

EVALUATION OF THE TEEN  
AWARENESS PROGRAM  
IN HASKELL COUNTY,  
OKLAHOMA

By

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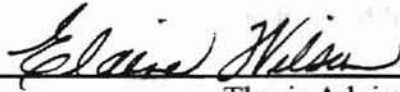
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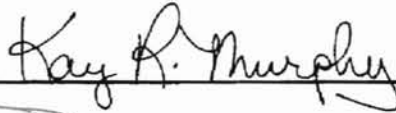
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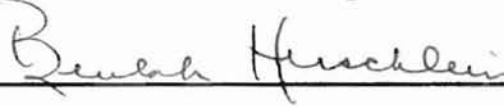
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DISCUSSION

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## Chapter I

### INTRODUCTION

#### Background

Oklahoma ranks thirteenth in the nation in births to teenage parents. Forty-five of Oklahoma's 77 counties have teen birth rates higher than the national average of 61 per 1,000 girls, ages 15 to 19. Haskell County is one of the forty-five counties that exceeds the national average. The teen birth rate is 78 per 1,000 girls, ages 15 to 19 (Oklahoma State Department of Health, 1995).

Haskell County is a small county with a population of 10,940 ( U.S. Census Bureau, 1996) and is located in Eastern Oklahoma. The county is economically depressed with an unemployment rate at 9.8% (Oklahoma Labor Force, 1997). Haskell County offers very little for adolescents to do on a date. The closest movie theater, skating rink, mall, or bowling alley is a hour drive away. Most teens spend a typical Saturday night dragging main and parking. This could be one reason teen pregnancy has become an issue.

According to the Oklahoma State Department of Health (OSDH), the number of women with HIV and AIDS in the United States is steadily rising, and Oklahoma health officials are concerned about this problem (Nida, 1998). Although there were no cases of

HIV and there were six cases of AIDS reported in Haskell County in 1997 (Oklahoma State Department of Health, 1995), the threat of an Acquired Immune Deficiency Syndrome (AIDS) epidemic among American's youth is a major public health concern. Although AIDS is currently rare among adolescents, and the prevalence of the Human Immunodeficiency Virus (HIV) among teens is unknown, the risks are considerable (Flora & Thoresen, 1988).

Because of the high rate of teenage pregnancy and the HIV/AIDS risk factor, an effort has been made to provide prevention education to the teens in Haskell County. The Teen Awareness Program patterned after a model from the Oklahoma State Department of Health has been in place in Haskell County for three years. The Teen Awareness Program presents workshops on prevention in areas such as teen pregnancy and HIV/AIDS. The Teen Awareness Program is one of the only prevention programs offered outside the school system to seventh grade students.

The focus of this study was to examine the relationship between locus of control and attending the Teen Awareness Program. Internal locus of control is conceptualized as the extent to which a person perceives life events. External locus of control believes life choices are chance, fate, luck, or powerful outside forces. (Wiehe, 1984). Therefore, related to prevention, the purpose of the Teen Awareness Program was to teach and encourage prevention behavior in high risk health areas such as teen pregnancy and HIV/AIDS. The program utilized keynote speakers and workshops on topics of decision making, teen pregnancy prevention, HIV/AIDS, peer pressure, drinking and driving, eating disorders, avoiding gangs, and self-esteem.



### Statement of the Problem

With the teenage pregnancy rate in Haskell County being 78 per 1,000 girls and the threat of HIV/AIDS, communities in the county are becoming aware of the problems teens are facing. To address these issues, a Teen Awareness Program is held annually. This event is sponsored by the Oklahoma Cooperative Extension Service, Haskell County Youth Services, Department of Human Services, Kimichi Area Vo-Tech School, Haskell County Health Department, KiBois Community Action, Schools, and Churches. It should be noted that The Teen Awareness Program is held off school premises. Workshops on topics such as teen pregnancy and HIV/AIDS are presented in an effort to teach decision making skills.

### Statement of the Purpose

The major goal of this research study was to investigate the relationship of the Teen Awareness Program to locus of control in seventh grade students in Haskell County, Oklahoma.

### Objectives

To accomplish the purpose of this study, the following objectives were established.

1. To determine if seventh graders' Locus of Control was more internal two weeks following the Teen Awareness Program as compared with a baseline measure of Locus of Control taken two weeks prior to the Teen Awareness Program.

2. To assess the Locus of Control that occurred for seventh grade students upon completion of the Teen Awareness Program through an analysis of items on the measure related to topics addressed at the Teen Awareness Program.

#### Hypothesis

There will be no significant change in individual Locus of Control in seventh grade students in either direction, internal or external, following the Teen Awareness Program.

There will be no significant difference in changes for items related to workshops and keynote content of the Teen Awareness Program.

#### Limitations of the Study

The results of study relate only to Haskell County seventh grade students who attended the Teen Awareness Program on October 24, 1995 and were subject to the Norwicki - Strickland Locus of Control Scale for Children that was administered two weeks prior to the program and two weeks following the program.

#### Scope of the Study

The scope of the study includes a total of 114 seventh grade students from all five public school districts in Haskell County.

## Definition of Terms

The following definitions are presented as they apply to the study.

- **Teen Awareness Program:** A prevention program developed in Haskell County by the Interagency Council following the guidelines of the Adolescent Health Conference, designed by the Oklahoma Department of Health. The Haskell County Teen Awareness Program was held October 24, 1995 at the First Baptist Church in Stigler, Oklahoma. The program began at 9:15 a.m. and ended at 2:15 p.m.
- **Interagency Council -** A council formed by several human service organizations. Organizations include, Oklahoma Cooperative Extension Service, Haskell County Youth Services, The Department of Human Services, Kimichi Area Vo-Tech School, Haskell County Health Department, KiBois Community Action, Schools, and Churches. This group was formed in 1990 to address community issues related to health, education, and family issues. The Interagency Council was responsible for planning and implementing the Teen Awareness Program with input from schools, officials, and students.
- **HIV -** Human Immunodeficiency Virus
- **AIDS -** Acquired Immune Deficiency Syndrome
- **Seventh Grade Students -** Seventh grade students in this study are 12 to 13 years of age and include both male and female. The students in this study were enrolled in the Haskell County school district, and attended the Teen Awareness Program on October 24, 1995.

teenagers are more oriented toward their peers

(Miller, 1982). The distancing

## Chapter II

process of social change

# REVIEW OF LITERATURE

## Introduction

This chapter presents a review of literature relevant to this study of teen pregnancy and HIV/AIDS prevention programs. The review of literature was divided into the following sections: (1) Theoretical Framework; (2) Locus of Control; (3) Teen Pregnancy Crisis; (4) Health Education / Prevention Programs; (5) History of Mini Health Conferences, and (6) Teen Awareness Program.

### Theoretical Framework

The Haskell County Teen Awareness Program is a comprehensive community wide effort, based on the principles of the social learning theory (Bandura, 1977) and the cognitive-social learning theory. These theories are related to learning through prevention education and peer orientation. The Teen Awareness Program was designed as a positive social and learning opportunity for teens. The program focused on peer group experience for health education, not family communication. This section will discuss the two theories and how they relate to the Teen Awareness Program.

## Adolescent Development and Learning

Adolescence is a time when individuals become more oriented toward their peers and less toward their parents (Bronfenbrenner, 1974; Montemayor, 1982). The distancing of adolescents and parents is a normal, natural, and necessary developmental change so adolescents can become independent. Some adolescents turn to peers in order to receive emotional support that inattentive and unconcerned parents fail to provide. Hill (1980) stresses the importance of the conflict between parents and adolescents which leads to the adolescent accepting or seeking the approval of peers. The importance of this conflict occurs to develop adolescents personalities and independence. Substantial data was available to indicate that relative to the preadolescent years, parents and adolescents perception of conflict increased. Actual conflict increases, and effective communication decreases between parents and adolescents (e.g., Montemayor, 1982; Smith & Forehand, 1986). During the same period of time, peers become increasingly more influential (Montemayor, 1982). As Glynn (1981) has indicated, theoretical approaches to this issue range from those which view either family (Hirschi, 1969) or peers (Sutherland & Cressey, 1970) as the primary influence, to those which view both family and peers as important but typically in different domains of behavior (Kandel, Kessler & Margulies, 1978; Pentz, 1983).

The Haskell County Teen Awareness Program theoretical perspective is anchored within a broad base of social learning theory (Robin & Foster, 1984). From this viewpoint, the adolescent learns appropriate and inappropriate behavior from the context (that is, parents and peers) in which he/she functions by modeling and reinforcement

(Bandura, 1969). By observing the behaviors demonstrated by others and by receiving or not receiving reinforcement / punishment for engaging in such behaviors, adolescents acquire certain behavior patterns.

### Social Learning Theory

Information dissemination and persuasive communication promote changes in health beliefs, attitudes, and behaviors. In the case of adolescents, a gap may exist between intention and behavior. Frequently, adolescents profess attitudes that are not consistent with their behaviors (Zabin, Hersh, Smith, & Hardy, 1984). This inconsistency points to the lack of a repertoire of skills that may be employed at critical moments. Drawing on Bandura's theory of the learning process, the Teen Awareness Program provides prevention education in sexual decisions and in skills that foster responsible personal behavior.

According to Bandura's social learning theory, learning occurs through a trial process from observing social models. Behaviors are performed and maintained based on external and internal self-reinforcement. Influences on behavior may be personal, behavioral, or environmental. Important factors in the performance of new behaviors include outcome expectations. These expectations describe the reinforcements one expects to result from the behavior. Efficacy expectation, or belief in one's ability to perform the behavior and obtain the intended result; modeling, or observing other's success at the behavior; and behavioral rehearsal, or directly experiencing success by performing the behavior (Bandura, 1977).

An expanded cognitive-social learning theory can guide the development of prototype AIDS prevention curricula for young adolescents through knowledge, self-talk, and self-efficacy (Bandura, 1987). The major thrust of cognitive-social learning theory lies in its recognition of the reciprocity among cognitive, behavioral, environmental, and physiological/affective influences. Thus, what a person does in any given situation depends on the interactive effects of these influences, with a primary focus on social cognitive factors. In addition, a cognitive social learning framework acknowledges that people learn from a variety of experiences, often vicariously by observing the actions of others (Flora & Thoresen, 1988).

### Locus of Control

Locus of control is conceptualized as the extent to which a person perceives life events occurring as being contingent upon their own actions [internal control] or upon chance, fate, luck, or powerful outside forces [external control] (Wiehe, 1984). Thus the externally controlled person believes that most of what happens is beyond personal control. The events have been set in motion and the person is powerless to reorder them. The person having internal control believes that what happens is dependent upon personal choice, therefore one does have control over a large part of one's life.

The locus of control construct originated from Rotter's (1954) social learning theory. Thousands of studies have been conducted on locus of control, with many characteristics found to be associated with internal and external locus of control (Phares, 1991). For example, people with an external locus of control orientation tend to be conforming, easily persuadable, with a reduced ability to cope as compared with people

having an internal locus of control. People with internal locus of control orientation, tend to be better adjusted, more popular, less anxious, and more achievement oriented, especially in academics.

Given the range of positive characteristics associated with an internal locus of control orientation, it is generally believed to be the most serviceable orientation (Phares, 1991). However, whether it is more desirable to have an internal or external locus of control will vary with the situation (Phares, 1991). For example, members of groups with little access to power, opportunity, or material advantages (e.g., elderly individuals in nursing homes) may find it more adaptive to have an external locus of control orientation (Phares, 1991).

Most locus of control measures were designed for adults (Coster & Joffe, 1991). Researchers investigating locus of control in children often modify adult measures, keeping important concepts and making the language comprehensible for children. Nowicki and Strickland (1973) developed a reliable locus of control measure for children consisting of 40 items with a yes - no format. The measure has good internal consistency (.63 for Grades 3-5) and test-retest reliability (.63 for Grade 3; .66 for Grade 7). Using items that discriminated best, two shorter versions of the scale were developed for use with younger children. The scale demonstrates good construct validity with internal scores associated with children's adaptive behaviors and academic success (Strickland, 1989). Evidence that reliability and validity of the Nowicki - Strickland scale is widely accepted is provided by the fact that it has been used in over 700 studies (Strickland, 1989).



## Teen Pregnancy Crisis

Compared to other countries in the Western World, the United States has the highest birth rate among teenagers (Vincent & Dod, 1989). Unintended teenage pregnancy can be related to early onset of first intercourse, absence of contraceptive use, adult disapproval and denial of teenage sexual involvement, and minimal intervention efforts of schools, religious organizations, and human service agencies. This creates a social cultural problem of great magnitude.

In Oklahoma, 68 per 1,000 girls under the age of nineteen gave birth, with the national ratio being 61 per 1,000. In 1995, 17 percent (7,782) of the 45,365 live births in Oklahoma were to teen mothers (Oklahoma State Department of Health, 1995). It is also predicted that over 20 percent of Oklahoma teens who gave birth will deliver a second child prior to reaching their twentieth birthday (Oklahoma State Department of Health, 1995).

Teen Pregnancy, because it exploits the issues of poverty and sexual control, plays nicely into the welfare reform debate. In his bid to "end welfare as we know it," President Bill Clinton has zeroed in on teenage mothers, reinforcing the national perception that they regard having babies, and plenty of them, as their meal ticket to a life of indolence at the working nation's expense (Administration for Children and Families, 1996).

The rationale behind these policies is that if welfare is harder to get, teenagers will be discouraged from giving birth to babies for which they have no means of support.

But numerous studies have shown that girls and women are generally not motivated by welfare payments when they decide to have babies (Bender, 1997).

In 1996, President Clinton signed into law “The Personal Responsibility and Work Opportunity Reconciliation Act of 1996,” a comprehensive bipartisan welfare reform plan that will dramatically change the nation’s welfare system into one that requires work in exchange for time-limited assistance (Administration for Children and Families, 1996). Under this new law, unmarried minor parents will be required to live with a responsible adult or in an adult-supervised setting and participate in educational and training activities in order to receive assistance. States will be responsible for locating or assisting in locating adult-supervised settings for teens. In addition, the Secretary of Health and Human Services is required to establish and implement a strategy to: (1) prevent non-marital teen pregnancies; and (2) assure that at least 25 percent of communities have teen pregnancy prevention programs. (Administration for Children and Families, 1996).

#### Health Education/Prevention Programs

Educational programs are being implemented across the United States to decrease the number of teenage pregnancies and cases of HIV/AIDS. The School/Community Program of Sexual Risk Reduction Among Teens was implemented in South Carolina in 1983. For the years 1984, 1985 and 1986, the pregnancy rates for the 14 - 17 year old females in the school/community based intervention area decreased by more than half when compared with teens not exposed to the intervention (Vincent & Dod, 1989; Vincent, Lepro, Baker & Garvey, 1991).

A study conducted by Idaho State University revealed that AIDS prevention education is being taught to grades 8-12. It was found that most topics related to prevention of AIDS are taught less often and later than teachers in these schools think they should be (Salzman & Girvan, 1991).

Programs that offer AIDS prevention begin at all ages. Surgeon General C. Everett Koop issued a warning in 1986 that education was the key to preventing an epidemic. Koop strongly advocated prevention education begin as early as possible, suggesting third grade as an appropriate level to begin teaching (Wood, Webster & Eicher, 1987). An opinion questionnaire was mailed to grade school principals in South Dakota to attain information about attitudes concerning AIDS prevention education. Sixty-six percent of the total respondents indicated that AIDS should be taught at the fifth grade level (Wood et al., 1987). Factors outside the classroom make it difficult for teachers to meet the AIDS prevention education needs of students. The most common problem cited by teachers was fear of pressure from parents, the community, or the school system. These concerns contributed to teachers' perceptions that they were restricted on what they could teach (Salzman & Givan, 1991).

In Canada not only were teachers trained in AIDS prevention education, but also, persons who worked outside the school-system, such as youth workers, community leaders, and local community services employees. These people, not related to a school system were able to reach the teenagers with great success (Gaudreau, Laurin & Dupont, 1991).

## History of Mini Health Conferences

The concept of the teen health conferences began in 1980 in Payne County, Oklahoma, under the direction of Karen Waldron, Certified Nurse Practitioner, specializing in obstetrics and gynecology with adolescents. Based on a needs assessment, Waldron determined that teens needed programs confronting adolescent problems which have a strong base of community support designed to respond to those needs. Funds were made available through the Oklahoma State Department of Health, earmarked specifically to Adolescent Health, which provided communities the financial help needed to implement these conferences.

The first mini health conference, the Payne County Model, was held in 1981. Students attended a statewide teen conference, then developed teen councils in their local communities and requested formation of local mini-health conferences. Teen Advisory Councils and Peer Counseling Groups provided topics, suggestions and other input to make these conferences “teen oriented” and very successful. Some communities also provided evening mini-health conferences for parents of teens.

The purpose of the conferences was to give teenagers a forum in which to discuss issues and concerns relevant to them. Teen mini-health conferences provided middle, junior and senior high school students the opportunity to learn skills for coping more successfully in their adolescent years. These conferences have been conducted in rural and urban communities under the leadership of Teen Advisory Boards and County Health Departments which determine size and scope of the conference (K. Waldron, personal communication, June 1992).

## Teen Awareness Program

The Haskell County Teen Awareness Program was developed in 1992, by the Haskell County Interagency Council. The Teen Awareness Program was designed after the Oklahoma State Department of Health Mini-Health Conferences and the Payne County Model. In the planning of the program teachers, students, community leaders and parents were asked to assist with design of the program.

The 1992 Teen Awareness Program was implemented with the assistance of the school administrators. The program was designed to present prevention topics in areas of teenage pregnancy, HIV/AIDS prevention, decision making, substance abuse, self-esteem, peer pressure and safety education.

In planning for the 1995 Teen Awareness Program, the Haskell County Inter-Agency Council wanted to see if the information the students were receiving had any relationship to signs of greater personal responsibility for preventive health measures. The Nowicki-Strickland Locus Of Control Scale for Children was the form of evaluation chosen to measure locus of control before and after the Teen Awareness Program.

In the planning of the third program, the Inter-Agency Council wanted to reach a younger audience. School administrators were asked at what age level they thought students should attend the Teen Awareness Program. These administrators felt seventh grade students were as young as they would be willing to send to the Teen Awareness Program. The seventh grade students were targeted for the Teen Awareness Program, because they were beginning the junior high school and in need of prevention education. The seventh grade students attending the Teen Awareness Program would be the subjects

for the pre- and post-evaluation Locus of Control (N. Fioretti, personal communication, October 1995).

### Summary

The major goal of this study was to investigate the relationship of the Teen Awareness Program to locus of control in seventh grade students in Haskell County, Oklahoma.

Several conclusions can be drawn from this review of literature. First, the Teen Awareness Program theoretical perspective is anchored within a broad base of social learning theory. Adolescents learn appropriate and inappropriate behavior from the context in which he/she functions by modeling reinforcement. Second, adolescents are faced with many problems and decisions, problems associated with teen pregnancy and HIV/AIDS. Adolescents are turning to peers for answers. Third, research indicates that locus of control is a construct involving an internalized belief about who or what controls or determines one's successes or failures in life. Fourth, prevention education programs are being implemented to decrease the growing problems of teen pregnancy and HIV/AIDS. Fifth, Mini Health Conferences across Oklahoma are addressing issues teens are facing. These conferences are peer driven and encourage healthier decision making practices. These conclusions support the pursuit of this research question.

the results of the Teen Awareness Program suggested that

peers were most likely and important

### Chapter III

## METHODOLOGY

### Introduction

The Haskell County Interagency Council consist of several human service organizations, such as The Department of Human Services, Community Action, Youth Services, Cooperative Extension Service, Churches, and the Area Vocational School. The group was formed to address community issues related to health, education, and family issues. The Haskell County Teen Awareness Program was developed in 1992, by the Haskell County Interagency Council. The council reviewed the Payne County Model and the Oklahoma State Department of Health model of mini-health conferences, and decided to have a forum of teachers, students, community leaders and parents to determine what topics should be addressed at the conference. The first conference was held in 1992 with eighth and tenth grade students attending from all five school districts in the county. The forum selected such topics as teen pregnancy prevention and HIV/AIDS that needed to be addressed. No formal evaluations were completed at the first conference. The Haskell County Teen Awareness Program was designed to be a peer support program. This allowed peers to attend the workshops together and select topics that were most important to them. Peers were allowed to discuss and share their feelings

during these workshops. The designers of the Teen Awareness Program suspected that teens, being peer oriented, would be able to see that the choices they make are important to their future.

The Teen Awareness Program contains components addressing each of the above mentioned influences. The program seeks to enhance the adolescents' ability to respond skillfully to internal and external influences, gain mastery over the environment, and translate their intentions into action. For example, adolescents receive basic information about sexual anatomy and physiology so they can understand the relationship between their behavior and possible outcomes.

They are also assisted in clarifying personal values, setting behavioral standards, and building self-esteem, which affect feelings of self-efficacy and control over their environment. The teens who attend the Teen Awareness Program are taught communications skills such as decision making and assertiveness. They receive feedback and encouragement from adult models and peers, enhancing self-efficacy.

It was expected that the teens who attended the Teen Awareness Program would learn from the social learning theory. Teens were assisted in clarifying personal values, setting behavioral standards, and building self-esteem, which affect feelings of self-efficacy and control over their environment. The adolescents were also trained in analytical and communication skills such as decision making and assertiveness. They receive feedback and encouragement from adult models and peers, enhancing self-efficacy. The Teen Awareness Program employs social learning theory's basic premise, that learning occurs through social modeling. The adult who taught the workshops at the Teen Awareness Program were trained to improve their knowledge and communication



skills. They were encouraged to act as role models for the adolescents and as sources of guidance and reinforcement.

### Subjects

A total of 114 seventh grade students from all five public school districts in Haskell County, Oklahoma participated in the study. The sample consisted of 55 males and 59 females, ages 12 to 13 who were predominantly white, with a majority raised by both father and mother. A summary of the demographic data for the group is in Appendix A.

### Procedures

Initial contacts were made with each school principal to explain the instrument and the format for the Teen Awareness Program. All five public school districts in Haskell County participated in the study with four districts having schools with grades K-12, and one district having a Junior High School with grades 6 to 8.

A description of the study was submitted for expedited review and approved by the Oklahoma State University Institutional Review Board Human Subject Review (IRB). (See Appendix B).

Permission was granted by the school principals in all five public school districts in Haskell County to survey seventh grade students. A letter explaining the study was sent home with each student. The letter informed parents that information collected from each child would be coded to ensure anonymity and that results would only be given for the group. If parents did not want their child to participate in the study, the parents could sign

a non-consent form attached to the letter and return it to the child's teacher. No parents returned the non-consent form, therefore all 114 students participated in the study.

The questionnaire consisted of two instruments that were administered to seventh grade classes one to two weeks prior to the health conference. The primary researcher administered the pre-test questionnaire to individual classrooms. Students were provided the instruments and pencils. All seventh grade students at their individual schools were brought together in the same classroom for the test. The only information students were given about the instrument was there were no right or wrong answers, and no grade would be given for the test. The class sizes differed at each school, the largest class size being 45 and the smallest being 11. The entire seventh grade class in each school participated. The researcher read the directions aloud to the class. The completion time for the locus of control scale was approximately 20 minutes. The students finished the demographic survey in about five minutes. To assure privacy, demographic data were used to describe the group and not linked to individual subjects.

Two weeks following the Teen Awareness Program, the same seventh grade students were given the repeated locus of control measure. The same procedures were followed as before. The test was given in the same room and administered by the same researcher.

### Instrument

The Nowicki-Strickland Locus of Control Scale for Children was chosen by the researcher in order to measure internal and external reactions to life choices. Children who have internal locus of control think that they are responsible for their successes and

failures. They believe that if they succeed it is because they try hard and have the ability to succeed. Other children may feel they do not have control over what happens to them. If good things happen it is due to luck, circumstance or other people. These children have an external locus of control.

Locus of Control was assessed using a 40 item objectively scored scale (Appendix C) developed by Nowicki and Strickland (1973). The instrument consists of yes-no responses to a number of items. Items include, such as “do you believe that most problems will solve themselves if you just don’t fool with them?” or “do you believe that whether or not people like you depends on how you act?” A high score on the Nowicki-Strickland scale indicates an external locus of control. Persons who attribute their successes and failures to fate, chance, or other people are designated “externals,” people who accept personal responsibility for what happens to them are designated “internals.” Test-retest reliability, reported six weeks apart for a sample of third, seventh, and tenth grade youngsters, were .63, .66, and .71, respectively (Nowicki & Strickland, 1973).

#### Demographic Data Form

A demographic data form was used before the first locus of control measurement was given. The demographic data was used to collect personal information concerning the subject and his or her family. The demographic information was used to determine the gender, race and family background of all the participants. The demographic data also divided the groups by schools. The division of schools was completed by the researcher at the collection time of the demographic form (See Appendix D).

## Data Analysis

The data were analyzed using a repeated measures analysis of variance (ANOVA) to compare the locus of control in each student before and after the health conference. The hypothesis was that as a result of participation in the Teen Awareness Program the students would have a greater internal locus of control.

## Chapter IV

### RESULTS

The purpose of this study was to investigate the relationship of the Teen Awareness Program to locus of control in seventh grade students in Haskell County, Oklahoma.

Objective 1: To determine if seventh graders' Locus of Control was more internal two weeks following the Teen Awareness Program as compared with a baseline measure of Locus of Control taken two weeks prior to the Teen Awareness Program.

Means and standard deviations of pre-test and post-test scores on the locus of control measure for schools in Haskell County, Oklahoma are presented in Table 1.

Table 1  
Means and Standard Deviations of Pre and Post-test Results from Surveyed Schools

School	n	Pre-test		Post-test	
		Means	SD	Means	SD
Keota	28	15.39	4.98	14.93	5.49
Kinta	14	15.57	2.93	15.71	3.52
McCurtain	13	17.15	5.23	15.15	4.74
Stigler	46	17.22	4.43	15.00	5.06
Whitefield	13	15.23	4.69	15.23	3.61

For four schools the difference in scores before and after the Teen Awareness Program changed in the predicted direction, lower scores reflecting greater internal locus

of control. No significant differences were found between schools for either pre-test or post-test means. Therefore, data were pooled across schools and subjected to a repeated measures analysis of variance (ANOVA) (See Table 2) to compare the locus of control in students before and after the Teen Awareness Program. Pre and post-test means were subjected to a two-tailed t-test to evaluate significance of mean differences (See Table 3).

Table 2  
Repeated Measures Analysis of Variance  
 Within subjects

Source	SS	DF	MS	F	P
a	84.74	1	84.74	4.58	0.035
error	2091.76	113	18.51		

Table 3  
Pre and Post-test Evaluation  
of Mean Differences

Statistics	Values
Pre-test Mean	16.3
Post-test Mean	15.1
Mean Difference	1.2
t-value	2.1
Probability	0.03

The fact that our calculated t of 2.1 (Table 3) is more than what is required for significance at  $p < .05$ , the null hypothesis that stated there would be no significant difference is rejected, we can conclude that there is a significant difference between pre and post-test scores. With the post-test scores being lower, and lower being more internal, seventh grade students were more internally motivated after the Teen Awareness Program.

When comparing the test retest reliability of .66 that was found by Nowicki-Strickland after 6 weeks, to the Haskell County students re-tested at 4 weeks, we might expect a stronger correlation due to the effect of less time between testing. However, the test retest reliability of the Locus of Control Scale for Children for the Haskell County seventh graders was .09. Locus of Control is a fairly stable attribute. In this study the exact same instrument, the Nowicki-Strickland Locus of Control Scale for Children, was used for both pre and post-test. A very weak .09, correlation from pre to post-test suggests that there was something very different for this group. It should also be noted that the test retest reliability of .66 for the Nowicki-Strickland instrument was normal for the same age group, seventh grade, as the teens tested in Haskell County. Given the reluctance of Haskell County parents and school administrators to grant permission for test retest with a local control group and the difficulty in coordinating such an effort and excluding some students from the Teen Awareness Program, the Nowicki-Strickland normative data might serve as a quasi control group.

A more reliable test retest coefficient was anticipated for the four week interval. The significant difference in the pre and post-test scores was in the direction of the change toward more internal control. The intent of the Teen Awareness Program was to encourage personal responsibility in health care. These all suggest a relationship between that event and the students' change in locus of control.

To further test the possibility of a relationship between the change in locus of control and the Teen Awareness Program, most of the raw test data was recovered and analyzed. All 114 seventh graders in Haskell County attended the 1995 Teen Awareness

Program. All completed an identical locus of control measure two weeks before and two weeks after the event. The first analysis was conducted in 1996. In 1998 an item analysis was completed on 79 students whose original test could be located. All of the missing instruments, test retest data, for 35 students were from the same school. There were 48 seventh grade students attending Stigler Middle School and data on 13 of these students was available in 1998. Thus students from all schools were included in the item analysis, but Stigler had a smaller sample than the original testing. The following data come from the raw scores of 79 subjects, not the full 114 students.

Table 4 presents pre and post-test mean, median and mode on the Nowicki-Strickland Locus of Control Measure; lower scores reflect internal control, higher scores reflect external control. The pre-test equal mean, median and mode reflect a standard distribution. Post-test scores show a significant change toward more internal. On the pre-test, 52 subjects scored below the mean and 62 subjects scored above the mean. On the post-test, 58 subjects scored below the mean and 56 subjects scored above the mean. Pre test data suggests a normal bell curve because the mean, the median, and the mode all have the same value, 16.

Table 4  
Pre and Post-Test Mean, Median, and Mode

	N		Mean Statistic	Std. Error	Median Statistic	Mode Statistic	Std.
	Valid Statistic	Missing Statistic					Deviation Statistic
Post-test Locus of Control	79	35	15.3	.53	16.0	14	4.7
Pre-test Locus of Control	79	35	16.1	.56	16.0	16	4.9



Further research was completed on an item by item basis, of the measurement, in order to relate to the workshop topics in which the seventh grade students attended. The goal of the Teen Awareness Program was for seventh graders to be able to make better choices in health related decisions.

Objective 2: To assess the Locus of Control that occurred for seventh grade students upon completion of the Teen Awareness Program through an analysis of items on the measure related to topics addressed at the Teen Awareness Program.

Seventh graders attending the Teen Awareness Program were presented information from keynote speakers on decision making. The students also selected three workshops addressing issues of teen pregnancy prevention, HIV/AIDS, peer pressure, drinking and driving, eating disorders, avoiding gangs, and self-esteem. The following questions were selected by the investigator from the Nowicki-Strickland Locus of Control Scale for Children as related to the Teen Awareness Program in said areas.

#### RELATED ITEMS

##### Decision Making

1. Do you believe that most problems will solve themselves if you just don't fool with them?
6. Do you believe that if somebody studies hard enough he or she can pass any subject?
15. Do you believe that your parents should allow you to make most of your own decisions?
16. Do you feel that when you do something wrong there's very little you can do to make it right?

19. Do you feel that one of the best ways to handle most problems is just not to think about them?

22. Do you often feel that whether you do your homework has much to do with kind of grades you get?

28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today?

29. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?

38. Are you the kind of person who believes that planning ahead makes things turn out better?

39. Most of the time, do you feel that you have little to say about what your family decides to do?

#### Teen Pregnancy Prevention and HIV/AIDS

2. Do you believe that you can stop yourself from catching a cold?

#### Self - Esteem

5. Are you often blamed for things that just aren't your fault?

9. Do you feel that most of the time parents listen to what their children have to say?

18. Are most of the other kids your age stronger than you are?

26. Will your parents usually help if you ask them to?

32. Do you feel that when good things happen they happen because of hard work?

#### Peer Pressure

12. Most of the time do you find it hard to change a friend's opinion (mind)?

17. Do you believe that most kids are just born good at sports?
25. Do you believe that whether or not people like you depends on how you act?
27. Have you felt that when people were mean to you it was usually for no reason at all?
33. Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters?
34. Do you feel that it's easy to get friends to do what you want them to do?
36. Do you feel that when someone doesn't like you there's little you can do about it?

### Avoiding Gangs

20. Do you feel that you have a lot of choice in deciding who your friends are?

### NON RELATED ITEMS

The following 16 items were deemed not related to the subjects taught at the Teen Awareness Program.

3. Are some kids just born lucky?
4. Most of the time do you feel that getting good grades means a great deal to you?
8. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?
7. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do?
10. Do you believe that wishing can make good things happen?
11. When you get punished does it usually seem its for no good reason at all?
13. Do you think that cheering more than luck helps a team to win?
14. Do you feel that it's nearly impossible to change your parent's mind about anything?

21. If you find a four leaf clover do you believe that it might bring you good luck?
23. Do you feel that when a kid your age decides to hit you there's little you can do to stop him or her?
24. Have you ever had a good luck charm?
30. Do you think that kids can get their own way if they just keep trying?
31. Most of the time do you find it useless to try to get your own way at home?
35. Do you usually feel that you have little to say about what you get to eat at home?
37. Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are?
40. Do you think it's better to be smart than to be lucky?

The analysis in Table 5 suggest a non-consistent trend in the related and non related items. Items that were selected as related to the Teen Awareness Program were chosen by the researcher. The workshop presenters were not asked if particular topics were discussed during the workshops or which students attended each workshop.

Table 5 shows the frequencies of selected related and non-related items. The non-related items gained two external, meaning the subjects scores moved in the external direction on the non-related items. The related items lost two internal, meaning the subjects scores moved in the internal direction on the related items.

Table 5  
Frequency Statistics for  
Related and Non Related Item Analysis

	N		M	Mdn	Mode	SD	Range	Min	Max
	Valid	Missing							
Pre Non Related	79	35	6.3	6.0	5.0	2.5	15.0	2.0	17.0
Pre Related	79	35	9.8	10.0	8.0	3.5	18.0	2.0	20.0
Post Non Related	79	35	5.8	6.0	6.0	2.3	11.0	.00	11.0
Post Related	79	35	9.5	10.0	7.0	3.1	14.0	1.0	15.0
md Non Related	79	35	.48	.00	2.0	3.1	16.0	-8.0	8.0
pre-post md Related	79	35	.32	-1.0	-2.0	4.9	23.0	-11.0	12.0

Note. md = mean difference

The Pre-test locus of control (See Table 6) shows a cumulative percentage at 20 as being 76%. This means that 24% of the subjects scored external on the pre-test. The post-test locus of control (See Table 7) shows a cumulative percentage at 20 as being 90%. This means 10% of the subjects scored external on the post-test. With the lower scores being more internal we can conclude that more subjects from pre to post-test scored more internally controlled.

Table 6

Pre-Test Locus of Control

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5	1	.9	1.3	1.3
	6	1	.9	1.3	2.5
	8	1	.9	1.3	3.8
	9	3	2.6	3.8	7.6
	10	5	4.4	6.3	13.9
	11	5	4.4	6.3	20.3
	12	1	.9	1.3	21.5
	13	7	6.1	8.9	30.4
	14	7	6.1	8.9	39.2
	15	4	3.5	5.1	44.3
	16	10	8.8	12.7	57.0
	17	6	5.3	7.6	64.6
	18	4	3.5	5.1	69.6
	19	2	1.8	2.5	72.2
	20	3	2.6	3.8	75.9
	21	8	7.0	10.1	86.1
	22	6	5.3	7.6	93.7
	23	3	2.6	3.8	97.5
	25	1	.9	1.3	98.7
	34	1	.9	1.3	100.0
	Total	79	69.3	100.0	
	System Missing	35	30.7		
	Total	114	100.0		

Table 7  
Post-Test Locus of Control

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	.9	1.3	1.3
	6	2	1.8	2.5	3.8
	7	1	.9	1.3	5.1
	8	3	2.6	3.8	8.9
	9	4	3.5	5.1	13.9
	10	2	1.8	2.5	16.5
	11	4	3.5	5.1	21.5
	12	5	4.4	6.3	27.8
	13	2	1.8	2.5	30.4
	14	9	7.9	11.4	41.8
	15	6	5.3	7.6	49.4
	16	6	5.3	7.6	57.0
	17	7	6.1	8.9	65.8
	18	4	3.5	5.1	70.9
	19	8	7.0	10.1	81.0
	20	7	6.1	8.9	89.9
	21	2	1.8	2.5	92.4
	23	4	3.5	5.1	97.5
	24	1	.9	1.3	98.7
	25	1	.9	1.3	100.0
Total		79	69.3	100.0	
System Missing		35	30.7		
Total		114	100.0		

Nowicki and Strickland (1973) reported estimates of internal consistency via the split-half method for seventh grade students as  $r = .68$ . The internal consistency for the pre and post-test for the Teen Awareness Program are shown in Table 8 and 9. Positive moderate correlation is less, .40 for the pre-test and .57 for the post-test, than Nowicki and Strickland's standard test at .68, but well within the acceptability for the sample size of 79.

Table 8  
Pre-test Reliability Coefficients  
 N of Cases = 79 N of Item = 40

Correlation between forms = .25	Equal-length Spearman-Brown = .40
Guttman Split-half = .39 20 Items in part 1	Unequal-length Spearman-Brown = .40 20 Items is part 2
Alpha for part 1 = .25	Alpha for part 2 = .61

Table 9  
Post-test Reliability Coefficients  
 N of Cases = 79 N of Items = 40

Correlation between forms = .41	Equal-length Spearman-Brown = .58
Guttman Split-half = .57	Unequal-length Spearman-Brown = .58



## Chapter V

### DISCUSSION

#### Summary

The purpose of this study was to investigate the relationship of the Teen Awareness Program as it relates to any change in locus of control in seventh grade students in Haskell County, Oklahoma. The main focus of this study was to determine if internal locus of control was increased following the Teen Awareness Program and to assess locus of control changes that occurred for seventh grade students upon completing the Teen Awareness Program.

The results of this study show a significant difference between pre and post-test score means. The researcher can conclude that students were more internally motivated after participating in the Teen Awareness Program. It should be emphasized that the Teen Awareness Program is only one of several methods that can be employed to influence the locus of control in seventh graders. Programs of this nature should be combined with strong parental and community support. The Haskell County Teen Awareness Program provided parents information through a letter that accompanied the non-consent form each student obtained before the program. The researcher can assume parental support, as there were no non-consent forms returned. The county residents, schools, and agencies supported the Teen Awareness Program by volunteering time, money, and food to the

event. Cash donations were secured by area organizations, businesses, and schools. These donations were used to pay expenses of keynote speakers, food, and supplies. Two local churches donated the use of their facilities for the program.

The contents of the Teen Awareness Program relates to prevention education. Students were selected by school administration to assist in the planning of the Teen Awareness Program. The students, along with the Interagency Council, determined what workshops needed to be offered and the types of keynote speakers to obtain.

The format of the Teen Awareness Program allowed students to first participate in a general session with the keynote speaker addressing decision making and the road to success. Following the general assembly, students selected three breakout sessions from the following; Eating Disorders, HIV/AIDS, Teen Pregnancy Prevention, Drinking and Driving, Peer Pressure, and Avoiding Gangs. The students were provided lunch followed by the second keynote speaker who discussed peer pressure and the importance of decision making.

Findings are relevant for Teen Awareness Program planners, community leaders, school administrators, and parents. This research shows that seventh grade students in Haskell County, Oklahoma who attended the Teen Awareness Program became more internally focused. Therefore, these teens are more likely to believe that what happens in their lives is dependent upon personal choice, and they have control over a large part of the outcome.

Frequently, adolescents profess attitudes that are not consistent with their behavior (Zabin, et al. 1984). This inconsistency points to the lack of a repertoire of skills that may be employed at critical moments. Drawing on Bandura's theory of the learning

process, the Teen Awareness Program provides prevention education in sexual decisions, health decisions, and skills that foster responsible personal behavior. With the variety of workshop topics offered to the students, this theory was supported.

The results of the Locus of Control Scale for Children that the seventh grade students completed before and after the program show an increase in internal locus of control. Internal meaning adolescents feel they have control over what happens to them. They realize the decisions they make today will effect their life tomorrow.

According to current research, adolescents are peer oriented (Bronfenbrenner, 1974; Montemayor, 1982). Some adolescents turn to peers in order to receive emotional support. The Teen Awareness Conference was designed to be peer driven with adolescents actually assisting with the planning of the program. It was the Interagency Councils' hope that teens would learn to make decisions in an internal fashion and be able to share internal choices with their peers.

#### Recommendations

Because this study was limited to seventh grade students in a small rural county in Oklahoma, it is recommended that other studies be done in larger counties and urban communities using the same research methods. Perhaps a control group should be used in order to determine causation.

It would be beneficial, but near impossible, to return to these same students who in 1995 attended the Teen Awareness Program and retest with the Locus of Control Measure for Children. This longevity study would determine if these students were still

internally motivated and have continued take personal responsibility for the decisions they make.

It is also recommended to examine in depth the other events that might have taken place involving these seventh graders, causing them to be internally motivated. The researcher would also recommend administrating the pre and post-test at six weeks to comply with the test-retest reliability reported by Nowicki & Strickland in 1973.

It is also suggested that the demographic data and the locus of control measures be linked together to determine more about the subject. Another recommendation would be to identify what workshops each subject attended in order to complete a more in-depth study of the individual items on the Norwicki-Strickland Locus of Control Scale for Children.

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Appendix A  
Demographic Data

### SUMMARY OF DEMOGRAPHICS

	Kinta	Keota	Whitefield	McCurtain	Stigler	Total
<b>WHAT IS YOUR GENDER?</b>						
Male	10	15	6	6	18	55
Female	4	13	7	8	27	59
<b>TOTAL</b>	<b>14</b>	<b>28</b>	<b>13</b>	<b>14</b>	<b>45</b>	<b>114</b>
<b>WHAT IS YOUR RACE?</b>						
Asian			1			1
Native American Indian	4	7	2	6	3	22
African American	3					3
Caucasian	7	21	10	8	42	88
Hispanic						
Other						
<b>Total</b>	<b>14</b>	<b>28</b>	<b>13</b>	<b>14</b>	<b>45</b>	<b>114</b>
<b>I LIVE WITH:</b>						
Father				1	4	5
Mother	3	3	2	1	5	14
Father & Mother	8	18	5	9	26	66
Step-Father & Mother	3	5	2	1	7	18
Step-Mother & Father				1	1	2
Foster Parents						
Grandparents		2	2	1	2	7
Other			2			2
<b>Total</b>	<b>14</b>	<b>28</b>	<b>13</b>	<b>14</b>	<b>45</b>	<b>114</b>

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Appendix B  
IRB Approval Form

OKLAHOMA STATE UNIVERSITY  
INSTITUTIONAL REVIEW BOARD  
HUMAN SUBJECTS REVIEW

Date: 05-26-95

IRB#: HE-95-034

Proposal Title: EVALUATION OF THE TEEN AWARENESS PROGRAM IN  
HASKELL COUNTY, OKLAHOMA

Principal Investigator(s): Elaine Wilson, Janna Edwards

Reviewed and Processed as: Expedited

Approval Status Recommended by Reviewer(s): Approved

ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD  
AT NEXT MEETING.

APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A  
CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD  
APPROVAL.

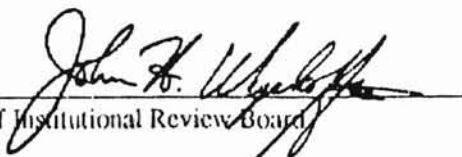
ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR  
APPROVAL.

---

Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval  
are as follows:

Provisions received and approved.

Signature:

  
Chair of Institutional Review Board

Date: July 6, 1995

Appendix C

Norwicki-Strickland Locus of Control Scale for Children

**Please circle the answer that most closely describes your feelings about each statement.**

- |  |     |    |
|--|-----|----|
| 1. Do you believe that most problems will solve themselves if you just don't fool with them?                       | Yes | No |
| 2. Do you believe that you can stop yourself from catching a cold?   | Yes | No |
| 3. Are some kids just born lucky?  | Yes | No |
| 4. Most of the time do you feel that getting good grades means a great deal to you?                                | Yes | No |
| 5. Are you often blamed for things that just aren't your fault?  | Yes | No |
| 6. Do you believe that if somebody studies hard enough he or she will pass any subject?                            | Yes | No |
| 7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?        | Yes | No |
| 8. Do you feel that if things start out well in the morning that its going to be a good day no matter what you do? | Yes | No |
| 9. Do you feel that most of the time parents listen to what their children have to say?                            | Yes | No |
| 10. Do you believe that wishing can make good things happen?   | Yes | No |
| 11. When you get punished does it usually seem its for no good reason at all?                                      | Yes | No |
| 12. Most of the time do you find it hard to change a friend's (mind) opinion?                                      | Yes | No |
| 13. Do you think that cheering more than luck helps a team to win?   | Yes | No |
| 14. Do you feel that it's nearly impossible to change your parent's mind about anything?                           | Yes | No |
| 15. Do you believe that your parents should allow you to make most of your own decisions?                          | Yes | No |
| 16. Do you feel that when you do something wrong there's very little you can do to make it right?                  | Yes | No |
| 17. Do you believe that most kids are just born good at sports?  | Yes | No |
| 18. Are most of the other kids your age stronger than you are?   | Yes | No |
| 19. Do you feel that one of the best ways to handle most problems is just not to think about them?                 | Yes | No |
| 20. Do you feel that you have a lot of choice in deciding who your friends are?                                    | Yes | No |
| 21. If you find a four leaf clover do you believe that it might bring you good luck?                               | Yes | No |

22. Do you often feel that whether you do your homework has much to do with what kind of grades you get?	Yes	No
23. Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her?	Yes	No
24. Have you ever had a good luck charm?	Yes	No
25. Do you believe that whether or not people like you depends on how you act?	Yes	No
26. Will your parents usually help you if you ask them to?	Yes	No
27. Have you felt that when people were mean to you it was usually for no reason at all?	Yes	No
28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today?	Yes	No
29. Do you believe that when bad things are going to happen they are going to happen no matter what you try to do to stop them?	Yes	No
30. Do you think that kids can get their own way if they just keep trying?	Yes	No
31. Most of the time do you find it useless to try to get your own way at home?	Yes	No
32. Do you feel that when good things happen they happen because of hard work?	Yes	No
33. Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters?	Yes	No
34. Do you feel that it's easy to get friends to do what you want them to do?	Yes	No
35. Do you usually feel that you have little to say about what you get to eat at home?	Yes	No
36. Do you feel that when someone doesn't like you there's little you can do about it?	Yes	No
37. Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are?	Yes	No
38. Are you the kind of person who believes that planning ahead makes things turn out better?	Yes	No
39. Most of the time, do you feel that you have little to say about what your family decides to do?	Yes	No
40. Do you think it's better to be smart than to be lucky?	Yes	No

Appendix D  
Demographic Form



Teen Awareness Program  
Demographic Questionnaire

Please answer the following questions by placing a (X) by the correct answer.

1. What is your gender?

Male

Female

2. What is your race?

Asian

Caucasian (white)

Native American Indian

Hispanic

African American

Other

I live with:

Father

Step-Mother & Father

Mother

Foster Parents

Father & Mother

Grandparents

Step-Father & Mother

Other

VITA

Janna L. Edwards

Candidate for the Degree of

Masters of Science

Thesis: EVALUATION OF THE TEEN AWARENESS PROGRAM IN HASKELL COUNTY OKLAHOMA

Major Field: Family Relations and Child Development

Biographical:

Personal Data: Born in Durant, Oklahoma on August 18, 1963, the daughter of J.V. and Tommy J. Edwards.

Education: Graduated from Caddo High School, Caddo, Oklahoma in May 1981; received Bachelor of Science in Home Economics Education with Vocational Home Economics Education Certification from Southeastern Oklahoma State University, Durant, Oklahoma in May, 1985. Completed the requirements for the Masters of Science degree with a major in Family Relations and Child Development at Oklahoma State University in May 1998.

Experience: Employed by Oklahoma Cooperative Extension as a Home Economist in Haskell County, December 7, 1987. Transferred within the Cooperative Extension system to Home Economist in Pontotoc County, April 15, 1996 until present.

Professional Membership: Oklahoma Extension Association for Family and Consumer Sciences. National Extension Association for Family and Consumer Sciences. Epsilon Sigma Phi.