The family planning movement has not ascribed the denial of birth control services to the poor to a generalized "taboo" but, rather, has ascribed it to concrete prohibitions on provision of services which stemmed from fear on the part of political leaders of the presumed contoversial nature of the subject. The fears were perhaps exaggerated, but nevertheless real. The result was that very few poor women received contraceptive guidance and prescription in tax-supported agencies at times in their lives when it would have been of most importance to them—at the premarital examination and after the birth of a child, for example. It was not until the years 1964 to 1966 that several hundred public hospitals and health departments began providing family planning services, and it was not until 1967 that as much as $10 million in federal funds became available to finance identifiable family planning programs.

FAMILY SIZE DESIRED BY THE POOR

Judith Blake contends that her data show that the poor desire larger families than the non-poor. She bases her assertion on responses to opinion polls and ignores the three major national studies conducted since 1955, covering larger and properly structured random samples of the U.S. population, which have probed these issues in depth. Even when the poll responses are accepted at face value, it is of interest to note that the "larger" family said to be desired by those in the lowest economic status group was larger by as much as 0.4 of a child in only 2 of the 12 years cited (10).

Also of interest is the fact that Blake treats responses to questions on *ideal* family size as evidence of the number of children the poor *want*. At various points in the text she refers to the data she cites as demonstrating "*desired* or ideal" number of children or "*preferred* family size," or states that the poor "say they *want* larger families" (emphasis added). The dubiousness of this methodology is revealed by the very different treatment of responses on *ideal* and *wanted* family size in the 1955 and 1960 Growth of American Families Studies (11, 12) and in the 1965 National Fertility Study (13, 14–16).

In the 1955 study, Freedman and his co-workers stated that the question on ideal family size "was not designed to discover the wife's personal ideal but sought a picture of her more stereotyped impressions on what family size should be" (11, p. 221). "The more realistic question about desired . . . family size," they concluded, "is that regarding the number of children wanted at the time of the interview" (11, p. 224). They found that the stereotyped "ideal" generally was higher than the number wanted. In the 1960 study, Whelpton and his colleagues came to the same conclusion (12, p. 37). In the 1965 study, Ryder and Westoff expressed "profound reservations" about the usefulness of the "ideal" question and found that it "lacks face validity . . . is relatively unreliable and has a small variance" (13).

The poll responses cited by Blake appear to show that *ideal* family size varies inversely, among non-Catholic white women, with education and economic status. Responses to detailed surveys on *wanted* family size, however, either show insignificant differences between lower- and higher-status non-Catholic white respondents or *reverse the direction.* The data for 1960 show no difference in the number of chilren wanted by highest-status and lowest-status non-Catholic whites, and the data for 1965 show a very small increase in the number wanted by the group with only grade school education. (The pattern for Catholics was, of course, different.) Other measures of socioeconomic status show either no difference in the number of chilren wanted or, in the case of the measure of income, a smaller number for those with income below $3000 than for those with income above $10,000 (Table 1).

Judith Blake also uses opinion-poll responses, rather than the results of in-depth studies, to measure approval of birth control in the different socio-economic groups. The result is, again, an overstatement of the differences between the highest and lowest social groups. In Table 2 are given excerpts from findings for 1960 and 1965 on approval of the practice of fertility control (including the rhythm method). The only deviation from the near-universal approval of fertility control is in the group with only grade school education, which is rapidly becoming a smaller proportion of all U.S. women and is hardly coterminous with the poor and near-poor. [Among all poor and near-poor women aged 18 to 44 in 1966, only 26.1 percent had grade school education or less; 31.9 percent had completed from 1 to 3 years of high school, and