

... government statistics show that the mothers of approximately 41 percent of the 245,000 babies born illegitimately in the United States every year are women 19 years of age or younger. Thus a large proportion of all illegitimate children are progeny of teen-age mothers. To reduce the number of such children born to teenage mothers, high-school education in family planning is essential.

Katherine B. Oettinger, Deputy Secretary for Family Planning of the Department of Health, Education, and Welfare, importunes us not to "demand the eligibility card of a first pregnancy before we admit vulnerable girls to family planning services" (16). The Harkavy report states (3, p. 29) :

Eligibility requirements should be liberal with respect to marital status. Such services should be made available to the unmarried as well as the married. . . . Eligibility requirements should be liberal with respect to the age of unmarried women seeking help. This will undoubtedly pose some problems, but they may not be insurmountable. Some publically supported programs are already facing them (for example, in Baltimore).

Representative Scheuer from New York has berated the federal government for not "bringing family planning into the schools." He has cited the "desperate need for family planning by unmarried 14-, 15-, and 16-year-old girls in school [which] is so transparently evident that it almost boggles the imagination to realize that nothing has been done. Virtually no leadership has come from the federal government" (9, p. 18).

Obviously there is little recognition in these statements that such a policy might engender a negative public response. Yet such a possibility cannot be discounted. The results of the 1966 question "Do you think they [the pills] should be made available to teen-age girls?" suggest that a policy of pill distribution to female adolescents may be viewed by the public as involving more complex issues than the mere democratization of "medical" services. These results, tabulated by social level, are shown in Table 6.

TABLE 6.—PERCENTAGES OF WHITE U.S. MEN AND WOMEN WHO, IN A 1966 POLL, EXPRESSED APPROVAL OF MAKING BIRTH-CONTROL PILLS AVAILABLE TO TEEN-AGE GIRLS. PERCENTAGES APPROVING AND NUMBERS OF INDIVIDUALS INTERVIEWED ARE GIVEN BY AGE GROUP, BY EDUCATION, AND BY ECONOMIC STATUS

Item	All religions				Non-Catholics			
	Men		Women		Men		Women	
	%	N	%	N	%	N	%	N
Age:								
Under 30.....	29	86	17	149	34	65	19	102
30 to 44.....	19	172	8	238	20	133	7	169
Education:								
College.....	32	98	15	100	36	75	13	71
High school.....	18	142	9	264	19	110	9	180
Grade school.....	13	24	11	35	6	17	14	28
Economic status:								
1.....	33	80	11	113	35	58	11	75
2.....	20	75	13	105	24	58	14	72
3.....	19	65	7	94	18	50	5	64
4.....	13	41	16	82	15	33	14	66

It may be seen that, in general, a proposal for distribution of pills to teen-age girls meets with very little approval. There is more disapproval among women than among men. Even among women under the age of 30, only 17 percent approve; among men in this age group, 29 percent approve. At no age does feminine approval reach 20 percent, and in most cases it is below 15 percent. Furthermore, restriction of the results to non-Catholics does not raise the percentages of those who approve the policy. Most noteworthy is the socioeconomic gradient among men. Whereas 32 percent of college-educated men approve distribution of pills to young girls, only 13 percent of men with a grade school education do. Thirty-three percent of men in the highest income bracket approve, but only 13 percent in the lowest bracket do.

Clearly, the extension of "family planning" to poor, unmarried teenagers is not regarded simply as "health care." Individuals may approve, in a general