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Counseling and Referral for Legal Abortion in California's Bay Area

By Sadjia Goldsmith, M.D., Leah Potts, Lawrence Green, Dr.P.H. and Robert Miller

Despite improvement of contraceptive techniques, expansion of contraceptive services and more open public discussion of birth control, large numbers of U.S. women continue to have unintended or unwanted pregnancies and births.¹ The reasons for this include changes in sexual behavior, conflicting sexual mores, the imperfections of present birth control methods² and the difficulties which the young, the unmarried and the poor still have in obtaining medically supervised contraceptive services. In this context, there is a clear and urgent need for safe and legal termination of unwanted pregnancy. Its importance is heightened by the revival of the feminist movement as well as by current concern about U.S. population problems. Significant progress has recently been made in reforming and even repealing restrictive abortion laws.³ Repeal bills were passed this year by four state legislatures; reform laws are in effect in 15 states and the Supreme Court has agreed to rule on lower court decisions that laws which restrict abortions are unconstitutional. As this trend accelerates, and as total repeal supersedes reform laws, the number of women wanting information, counseling and funding for abortion will increase tremendously. The estimated million women who each year seek illegal abortion⁴ will turn increasingly to legal channels. Family planning organizations inevitably will be involved in dealing with this problem and will need operational models for the new

services they will be called upon to provide. This article discusses one pregnancy counseling service which has been set up to deal with this need.

Abortion Reform in California

California, in 1967, was one of the first states to pass an abortion reform bill. Therapeutic abortion is now legal in cases of rape, incest, pregnancy in a minor under 15 or when pregnancy threatens the mental or physical health of the woman. A decision of the California Supreme Court in 1969 further liberalized the interpretation of this statute by proclaiming a woman's right to terminate unwanted pregnancy. The court decision,⁵ which struck down the previous abortion law, has also raised questions about the constitutionality of the present "reform" law,⁶ which is currently interpreted so that most women who genuinely wish to terminate a pregnancy can obtain a legal hospital abortion in California's main urban centers—if, that is, they know where to go and how to get the money to pay for it. Rural areas still lag in implementation of the statute.

With passage of the 1967 law, requests to California's Planned Parenthood Affiliates for information and abortion referral rose steadily. In the Alameda-San Francisco Affiliate, a large population of pregnant women began to come to the clinics. As their requests for counseling could not be met by existing staff, a new pregnancy counseling service was established by the Affiliate. This service relies heavily on volunteers from related professions, who are trained by the Planned Parenthood staff to counsel pregnant women about their problems and discuss ways to meet them, including parenthood, adoption and therapeutic abortion.

Officially launched in 1968, the service quickly filled an obvious community need. After the passage of the reform bill, doctors, hospitals and health agencies were not prepared to handle the increasing numbers of unwillingly pregnant women who wanted legal information, crisis counseling and medical care; often agencies, hospitals and physicians were not even in contact with one another about referrals. Social service and mental health agencies lacked the detailed information needed to help women gain access to 'liberal' doctors, clinics and funding sources. Planned Parenthood uniquely was able to coordinate the patients with the available medical care.

Several private abortion referral centers in the area had been active for some time. These centers, however, were operated by conscientious opponents to any use of the reform law. In their view the reform law was complex, time-consuming and demeaning to the woman. These referral centers therefore continued to send large numbers of women to Mexico or to other extra-legal abortion sources. Planned Parenthood, in contrast, believed that only the new legal channels should be tried, to provide the best in medical care and to promote the widest use of the new law.

Planned Parenthood's Pregnancy Counseling Service

Planned Parenthood saw the new pregnancy counseling service as educational and political as well as purely 'service'. Its purposes were defined as follows:

- to provide information, counseling and referral to women with problem pregnancies so that they can choose and obtain therapeutic abortion or other solutions, such as maternity homes, adoption service, school continuation programs;

- to educate the public—including the medical community, social service professionals and pregnant women—on the provisions and implementation of the new reform abortion law, so as to mold a new attitude toward abortion as a safe and legitimate solution to unwanted pregnancy;

- to increase the number of therapeutic abortions performed under the law in the Bay Area and throughout California;*

- to reduce the costs of therapeutic abortion by planning, with the medical community, to simplify the consultation procedure, eliminate overnight hospitalization when possible and devise new models for the efficient delivery of service;

- to work toward further liberalization and repeal of all laws governing abortion so that no woman is forced to bear a child against her wishes;

- to compile research data from women who apply for therapeutic abortion through Planned Parenthood in order to help chart future directions for family planning programming. (Each client is asked about such subjects as: knowledge and past use of birth control; use or failure to use a method when she became pregnant and the reasons for this; her relationship with her sexual partner; her social, educational and religious background.)

Staffing the Counseling Service

It soon became clear, following passage of the abortion reform law, that existing Planned Parenthood staff could not handle the increasing numbers of women seeking information, counseling and referral for therapeutic abortion. Additional staff were needed to devote full time to development of the counseling service. The staffing patterns set up by the Alameda and San Francisco centers vary slightly, but in both centers the key staff includes a director, a coordinator and a training director.

The director of the pregnancy counseling service is in contact with the medical community, health and welfare agencies and the public — explaining the service, publicizing the fact that abortion is legal and building public acceptance. The director assesses the need for abortion in the area and the resources available; she tries to increase these resources by persuading other agencies to provide counseling, urging doctors and hospitals to see more patients and designing new models for service delivery. The director also oversees

the collection of research data from the counseling service. The job requires a program innovator and troubleshooter who can deal with bureaucratic snarls, hostile attitudes and the financial and logistical problems of doctors, hospitals and pregnant women.

The coordinator runs the day-to-day aspects of the program; she is in continuing touch with the clients, volunteer counselors, doctors, hospitals and social workers. She sees that each client receives a prompt counseling appointment, that all counselors are kept up-to-date on procedural changes, that doctors and social workers receive whatever information they require and that each case is adequately followed up. In addition, she answers telephone inquiries from women throughout the country about how to obtain an abortion. The coordinator must be able to handle pressure and organizational detail while dealing sympathetically with clients in crisis.

The training director recruits, trains and supervises the volunteer counselors. She organizes training courses and works with each counselor individually, demonstrating and observing counseling techniques. The training director also works with social service and mental health agencies, and obstetrical and public health nurses to help them develop skills in pregnancy counseling. The person in this job should be a psychologist or social worker with experience in teaching and supervision of counselors.

Additional personnel in the Pregnancy Counseling Service include a secretary/receptionist at each center and a part-time research assistant for data analysis.

Volunteers have played an important role in planning and running the counseling service. Following the example of clergy counseling services in New York City and Los Angeles, the staff initially asked a group of Protestant and Jewish clergymen associated with Planned Parenthood to plan and work with the service. These clergymen have since been joined as volunteer counselors by psychologists, social workers, teachers, nurses, medical students† and interested non-professionals. Twelve-hour training courses for these counselors, held every few months, cover material including:

- the world-wide pattern of abortion, legal aspects of abortion law reform and medical, social and psychological aspects of abortion and contraception;
- practical aspects of obtaining a ther-

apeutic abortion in the Bay Area, including information on doctors, hospital procedures, costs, Medicaid (Title XIX) eligibility, loan funds;

- alternatives to abortion, such as community resources for maternity care, adoption, programs for the pregnant schoolgirl, single parent programs, marriage counseling;

- research aspects of Planned Parenthood's counseling service — the importance of accurate data collection and follow-up;

- techniques of client-centered counseling and crisis counseling on pregnancy and abortion, and role playing to illustrate various counseling problems.

After the completion of the training course, each volunteer is supervised individually by the training director during several interviews with clients. Some of the volunteers are encouraged to perform other duties, such as follow-up, data compilation and publicity. Ongoing training sessions are held monthly, to keep all volunteers informed about changes in the local abortion situation. Taped counseling sessions are reviewed for further discussion of counseling techniques.

Scheduling and Content of Sessions

Trained counselors volunteer an average of three hour-long counseling sessions per week. In San Francisco, 25 counselors are now seeing 50-70 clients each week; a slightly smaller number is being seen across the Bay at the Alameda County Planned Parenthood Center. Each counselor designates the time that he or she will be available each week; appointments are made on an hourly basis during these periods. When more women want counseling than there are counselors available, they are interviewed by staff. Group counseling is also employed by some

* There are still many counties in California where few or no legal abortions are performed. The total number of legal abortions performed in 1969 is estimated to be 14,000 compared to a previous estimate of 80,000-100,000 illegal abortions per year in this state.⁷ Many women are still forced to go to Mexico or find another source for illegal abortion because of local restrictions.

† Many medical and nursing students have been trained as volunteer counselors. Their work has been outstanding. Moreover, a close liaison has been established between Planned Parenthood and the University of California Medical Center which has resulted in several new cooperative programs and far more exposure of students to Planned Parenthood's goals.

counselors familiar with this technique. The counseling sessions take place at Planned Parenthood; many appointments are held after 5 p.m. and on weekends.

The counselor explains all of the alternate ways of handling the problem pregnancy so that the woman can decide for herself what to do about it. Some clients need skillful and lengthy counseling in order to understand what may be ambivalent feelings about the pregnancy, its meaning and its outcome. Such women may be followed by a counselor for several sessions or sent to a psychiatrist to work out their problems. Most women, however, are relatively sure when they come to Planned Parenthood that they want an abortion. At the same time, these women may be frightened or ashamed or filled with misinformation about abortion. The counselor helps by being supportive, non-judgmental and by providing facts about the legal, medical and emotional aspects of pregnancy termination.

The counselor explains the California law and the mental health provisions under which most women qualify for abortion in this state. She explains that the psychiatric consultation is a legal requirement; there is no implication that the client is "crazy." She is advised, therefore, to relate her situation fully to the psychiatrist. The woman is given the names of several obstetricians and psychiatrists from a rotating pregnancy counseling file; she is instructed to make the earliest possible appointment with the obstetrician and psychiatrist, since abortions performed early in the pregnancy are much safer than those performed later. The counselor explores the woman's financial situation and decides with her what payment plan is advisable. The session includes a discussion of the woman's sexual partner and their relationship. The man is sometimes included in the interview if the client wishes to explore her feelings with him.

If the girl is a minor, her relationship with her parents is discussed in depth and she is encouraged to tell them about her pregnancy. Some teenagers, however, have a home situation that makes them fearful and unwilling to inform their parents. Girls often say that they would commit suicide, run away or try to abort themselves with drugs or instruments before telling their parents about the pregnancy. The counselor offers to help the girl discuss the matter with her parents, but the decision of whether or not to tell

them is finally left to the girl. Under California law, a pregnant minor is able to sign for her own medical care and she may receive psychiatric and obstetrical care without parental notification.

Contraception is discussed and its importance stressed in every interview. The client is asked about her knowledge and prior use of birth control, her reasons for becoming pregnant and her future plans for contraception. She is informed about where she can get medically supervised contraceptive services and she is encouraged to use contraception to avert future unwanted pregnancies.

The information obtained from each client is recorded on forms which are used for evaluation and research. The less sensitive information is recorded by each client on a self-administered questionnaire. The interview material is recorded by the counselor after the end of the hour. The client is given a follow-up form to mail back after her abortion; she provides information on the procedure, its costs, her reactions, her desire for further counseling or psychotherapy and her contraceptive plans. Follow-up data is also collected from women who choose to continue the pregnancy.

Physician Referral List

The sine qua non of a pregnancy counseling service is, of course, the availability of physicians to consult on and perform abortions. Planned Parenthood maintains a list of local psychiatrists and obstetricians who will accept referrals for abortion; this list has been expanded steadily through mailings to doctors, professional meetings and individual contacts made by Planned Parenthood's medical director and medical advisory committee. The staff is in continuing contact with the physicians on the referral list concerning any problems that may arise with patients, such as difficulties about payments or failure to keep appointments.

In the two-and-one-half years since the reform law was enacted physician attitudes toward abortion have undergone considerable change. Many obstetricians now talk about the necessity of abortion on request, and most psychiatrists believe that their consultative role should be confined to those patients with genuine emotional turmoil about their pregnancy. The present practice of asking one or two psychiatric consultants to see each woman who applies for an abortion on mental

health grounds (92 percent of all California abortion patients in 1969) is felt to be a misuse of their professional abilities for legalistic rather than therapeutic reasons.

Where Clients Come From

About 50 percent of women who come to the counseling service are referred by a friend or relative. Many first discover they are pregnant after coming to Planned Parenthood's pregnancy testing service (a switchboard from which happily pregnant ladies are referred to a prenatal service, happily non-pregnant ones to a family planning clinic for contraception, unhappily non-pregnant patients for infertility counseling and women distressed about their pregnancy to the pregnancy counseling service). Clients are mainly from the Bay Area; out-of-town women are helped to find services in their own localities wherever possible.

Some referrals are made by physicians, nurses and health and social agencies. Planned Parenthood speakers regularly visit school and college classes and community groups and discuss abortion along with contraception. There have been numerous newspaper articles and television programs about the service. One of the local underground papers runs a regular "Pregnant? Need Help?" notice for Planned Parenthood. The staff believes that publicity about the service should be more directly beamed to reach more low-income couples. More organized outreach efforts should help, but the service has already grown very rapidly and care must be taken that outreach activities are matched by efforts to increase the services available through private and public medical care.

Counseling Service Budget

Staff salaries constitute the principal expense of the pregnancy counseling service. An additional expense has been the purchase of pregnancy testing reagents since testing is provided free for those women who cannot afford a laboratory test. Administrative expenses for space, telephone and office equipment have not been large. Considering all expenses, including the cost of training volunteer counselors and professionals, the gross cost per client counseled has been estimated at \$16.00. The counseling service started with an initial grant from a private



Pregnancy testing service is switchboard for referral of pregnant and non-pregnant clients.

foundation. This was followed by a larger grant of DHEW maternal and child health funds, received through the California State Department of Public Health. Fees are paid by those clients who are able — up to five dollars per counseling session.

Costs and Funding of Legal Abortion

A therapeutic abortion costs from \$400-700 when hospital and physician fees are totaled. This expense has in the past made the procedure out of reach for low-income women.* However, there are indications that therapeutic abortions are now being obtained by a proportion of low-income urban women in California through several mechanisms:

In the San Francisco area, the hospital clinics which provide obstetrical care for low-income women will often perform a limited number of abortions, generally for the same fee that is charged for total obstetrical care. Although the abortion fee should be lower on a unit-of-service basis, and although the quota for abortion patients is small and fixed, a number of low-income women do obtain abortions through these channels. In 1969, 14 percent of California's legal abortions were performed in county hospitals and a definite but unknown number were performed through partial-payment clinics.⁸

In 1969, 22 percent of therapeutic abortions in California were financed by medical insurance of some type.⁹ Members of the Kaiser Foundation Health

Plan can obtain an abortion at low cost. Other insurance plans pay for abortions, generally only to married women who have obstetrical coverage.

In California, Medicaid (Title XIX) reimbursements are paid for abortion as well as for pregnancy care and delivery. A low-income pregnant woman, who is not being supported by the man who made her pregnant, can qualify for Medicaid reimbursement for the cost of the abortion. Moreover, social service departments in the San Francisco Bay Area have helped obtain such reimbursement rapidly and efficiently. Eligibility can often be established within a week after a pregnancy is verified. In California, approximately 20 percent of all therapeutic abortions in 1969 were financed by Medicaid.¹⁰ Among patients seen at Planned Parenthood for counseling, about 50 percent use Medicaid funding.

The pregnancy counseling service has also developed a small loan fund to which tax-deductible donations can be made. Loans and grants of money can thus be provided for poor women who are not eligible for Medicaid or for county hospital care.

Using these mechanisms, it has been possible to obtain adequate funding for virtually every applicant who has asked for help in obtaining a therapeutic abortion. At the same time, the staff of the pregnancy counseling service has worked with the medical community to help simplify abortion procedures and lower the costs of care.

Women Seen for Counseling—1969-70

The dramatic rise in the number of women counseled in San Francisco is shown in Table 1.

Table 1. Number of Women Seen for Counseling—San Francisco Pregnancy Counseling Service, 1969-1970

Date	Number of Clients Seen
First Quarter of 1969	179
Second Quarter of 1969	333
Third Quarter of 1969	476
Fourth Quarter of 1969	535
First Quarter of 1970	664

* It should be noted that 'good' illegal abortions have often been as expensive as legal ones. Medical attitudes toward 'clinic' patients have probably been as important as costs in keeping low-income women from obtaining legal abortions.

A comparable increase was recorded at the Alameda County Planned Parenthood Center. Throughout this period, public awareness of the new abortion law and its application was constantly growing due to the local and nationwide publicity given to the abortion issue.

The figures in Table 1 become especially significant when compared to an estimate of total induced abortions obtained yearly by San Francisco women. When the method devised by Abernathy, et al.,¹¹ in North Carolina, is applied to the age and racial structure of San Francisco's population, the estimated number of abortions per year is about 4,000. If the older estimate of one abortion per 3.5 live births* is used, the yearly number of induced abortions in San Francisco would be 4,250. Both these estimates may currently be too low; in the new climate of a liberalized law the ratio of abortions to births has probably risen. As the availability of safe, legal abortion is publicized and the idea of abortion is legitimated, women who previously might have given birth to an unwanted child may turn to legal or illegal abortion. In addition, the practice of contraception may become less careful when abortion is easily available.¹³

In summary, the number of abortions performed per year on San Francisco women is speculative. It is estimated at between 4,000 and 4,500 and is in fact probably higher. Planned Parenthood's pregnancy counseling service will see some 2,700 women in 1970 if present trends continue. This represents about 60 percent of the estimated target population. Since many women are known to obtain legal abortions in San Francisco without using the counseling service, it may very well be that the overwhelming majority of abortions obtained by San Francisco women now come through legal channels. Local surveys to document these trends would be of enormous significance.

The age of clients seen in the San Francisco counseling service in 1969 is shown in Table 2.

Thirty percent of women seen for pregnancy counseling are teen-agers; in California as a whole, 30 percent of all abortions in 1969 were performed on teen-agers.¹⁴ It is ironic that it is legally easier to terminate the pregnancy of a minor

* This corresponds to one million U.S. abortions per year as compared to 3.5 million live births; this is a frequently quoted figure derived from poorly documented sources.¹²

Table 2. Percent Distribution of Clients by Age—San Francisco Pregnancy Counseling Service, 1969

Age of Client	Percent in Age Group
15-19	30
20-24	50
25-29	10
30 +	10

without parental knowledge in California (as well as in many other states) than to prescribe contraceptives which would prevent the pregnancy in the first place.¹⁵

Table 3. Percent Distribution of Clients by Marital Status—San Francisco Pregnancy Counseling Service, 1969

Marital Status of Client	Percent in Each Group
Single	70
Married	15
Divorced	10
Separated	4
Widowed	1

Table 3 contradicts the common belief that it is mainly married women who seek abortions; only 15 percent are married. In California as a whole, married women made up 25 percent of all women obtaining legal abortions in 1969.¹⁶

Table 4. Percent Distribution of Clients by Ethnic Group—San Francisco Pregnancy Counseling Service, 1969

Ethnic Group	Percent of Total Clients	Percent of City's Population
White	75	71
Black	10	15
Oriental	7	13
Spanish Surname	5	†
Other	3	1

* Provisional estimate of San Francisco's population by ethnic group, San Francisco Department of Public Health, January 1970.

† Included in Caucasian group.

Table 4 shows that whites are somewhat overrepresented and blacks and Orientals somewhat underrepresented in terms of their total distribution in the San Francisco population. The percentage of non-white clients seen for counseling has been higher at the Alameda County Planned Parenthood Center. In California as a whole, non-white women accounted for 13 percent of all births in 1969 and 12 percent of all therapeutic abortions; thus the belief that non-white women do not

avail themselves of abortion is not entirely accurate.¹⁷

The religious background of the clients seen is shown in Table 5. In interpreting this table, it should be noted that 39 percent of the clients seen said that they had "no current religion," and another 52 percent stated that they were "semi-active" or "inactive" members of the religion in which they were raised.

Table 5. Percent Distribution of Clients by Religion in Which They Were Raised—San Francisco Pregnancy Counseling Service, 1969

Religion in Which Client Was Raised	Percent in Each Group
Catholic	38
Protestant	46
Jewish	5
Other	3
None	8

More than nine out of 10 women counseled at Planned Parenthood elect therapeutic abortion to terminate their pregnancy. Most of those who decide to continue their pregnancy wish to keep the child rather than seek adoption. The overwhelming percentage of women choosing abortion reflects the self-selection of the clientele who come to Planned Parenthood for counseling. Most, clearly, have already made up their minds that they want an abortion and are coming for information about how to obtain one. Virtually all these women were successfully referred for a legal abortion in the San Francisco Bay Area. However, many women who come to Planned Parenthood have been delayed for weeks or months in their prior attempts to obtain an abortion because of the ignorance or prejudice of those to whom they have turned for help. A few of these clients have come to the counseling service requesting abortion when their pregnancies were beyond the 20 week limit set by the present abortion law. Some of these women were helped to obtain an abortion in Japan.

Seventy percent of the women seen for counseling had never experienced a prior pregnancy. Five percent had previously had an abortion (predominantly extra-legal); the remainder were of relatively low parity.

Most clients were counseled and helped to obtain an abortion in the first trimester of pregnancy. This is demonstrated by the fact that 70 percent of abortions obtained by Planned Parent-

hood's clients have been by dilatation and curettage or aspiration; only three in 10 have had to be terminated by saline injections.

How They Got Pregnant

Questioned about their knowledge and prior use of birth control and how they unintentionally got pregnant, 83 percent of clients claimed that they had used a highly or moderately effective method of birth control in the past (other than rhythm), but only 26 percent had used any method consistently since their last menstrual period and of these, over one-third were using only rhythm. It appears that most of these pregnancies resulted from failure to use a method rather than from failure of the method itself. The most common reasons women gave for failing to use a method of birth control were:

- "I didn't want to think about pregnancy."
- "I felt it couldn't happen to me."
- "I wasn't planning to have intercourse."

These statements of denial and ambivalence remind us of the non-rational aspects of sex. Beyond that, they point out the need for more realistic sex education and a more honest approach to female drives and behavior.

Present and Future Directions for the Pregnancy Counseling Service

Further education of the public on the legality and availability of abortion is clearly needed in California. Special efforts need to be made to get such information to low-income and rural women, who have traditionally been denied the service and have been forced to resort to unsafe, illegal abortion or to give birth to unwanted children. However, informational programs for the poor and for minority communities must always be conducted in the context of freedom of choice, without the slightest overtones of coercion or of "welfare savings."

Another educational goal is to get women with problem pregnancies to request termination in the first trimester, so that the necessity for more risky mid-trimester procedures will decrease. Teen-agers are especially apt to conceal their pregnancies during the first three to four months, and should be a special target group for information programs about pregnancy testing and counseling. They

can be reached through the teen-age mass media: rock music stations and the underground press.

Education of professionals is important, so that nurses, doctors, social workers, teachers, clergymen and others can become well informed counselors about the availability, safety and legality of abortion. The pregnancy counseling service is currently providing professional training, establishing liaison with similar groups throughout California and publishing a handbook explaining the procedures for providing comprehensive pregnancy counseling under California law.

As the demand for legal abortion increases in this state and throughout the nation, problems in the delivery of service are being discussed widely. The pregnancy counseling service staff has held several meetings with physicians and hospital administrators to discuss methods of simplifying procedures and reducing costs. Elimination of unnecessary consultations has been one approach to this. Elimination of overnight hospitalization in first trimester abortions is another. Planned Parenthood is currently meeting with members of the medical community to plan further changes in the delivery of services.

Restrictive abortion laws are being challenged on constitutional grounds and may soon be struck down by the U.S. Supreme Court or by a succession of individual state legislatures. Planned Parenthood favors total repeal, in order to make abortion a matter to be decided freely by every woman in consultation with her physician.

Even after repeal, Planned Parenthood Affiliates will continue to be involved in the abortion issue, through counseling, referral and perhaps through partnership in the delivery of service. However, it is clear that prevention of conception is far easier on most women's mental and physical health than is abortion; it is also less expensive and less demanding of medical personnel and resources. The data obtained through abortion counseling services such as Planned Parenthood's should be used to improve sex education and contraception programs, and to make them available to all individuals regardless of age, marital status, finances or pregnancy history.

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