is he? .............................................

21) How long have you known him altogether? ......................

I'd also like to know about your home.

22) How many people are there altogether living in your home? ........

23) Who are they?

24) How many rooms, (including the kitchen and bathroom) are there

   in your home? ........................................................

25) What sort of house do you live in?

   owner occupied house  rented flat (PLEASE UNDERLINE

   owner occupied flat  rented bedsit  the one that applies

   council house  hostel  TO YOU)

   council flat  lodgings

   rented house  other (please specify)

26) Is your accommodation - permanent : temporary?

   Just to complete the picture, I would like some information about

   your parents.

27) What nationality is your mother? .................................

   In which country was she born? .................................

28) What nationality is your father? .................................

   In which country was he born? .................................
29) Are your parents:

- Married and living together
- Married but separated
- Not married but living together
- Not married and separated
- Divorced and both remarried
- Divorced and mother remarried
- Divorced and father remarried
- Mother widowed
- Mother widowed and remarried
- Father widowed
- Father widowed and remarried
- Other (please specify)

If your parents are separated, divorced or widowed – how old were you when this happened? 

30) How many brothers do you have? 

31) How many sisters do you have? 

32) Where do you come in the family? 

33) What is (was) the name of your father's job? 

34) Please describe as carefully as possible the work your father does or did.

35) To finish, could you tell me approximately how many weeks pregnant you are now? 

36) Are you willing to be interviewed at some future date in connection with this research? YES NO

Now that you have completed the questionnaire, please check that you have answered all the questions and hand it in at the reception desk.

Thank you very much indeed for your help

JACKY VINCENT
Research Worker

Name                     
Address                   
                          
                          
                          
                          
The following interview guide was used when interviewing all the mothers of illegitimate babies in the sample. As there were very large differences in the type of respondent it was used as a guide for areas of interest to be covered. It was not therefore adhered to in detail if particular questions were thought to be inappropriate. The nature of probing also varied according to the articulateness of the respondent. In all cases, however, all areas of interest were covered (although not necessarily in the same order) unless the respondent made it clear that she did not want to talk about it - some refused to talk about boyfriends for instance. Answers to the questionnaire were also checked at the same time.

Questionnaire for Single Mothers and Matched Sample of Married Mothers at Charing Cross Hospital Ante Natai Clinics

I began by introducing myself and explaining my independence from the hospital. I then described the research and said I was particularly interested in those women who were going to be on their own with babies. I reassured them about the confidentiality of what they would tell me and asked if they minded if I used a tape recorder. As I went through the interview I checked on all the things they had put on the questionnaire.

Pregnancy Experience
1) When did you think you might be pregnant? (probing determined the circumstances under which she became pregnant.)
2) How did you feel about it?
3) When was the pregnancy definitely confirmed?
4) How did you feel then?
5) Who was the first person you told about it?
6) When did you tell him/her?
7) “What did he/she say?
Single
How far gone were you when you told your boyfriend about pregnancy?
What did he say?
Has he given you any help?
Are you still seeing him?
Do you have plans to marry?
How did your friends react when you told them you were pregnant?
How did the rest of your family react when you told them you were pregnant? (When did you tell them?)
Who has been the most help to you during this pregnancy?
Has anyone outside the family helped you during this pregnancy?
Have you had any particular problems since you have been pregnant?
Did you plan this particular pregnancy?

Consideration of Abortion
Did you ever think of having an abortion?
Did anyone else suggest that you might have an abortion?
  (who? What did they say? Did you feel pressurised?)
Did you try to get an abortion?
  (What happened?)

Plans for the Future
Have you decided what you are going to do with the baby?
Why have you come to that decision?
Has anyone helped you come to that decision?

All
Have you had any previous babies?
  (age of mother, sex baby, birth weight, whether planned, age of child.)
Have you had any previous miscarriages?
  (age of mother, whether pregnancy planned, months pregnant.)
Have you had any previous abortions?
  (age of mother, whether pregnancy planned, months pregnant.)
Do you have any particular plans for the future?
Do you think you will go back to work?
  (Do you have definite plans to do so?)
Family Relationships

Are both your parents alive?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
<th>Age of respondent when died</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Father</td>
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</tbody>
</table>

Are your parents:-
- married and living together
- married but separated
- not married but living together
- not married and separated
- Divorced and both remarried
- divorced and mother remarried
- divorced and father remarried
- mother widowed and remarried
- father widowed and remarried
- other

If parents separated - How old were you when this happened?

- How did you feel?

How many people are there in your family?

- Brothers
- Where do you come in the family?
- sisters
- half brothers
- half sisters

How would you estimate your parents marriage?

- Very happy
- happy
- average
- unhappy
- very unhappy

Who makes (did make) the most important decisions in your family?

Do (did) your parents argue?

- rarely
- sometimes
- frequently
- all of the time

Has anyone in your family ever had a baby without being married?

Have any of your friends ever had a baby without being married?

Do you consider you had a happy childhood?

Do you think things are better or worse or about the same between you and your parents now?

Were you separated from your parents at any time before you were 11?

- if yes - How old were you?
- Why were you separated?
- How long were you separated?

Did any of your close family die whilst you were a child?

- if yes - Who were they?
- How old were you?
Do any of your family live nearby? (details)
Have you any friends living nearby?

Self - Living Situation

How many people live there?
Who are they?
How many rooms are there in the house?
Do you like living there?
Do you think you will continue to do so?

Past Health Record

Have you seen any of the following people at any time in your life?
  Psychiatrist
  Social Worker
  Probation Officer
When?

Have you ever been seriously ill?
Have you ever had to spend some time in hospital?

Schooling

What was the first school you went to?
What did you think of it?
How did you get on?
Did you take any examinations?
How old were you when you left school?
Have you had any training since then?
What was the first job since leaving school?
What did you think of it?
How did you get on?
How long did you stay?

The object of this series of questions was to obtain a picture of their school and work careers.

Schoolgirl Mothers Only
When was the school told about the pregnancy?
Who told the school?
Who was told in the school?
What did the school say?
Schoolgirl mother only (cont.)

What has happened to your schoolwork since you have been pregnant? How do you feel about this? What did your school friends say? Do you intend to return to school? Which school will you go to? How will you manage with the baby? Are you happy with these arrangements?

Knowledge of Sex and Contraceptive Use

Did any of the schools you have been to give you any form of sex education? What was it like? What subjects did it cover? How old were you then? Did it help you? Where did you learn most of what you now know about sex? Did anyone tell you about your periods? When did they start? How did you feel? How old were you when you first went out with a boy? Did you ever have much difficulty in making friends with men? How many boyfriends did you have before going out with your baby's father? Have you ever used contraceptives?

Yes

Where did you get them? What did you use? No

Was there any particular reason for this?
Baby's Father

How long have you known him altogether?
Perhaps you could tell me something about the relationship:-
   Where did you meet him?
   How long have you been going out with him seriously?
   When did you decide to sleep together?
   Did you use contraception?
   Did it worry you that you might become pregnant?
   Have you any plans to marry in the future?

How old is he?

Has he ever been married before?
What nationality is he?
What sort of job does he do?
What does he think about the baby? (Is he interested in the baby?)

Has your relationship changed since you have been pregnant?

General Discussion of Views on Marriage

This was somewhat difficult with the less articulate respondents who gave their views in terms of their own situation rather than in general.

1) Do you think it is all right to have sex before marriage?
   What do you think you will teach your child about this?

2) What do you think of people who become pregnant before marriage?
   What is the best way of getting round this situation?

3) Do you think if you have children it is better to marry?
   Probe to determine what respondent defines as marriage and what she thinks of conventional marriage.

4) Do you think children need fathers?
   Probe to determine definition and roles within the family.
Appendix 2

The Statistical Analysis

The statistical analysis was done using the Statistical Package for the Social Sciences (S.P.S.S.). The test of significance for differences between two samples and for cross tabulations was that of chi squared. Significance was presumed when $P \leq 0.01$ and was presumed as very probable when $P \leq 0.05$. Analysis of variance was also done using S.P.S.S. where, as mentioned in the text, a more rigorous test of significance was applied and was only accepted when $P \leq 0.001$. The A.I.D. program was also used as part of S.P.S.S. using the additive model.
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