

CHILD AND YOUTH SERVICE NEEDS OF
SINGLE-PARENT FAMILIES IN
OKLAHOMA

By

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CHAPTER I

INTRODUCTION

As of March, 1976, according to the U.S. Household and Family Population Characteristics, there were 8,759,000 single-parent families in the United States, or 12% of the total population of this country. Sixty-two percent, or 4,621,000 of these single-parent families had children who were under the age of 18. Twenty-three percent, or 1,723,000 of these families had children under the age of six (U.S. Bureau of the Census, Current Population Reports, 1977). From 1970 to 1976 there has been an increase of 16% in male-headed single-parent families, and an increase of 33.4% (5,500,000 to 7,335,000) in female-headed single-parent families.

In the state of Oklahoma, as of the 1970 Census, 6.6% of males and 19% of females were widowed or divorced. This Census did not report male-headed single-parent families since their numbers were statistically insignificant. Of the 66,778 female-headed single-parent families, 38,504 female-headed families had 88,313 children under the age of 18, an average of two children per family. Twenty percent of these female-headed families with children under 18 had incomes which were below the poverty level (\$3,388,

1969 level). Almost 15,000 of these female-headed families with children under 18 were not in the labor force (U.S. Bureau of the Census, Census of Population: 1970, Part 38, Oklahoma, 1973).

According to Schlesinger (1969), the U.S. Census defines the one-parent family as a "parent-child group" that consists of "parent and one or more single sons or daughters under 18 years of age living together" (p. 3). The charter of the Parents Without Partners organization defines the one-parent family as "consisting of one parent who is caring for his or her children, in his or her home, and who is a single parent due to widowhood, divorce, separation, or who is unmarried" (p. 3).

Because of the ever increasing number of male and female single-parent families there is a need to look at their concerns with regard to social services provided for children under 18. There is a large amount of information about the single-parent family and its problems. Very few studies have asked these specific families about their actual needs and concerns for their children. The concern of this study is limited to the child-youth service needs and concerns of single-parent families with children under the age of 18 in the state of Oklahoma.

The focus of this research will be to determine if the child and youth service needs of single-parent families in Oklahoma are different from those of two-parent families. This comparison will be made with regard to: (1) Awareness

of services, (2) Importance of services, (3) Use of Services, (4) Satisfaction with services, and (5) Priorities for service development.

Hypothesis

The major hypothesis of the study is that there are no significant differences between one and two-parent families with regard to:

- (1) Awareness of services
- (2) Importance of services
- (3) Use of services
- (4) Satisfaction with services
- (5) Priorities for service development.

CHAPTER II

REVIEW OF LITERATURE

General Observations

This chapter will review research findings in the area of specific needs of single-parent families. Literature pertaining to international perspectives on single parents, specific concerns of male and female single parent-families, and recommendations for single-parent families will also be included in this review.

In 1973, Walter Mondale, then Senator from Minnesota and Chairperson of the 1973 Senate Subcommittee on Children and Youth (American Families: Trends and Pressures, 1973), stated at the beginning session that:

The United States must identify goals and seek changes in policies that place hardships on families with children; to develop policies that provide alternative ways of strengthening families, and to determine how we can provide the options and choices that families need to do their best job (pp. 1-2).

Edward Kennedy, Senator from Massachusetts, also on the Subcommittee on Children and Youth (American Families: Trends and Pressures, 1973), stated:

It is wrong to assume that all families function in the structured and narrow definition of the two-parent family. . . . The increase of one-

parent families has forced us to realize that other family structures are also prevalent in current society (pp. 2-3).

The general public is just now beginning to realize the large numbers of single-parent families and to focus on their needs. The rapid growth of single-parent families is a concern among social scientists, child psychologists, and public officials. Many view this trend as evidence of the breakup of the American family. Cultural forces seem to be pulling our families apart (Stencel, 1977).

According to Yorburg (1973), single-parent families can no longer provide all the possible role models that a child might need, nor do some families today have all the complex skills and knowledge to effectively raise their children to fulfill adult roles in our society.

Single-parent families are viewed by some as being in a temporary state, disappearing after remarriage (Brown, Feldberg, Fox, and Kohen, 1976; Sprey, 1967). As long as the intact family is considered the normal and desirable way of rearing children, society will not be able to accept and effectively meet the needs of single-parent families. The single-parent family is viewed as a minority with a few problems. Sprey (1967, p. 15) stated "Our society is poorly equipped to deal with the needs of single-parent families."

Some areas of family responsibilities have been automated or bureaucratized to meet the needs of single parents, but the social, physical, and psychological care of children,

housework, security, and finances remain family responsibilities for the single parent. These responsibilities can put demands on the single parent which create continuing conflicts within the single-parent families. It seems that the single parents are continuously giving of themselves but getting very little in return (Brown et al., 1976).

The public needs to become better acquainted with the needs of the single-parent families (Burgess, 1970). There is a need for additional research aimed at determining the unique needs of single-parent families in order to develop possible strategies for more effectively meeting their needs.

International Perspective

Reviews of comprehensive British (Ferri and Robinson, 1976) and Canadian studies (Canadian Council on Social Development, 1971; Guyatt, 1971) on the single-parent family indicate that their problems are similar, if not the same, as the United States single parent. As in the United States, there is no comprehensive single agency which could begin to provide all the support, material or moral, which is needed by the single-parent families. Even though these reports emphasized the diversity to be found among single-parent families, there was a tendency among the general public to put single parents into a single niche and to

label them "broken homes" (Canadian Council on Social Development, 1971).

The major problems of these single parents seem to fall into three main areas, that of social services, child care, and finances (Canadian Council on Social Development, 1971; Ferri and Robinson, 1976). Some of the major findings of these reports are summarized in Table I.

The Canadian Council on Social Development (1971) mentioned that organizations are anxious to improve the services for single parents but seem blocked at every turn. Services for single parents and their children are assigned low priority. Single parents indicated that because of the lack of coordination among agencies and departments, each individual must hunt around and look for the right procedure and social service.

An important recommendation by Guyatt (1971) suggests that services to single parents should not be provided separately in most situations. The single-parent family should be served by the same agencies that serve two-parent families because their needs are almost identical, but more acute. Agencies should give priority for services to single-parent families and all services to families should be extended and made more accessible.

British and Canadian single parents may be ahead of single parents in the United States in one respect: their governments have recognized their problems and are trying to provide answers for this large and growing minority.

TABLE I
 SUMMARY OF PROBLEMS OF SINGLE PARENTS
 IDENTIFIED BY BRITISH AND CANADIAN
 NATIONAL STUDIES

Social Services	Child Care	Finances
Recreational activities too expansive and there was inadequate transportation to get children there (2)	Adequate subsidized child care and alternative forms of child care needed (1,2,3)	Public welfare rates too low and regulations hard to follow (2)
Male single parents knew their way around social service network while female single parents were misinformed or did not know where to look (2,3)	Opportunities for recreation, study, training, and employment all hinged on getting adequate child care (1,2,3)	Single parent families said wages were poor and they needed tax cuts (1,2,3)
Trouble finding health and social services open during their non-working hours (2)	Need better family life education to help facilitate communication between single parent and child (2,3)	Guaranteed annual income and increased family allowance needed (1,2,3)
Rehabilitation programs needed to become self-supporting (3)		
Need of more social services geared toward male single parent, i.e., homemaker services (2)		

- (1) Ferri, Elsa and H. Robinson. Coping Alone. New Jersey: Humanities Press, Inc., 1976.
- (2) Canadian Council on Social Development. The One-Parent Family. Ottawa: Canadian Council on Social Development, October, 1971.
- (3) Guyatt, Doris E. The One-Parent Family in Canada. Ottawa: Vanier Institute of the Family, April, 1971.

Specific Problems of Single- Parent Families

Review of the available literature on single parents indicates that they have specific common problems. Single parents have special needs in the areas of finance, child care, social aspects of single parenting, and social services in general.

Financial Needs of Single-Parent Families

Single parents are having trouble in making financial arrangements for their families. They are experiencing difficulties in the area of financing housing, obtaining credit cards, buying a home or car insurance. In addition, inequitable tax laws are negatively effecting the single parent. Even with laws such as the Fair Housing Act and the Truth in Lending Act, discrimination continues (American Families: Trends and Pressures, 1973; Guyatt, 1971; "Rising Problems of Single Parents," 1973; Stencel, 1977).

Schlesinger (1969) and Guyatt (1971) indicated there is a need for services with regard to financial assistance other than public assistance. Many single parents complain that the social services system work a hardship on middle income parents. More services need to be geared toward this income bracket ("Rising Problems of Single Parents," 1973). Stencel (1977) observed that the U.S. Office of Child

Development has concluded that federal policies aimed at helping single-parent families have been directed almost exclusively toward those on welfare. Day care is a good example. Federal government has spent \$1.2 million on child care services with the bulk of this going to children whose single parents are on welfare (Stencel, 1977). Federal child care support needs to be made more available to middle income single parents.

It has been found that most families who lose a parent are finding their expenses higher and their incomes lower ("Rising Problems of Single Parents," 1973). The Women's Bureau of the Labor Department in the above mentioned article reports that 53 percent of female heads of families are in the labor market--either working or looking for jobs. Many enter the job market untrained and are having to take low-paying jobs.

Brown, Felberg, Fox, and Kohen (1976) and Ogg (1976) have stated that single parents have trouble meeting the demands of their jobs and meeting their responsibilities to their children. Too often everyday needs and chores must be sandwiched in-between psychological support for their children and their jobs. Single parents have the option to stay home but usually end up on some type of governmental assistance due to the unavailability of good paying part-time work (Ogg, 1976).

At the Senate Subcommittee on Children and Youth, Bronfenbrenner stated, "No single parent of a young child

should be forced to work full time or more to provide an income, at or below the poverty line" (American Families: Trends and Pressures, 1973, p. 142). In support of his statement, Bronfenbrenner indicated that in 1970 the average income for a single-parent family with children under six was \$3,100, well below the poverty line. When the mother did work, her average income of \$4,200 barely exceeded the poverty line. Low pay and long hours on the job have been mentioned by other single parents as a major problem ("Rising Problems of Single Parents," 1973; Stencel, 1977). Among families in poverty, 45% of all children under six are living in single-parent households; in non-poverty families the corresponding figure is only 3.5%. Over 30% of black children live in single-parent families, while the corresponding figure for whites is seven percent. Bronfenbrenner also indicated that the census does not provide comparable information on other single-parent groups living under poverty, such as American Indians, Mexican-Americans, and whites living in Appalachia. He indicated that if that data were available, some bad trends would appear.

Child Care Needs of Single-Parent Families

Child care is mentioned by many single parents as being their biggest problem (Guyatt, 1971; McFall, 1974; Schlesinger, 1969). There are an estimated one million

day care slots to serve 6.5 million children under the age of six whose parents are working. This fact takes into account neither the price of these facilities nor the quality (Ogg, 1976). The expense of day care seems to be a chief complaint of single parents ("Rising Problems of Single Parents," 1973). An average of \$1,500 a year is spent for a child under six, and the cost continues to go up. Even if single parents have the money, they are finding a shortage of qualified day care centers. Many single parents who want to work or learn a trade or profession could do so if they could find adequate child care facilities (Burgess, 1970).

Single parents also express concern with activities for the child too old for most child care facilities (McFall, 1974; Schlesinger, 1969). Single parents have difficulties in child rearing and communication with their children (Ogg, 1976). All too often Ogg (1976) states the child feels "different" when compared with the more traditional family. Guyatt (1971) mentioned that single parents expressed a need for relief from the constant burden of parental responsibilities. Single parents with school age children must deal with vacations, children being sick, school conferences, and the almost total lack of care facilities for their school age children. Nearly 18 million children ages 6 to 14 need some type of supervision after school (Stencel, 1977).

McFall (1974) has indicated that the needs of single parents are less complex than the general public expects.

Teachers and educators should be made aware of how many children in their classrooms are from single-parent homes. Communities need to find adequate alternatives for spare time and after school and work activities for the parents and children of single parent families. McFall (1974) has suggested that two-parent families could make it a habit to include single-parent families in their social activities.

Social Service Needs of Single-Parent Families

Clayton (1971) noted that there are no specific social services that help the single-parent family. The community needs to offer help to single parents who do not know of existing services or do not understand the purpose of specific services which are available for their use (Schlesinger, 1969).

According to Burgess (1970) the main plea of single parents is that social services do not seem to provide the encouragement and emotional support they need. If the single parents received this support, it might diminish the need for economic aid.

Social Needs of Single Parent-Families

Society has many negative attitudes toward single parents (McFall, 1974). Single parents carry the 'married' responsibilities with regard to homemaking, child care, and long work hours but are often not wanted in the married

social circles (Clayton, 1971). Loneliness is depriving many single parents of the companionship that most people seek ("Rising Problems of Single Parents," 1973). Single parents have all the responsibilities of providing emotional and psychological guidelines for their children, while at the same time having to cope with all the outside pressures of society.

Common problems of most first time single parents include maintaining a satisfying social life and emotional problems of adjustment to single parenthood. Schlesinger (1969) suggests counseling for the single parent and child to help them cope with their problem. By and large the single parents have trouble balancing the absence of the other parent. Ogg (1976) states that because of this partner absence, single parents have no clearly defined social status. They are in a state of social limbo. One of the primary needs of single parents and their children is a recognition of their existence (McFall, 1974).

Specific Concerns of Female-

Single Parents

In research designed to look at the rising numbers of families headed by females, Ross and Sawhill (1975) considered three main issues:

- (1) The uncertain financial status of female-headed families.
- (2) The possible psychological and sociological effects on children being raised in fatherless homes.

- (3) Public policy with regard to services and whether these services are changing appropriately to meet the needs created by the growth of single-parent families (p. 2).

Almost one-half of female-headed families are poor and a similar proportion spend some time on welfare assistance. The poverty population is becoming dominated by female-headed families. Ross and Sawhill (1975) noticed a negative effect on children being raised in fatherless homes. Much of this effect has to do with the loss of the father's income. But other elements include the possible consequences of not having an adult male influence in the home and the strains which can result when a single parent has to contend with all the child care and decision-making within the family. These researchers also indicated that specific services were lacking for the single parent, and a large number of single-parent families are not aware of the availability of services that do exist.

In a research study designed to look at the "basic concerns" of single parent mothers and their children, Prewitt (1974) sampled 20 mothers with children between the ages of 6 to 18. The following were implications for service to single parents; a need for greater communication between school and home, a financial center to provide counseling, loans, and assistance in obtaining credit, and clinics for single-parent families. Prewitt (1974) mentions that there is a total lack of research on this type of family so it follows that there is a total lack of attention

to this subject with regards to social service programs and in training programs for professional personnel who might help the single parent. Information and research on the single-parent family, if made available to the community, might serve to correct the sometimes negative attitude toward single-parent families.

Prewitt's (1974) study consisted of a questionnaire that asked several questions of the single parent. Some of the important highlights were:

Question: If you could sit in on the state legislature and make recommendations, what kind of recommendations would you make to improve the life of single parent families?

Answer: something done about credit - 30%;
tax breaks for single parents - 15%;
enforcement of child support payments
- 10%;
provisions for child care - 10%;
free or low cost legal counsel - 10%;
equal opportunity for home ownership
- 10% (1974, p. 59).

Question: What kind of community mental health services would you recommend--or what kinds already in existence have been beneficial to you or your children?

Answer: 100 percent wanted more mental health services available to both parents and children (1974, pp. 60-61).

Of those questioned, 70% wanted some type of vocational counseling and 75% felt resentment about the extra responsibilities imposed upon single parents. Of these mothers, 60% reported little change in the household

routine and 85% said they felt children had advantages in terms of understanding of life or people because of their family status (Prewitt, 1974).

Specific Concerns of Male-Single Parents

Although single fathers constitute a minority of single-parent families, over one million men are rearing their children by themselves (Mendes, 1976). These fathers make psychological and sociological adjustments just as single mothers do, in order to function as single parents.

Studies by Gasser and Taylor (1976) and Mendes (1976) indicate that single fathers have problems with supervision, protection, and care of their children. Another problem, according to these researchers, is that single fathers experienced stress as they tried to coordinate all the various tasks of caring for home and the children, or the logistics of home management. Mendes (1976) also reported that fathers had a hard time meeting the emotional needs of their children, particularly if their child was a girl.

Gasser and Taylor (1976) indicated that single fathers felt that their social activities with married couples were cut off and the single fathers tended to shift toward new relationships with other single parents. Single fathers in both studies expressed a wish for more comprehensive social service programs for single parents.

Recommendations for the Single- Parent Family

Because of the growth of single-parent families it is necessary for society to think of new directions for public policy that could deal with the problems of single parents and their families. The United States has just become actively aware of single parents and their problems, so we must look to other countries for possible recommendations. Two studies, one from Great Britain (Schlesinger, 1977) and the other from Canada (Canadian Council on Social Development, 1971) have examined a large number of recommendations for the single-parent family. These recommendations are summarized by category in Table II.

TABLE II
 SUMMARY OF RECOMMENDATIONS FOR PRO-
 GRAMS NEEDED TO MEET THE NEEDS
 OF SINGLE PARENTS

<u>Income: Employment and Social Assistance</u>	<u>Training and Education</u>	<u>Legal Procedures Affecting Children</u>
Guaranteed minimum annual income (1,2)	Job training needs to be related to jobs available (1,2)	Legal rights and welfare of children in custody matters should have more attention (1,2)
Wages the same for both sexes (2)	Post-secondary education needs to be made more available (2)	Child welfare departments need more access to children of single parents (2)
Minimum wage rates adjusted to cost of living (2)	Liberal grants to single parents without hurting social assist. (2)	Court system should have re-defined system of family law (1)
Labor unions and professional assoc. should ensure equality (2)	Development of new or extended training programs need to be started (1,2)	Legal profession should re-define divorce issues (2)
Part-time work should be encouraged for single parent heads (2)		Family courts need an assessment branch (2)
Rates of social assistance should be under continuous review (2)		Imprisonment of maintenance defaulters should be stopped (1)
Stigma of welfare should be resolved (2)		
<u>Extra money recipients earn should not reduce benefits (2)</u>		
Single parents should not be obliged by financial pressure to work (1,2)		

TABLE II (Continued)

<u>Housing</u>	<u>Homemaker Services</u>	<u>Family Life Education</u>
Subsidized housing needs to be increased (1,2)	Homemaker services should be basic part of social service (2)	Single parents wanted to understand their responsibility in relation to sex education (2)
Pressure on all levels of government to provide low-cost housing at a volume to meet need (1,2)	Existing services need to be expanded to 24-hour service (2)	Needs of single parents need to be kept in mind when planning family life education (2)
	<u>Public Funds for Big Brother/Sister Programs</u>	Birth control and family planning policies should look at the population statistically most likely to produce illegitimate children to design new programs (1)
<u>Day Care</u>	Said programs needs to be expanded (2)	
More of every type of day care is needed (1,2)	More attention should be given to girls of single parent families (2)	<u>Health Care</u>
Expansion of day care services for children under five years (2)	Citizens, fraternal and professional organizations should spend time with children from single parent families (2)	Health care subsidized through social assistance (1,2)
More male staff should be recruited (1,2)		Equitable distribution of resources should be instigated (2)
Part-time child care should be expanded (1,2)		Social services should look into gaps and limitations of many services (1,2)
Day care ought to be provided by social service agencies (2)		

TABLE II (Continued)

Social Services

Agencies need to be aware of accessibility of services (2)

Services should be expanded to evenings and Saturdays (1,2)

Neighborhood information centers should be formed (2)

Single parents should identify gaps in social services (2)

New forms of services that expand opportunities ought to be developed (2)

Continuing evaluation of services to make them more effective (2)

Center of information and consultation services needs to be formed for single parents (2)

A national council for single parents should be started (2)

(1) Schlesinger, B. One parent families in Great Britain. The Family Coordinator, April, 1977, 20, 139-141.

(2) Canadian Council on Social Development. The One-Parent Family. Ottawa: Canadian Council on Social Development, October, 1971.

CHAPTER III

METHODS AND PROCEDURES

The purpose of this study was to investigate the expressed social service needs of single-parent families with children under eighteen in the state of Oklahoma. The Children's Services Coordination project was a comprehensive state-wide needs assessment project to assess needs for child and youth services in Oklahoma. The final report, Voices of Oklahoma Families (Wines and Powell, 1978) was issued in July, 1978. This state-wide report was of a general nature, and did not deal in-depth with the topic of the special needs of single-parent families. Using data available from the state-wide project, this investigator conducted an in-depth analysis of the state-wide subsample, single-parent families. This chapter describes the research instrument, the subjects, research procedure, and technique of data analysis.

Research Instrument

The research instrument was a parent questionnaire or interview schedule developed for use in the state-wide needs assessment project, the Children's Services Coordination Project. Throughout the history of the project, the

instrument was revised and refined several times. The original instrument was developed in a pilot project by Beth Dixon, under the direction of the first project coordinator, Faye Campbell, from October 10 to December 19, 1975. The original instrument was basically an open-ended and forced choice instrument. Details concerning the development of the original instrument can be found in a progress report of the Children's Coordination Project written by Faye Campbell for the Department of Economic and Community Affairs (DECA) April 30, 1976 (Campbell, 1976). Further revisions were made in the instrument by the second project coordinator, Carol Israel, between the period of January to April, 1976. The third project director, Margaret Wines, contracted with the Oklahoma State University Family Study Center in November to perform the services outlined in Appendix A. In November, 1977, subcontract project coordinator, Judith Powell, conducted a content analysis of the approximately 1500 completed parent questionnaires in order to develop a coding system for the instrument. In addition, demographic information concerning sex and race of respondents was added to the questionnaire. The final draft of the coded questionnaire or interview schedule can be found in Appendix B. A content analysis of the questionnaire resulted in the following general categories for analysis: (1) Awareness of services, (2) Importance of services, (3) Use of services, (4) Satisfaction with services, and (5) Priorities for

service development (Wines and Powell, 1978). Grouping of questions under major categories can be found in Appendix C.

Collection of Data

Subjects

There were a total of 536 single parent families which appeared in the total sample of 2,976 Oklahoma families randomly selected in the larger state-wide needs assessment project, Voices of Oklahoma Families (Wines and Powell, 1978). The purpose of the larger state-wide project was to assess needs for child and youth services for Oklahoma families. In the state-wide study, a multi-stage stratified random design was used for selection of the research sample. Briefly, the state was divided into the existing 11 Economic Development Districts, also known as State Planning Regions (Oklahoma Employment Security Commission, 1976). The State Planning Regions are illustrated in Figure 1. A random sample of .001 of the population of each planning region was drawn according to the procedures outlined in detail in Appendix D. The 536 single-parent families which appeared in the state-wide random sample constitute the research sample of this study. This single parent sample was 18.08% of the state-wide sample of Oklahoma families.

Data Collection

One individual in each household, selected by the

procedure described above, was selected and interviewed according to the interview schedule which had been developed for the statewide needs assessment, Voices of Oklahoma Families (Wines and Powell, 1978). Interviews were conducted from October, 1975, to April, 1976; and May, 1977 to February, 1978. The interviews were conducted by project staff and community and university student volunteers trained by project staff (for interviewing and training procedures see Wines and Powell, 1978).

The procedure for the interview was as follows:

The interviewers introduced themselves to the selected households. The interviewers wore a badge indicating their name and that they were affiliated with the larger state-wide project, Voices of Oklahoma Families, sponsored by two state agencies and one state university. Interviewers also carried a letter of introduction from project directors. Households were asked if they had children under the age of eighteen. If they responded positively, they were asked if they would mind answering a few questions which would take approximately 10-15 minutes to complete. The interviewers explained that this was a state-wide needs assessment of social services for families with children under the age of eighteen. The interviewers provided the parent with a questionnaire to read, as the interviewer read and coded the parents' responses.

Analysis of Data

Data from the single parent surveys were coded by the Children's Services Coordination Project staff and the Oklahoma Family Study Center staff. Data were transferred from coding sheets to computer cards and later transferred to magnetic tape to be analyzed on the OSU IBM 370/158

computer using SAS (Statistical Analysis System) programming. Chi-square analyses, along with the calculation of frequencies and percentages, were the major techniques used. A code book is available from the OSU Family Study Center for more complete information on the coding system and computer programs.

CHAPTER IV

RESULTS

The major purpose of this study was to analyze the child and youth service needs identified by a sample of 536 Oklahoma single parents with children under 18 years of age. These single parents were a sub-sample of a state-wide random sample of 2,976 Oklahoma residents who participated in a comprehensive state-wide needs assessment project (Wines and Powell, 1978).

This chapter describes characteristics of the sample and summaries of single parents' responses in an interview designed to determine their 1) Awareness of services, 2) Opinions on importance of services, 3) Use of services, 4) Satisfaction with services, and 5) Priorities for service development. In addition, where possible, needs of single-parent families are compared to needs of two-parent families identified in the comprehensive state-wide needs assessment study (Wines and Powell, 1978).

Description of the Sample

Characteristics of the single parent sample are described in Table III. These single parents were a sub-sample who were identified in a random sample of 2,976

TABLE III
 DESCRIPTION OF CONSUMER SURVEY SAMPLE
 OF SINGLE PARENTS
 N=536

Variable	N ¹	Percent of Respondents
<u>Sex</u> ²	281	
Male		10.3
Female		89.7
<u>Age Class</u>	476	
Less than 30 years		39.9
Between 31-50 years		53.4
Over 50 years		6.7
<u>Type Area</u>	536	
Urban		52.4
Rural		47.6
<u>Educational Level</u>	505	
Less than 12 years, no high school diploma		33.5
High school diploma or GED		39.8
Partial college		19.0
College degree (B.S. level)		7.0
Advanced degree		0.8
<u>Income Level</u>	500	
Under \$3,999 per year		38.4
\$4,000-\$7,999 per year		35.6
\$8,900-\$11,999 per year		14.0
\$12,000 and over		12.0
<u>Occupation</u> ³	486	
Professionals, including farm owner		12.5
Managers		4.1
Clerical sales		22.6
Craftsmen		2.3
Operatives		4.7
Service Workers		20.0
Laborers		2.3
Armed Forces and others		0.6
Students		6.8
Housewives		24.1

TABLE III (Continued)

Variable	N ¹	Percent of Respondents
<u>Ages of Children</u>	533	
Oldest child under 6		24.4
Oldest child under 13		32.6
Oldest child under 18		43.0

¹N=Number of coded responses.

²This variable was added to the code sheet October, 1977. It is only available for data collected after that date.

³According to Bureau of the Census, U.S. Department of Commerce codes for classification of occupations.

Oklahoma parents who participated in a comprehensive state-wide needs assessment (Wines and Powell, 1978). The single parents represented 18.08% of the total state-wide sample, approximately one in six parents. To our knowledge, this is the largest sample of single parents ever interviewed in Oklahoma concerning their child and youth service needs.

The majority of the single parents identified were female, under 50 years of age, and had a high school education or below. Major occupational categories were housewives, clerical, sales, and service workers. With regard to income, 74% of these single parents had incomes lower than \$8,000 per year. All interpretations of needs and concerns expressed in the survey should be interpreted in relation to the characteristics of this sample.

Awareness of Services

To determine parents' general awareness of services, respondents were asked, "To the best of your knowledge, which of these children's services does _____ County have?" Table IV compares percentages of responses indicating awareness of services for the two-parent and single-parent families. Chi-square was used to compare the frequencies of responses indicating awareness of each service.

Two-parent and single-parent families were most aware of the same six services: 1) food stamps, 2) welfare assistance, 3) immunization clinics, 4) headstart, 5) family planning, and 6) day care. Single parents were significantly less aware ($p < .01$, 1 df) than two-parent families of counseling ($\chi^2=15.7$), immunization clinics ($\chi^2=16.2$), foster care ($\chi^2=23.4$), recreational programs ($\chi^2=30.1$), visual screening ($\chi^2=14.8$) hearing screening ($\chi^2=23.3$), and speech and hearing therapy ($\chi^2=23.3$).

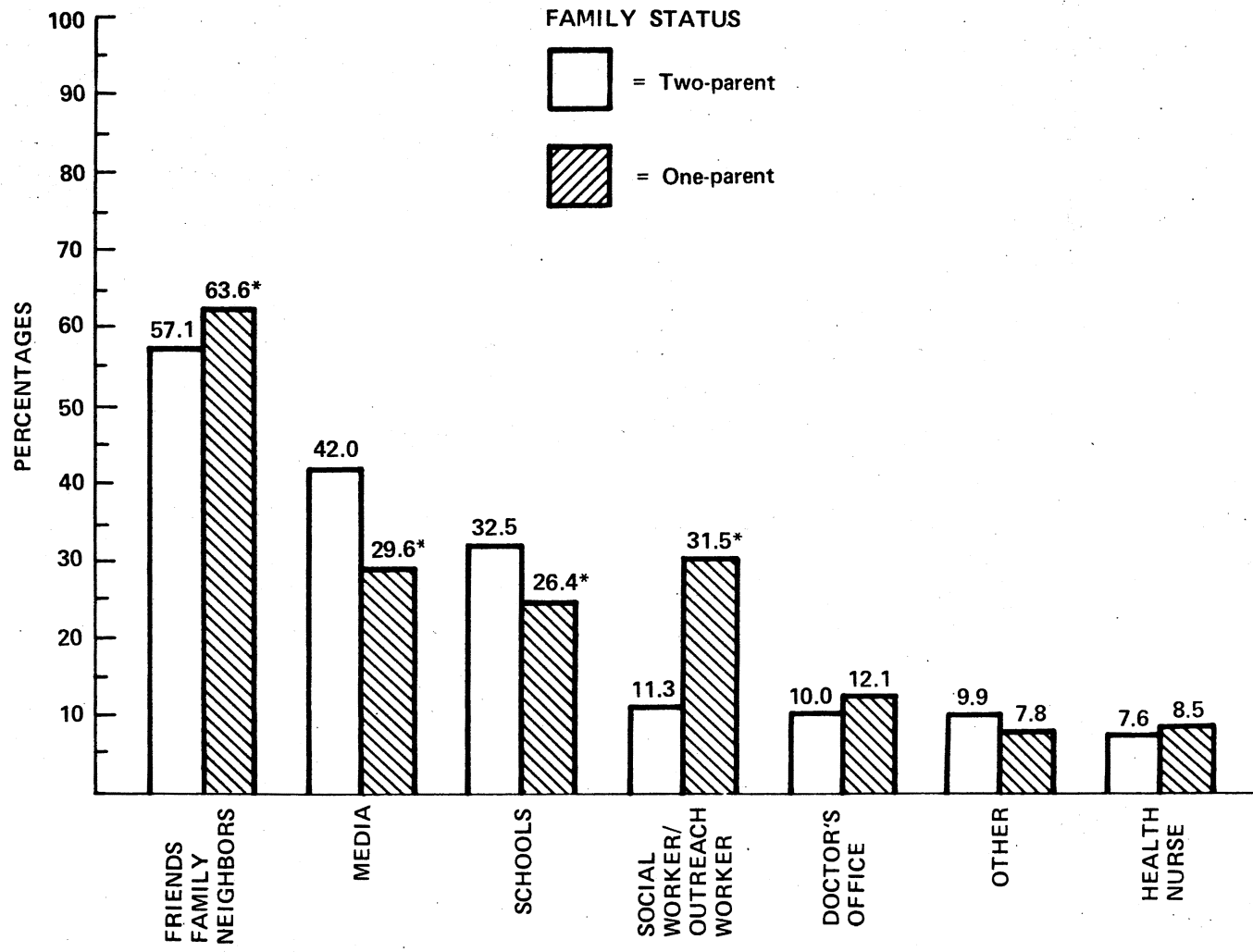
Sources of Service Awareness

Another question related to awareness of services was concerned with the communication networks which exist between social services and consumers of services. To determine sources of awareness of services, parents were asked, "How did you learn about these services?" Responses are indicated in Figure 2.

TABLE IV
PERCENTAGES OF RESPONSES INDICATING
SERVICE AWARENESS

Service	Family Status	
	Two Parent N=2428	One Parent N=536
1. Headstart	73.1	77.9
2. School for Deaf	24.6	20.1
3. School for Blind	21.3	18.4
4. Counseling	67.2	58.2*
5. Immunization Clinics	87.5	80.9*
6. Dental Care	51.6	54.6
7. Food Stamps	89.9	90.6
8. Foster Care	60.0	48.6*
9. Recreational Programs	62.8	50.0*
10. Welfare Assistance	89.8	90.8
11. Family Planning	73.1	71.0
12. Visual Screening	60.8	51.8*
13. Hearing Screening	62.5	51.3*
14. Speech and Hearing Therapy	55.1	43.6*
15. Special Illness	33.1	27.2
16. Assistance for Costly Medical	28.9	30.2
17. Day Care	72.0	69.7
18. Care for Mentally Retarded	45.4	37.1
19. Nutrition Information	47.4	44.5
20. Youth Program for Job Training	60.5	55.4
21. Juvenile Delinquency Programs	44.9	39.5
22. Drug Program	46.6	42.7
23. Parent Education	39.7	33.9

* $\chi^2 = p < .01$ for each service with an asterisk in the one-parent column, the frequencies are significantly different at the .01 level.



* $\chi^2 = p < .01$ for each source with an asterisk, the frequencies are significantly different at the .01 level.

Figure 2. Sources of Service Awareness

The major sources of service awareness for two-parent and single-parent families were: 1) friends, family, neighbors, 2) media, 3) schools, and 4) social worker/outreach worker.

"Friends, family, and neighbors" was the most frequently used source of service awareness for each family group. The "media" was the two-parent families' second source while the single-parent family relied on the social worker/outreach worker as their second most frequently used source of service awareness. Doctors and health nurses were infrequently used as sources of service information.

Importance of Services

From the aforementioned 23 services, respondents were asked, "Which three do you think most important?" Sources were ranked as: 1) Most Important, 2) Very Important, and 3) Important. Table V compares the responses of two-parent and single-parent families for the services they felt were "Most Important."

Single-parent families gave the greatest degree of importance to:

1. Welfare Assistance	13.6%
2. Immunization Clinics	12.7%
3. Headstart	10.6%
4. Drug Programs	8.3%
5. Food Stamps	7.4%
6. Youth Programs for Job Training	6.6%
7. Counseling	5.7%

TABLE V
 PERCENTAGE OF RESPONSES IDENTIFYING
 SERVICES AS (1) "MOST IMPORTANT"

Service	Family Status	
	Two Parent N=2352	One Parent N=526
1. Headstart	9.7	10.6
2. School for Deaf	2.0	1.9
3. School for Blind	1.1	0.5
4. Counseling	7.2	5.7
5. Immunization Clinics	13.6	12.7
6. Dental Care	1.1	1.9
7. Food Stamps	2.9	7.4
8. Foster Care	1.6	0.5
9. Recreational Programs	2.8	1.7
10. Welfare Assistance	5.4	13.6
11. Family Planning	6.5	4.9
12. Visual Screening	1.3	1.3
13. Hearing Screening	0.6	0.7
14. Speech and Hearing Therapy	2.2	0.5
15. Special Illness	3.4	1.9
16. Assistance for Costly Medical	3.7	4.1
17. Day Care	2.8	3.2
18. Care for Mentally Retarded	4.6	4.3
19. Nutrition Information	0.4	0.9
20. Youth Program for Job Training	6.7	6.6
21. Juvenile Delinquency Programs	4.1	2.6
22. Drug Program	10.7	8.3
23. Parent Education	4.5	2.4
24. Other	0.1	0.7

Among the two-parent families the same services were reported as "Most Important," except food stamps were excluded and family planning was included.

The most marked difference is noted in the importance placed on Welfare Assistance. Only 5.4% of two-parent families rated it as "Most Important" compared to 13.6% of single-parent families. Both single-parent and two-parent families placed most importance on basic assistance and education-related services. Lowest rankings were given to such services as School for the Blind, Foster Care, Hearing Screening, Speech and Hearing Therapy, and Nutrition Information.

Tables VI and VII present data regarding rankings of services as (2) Very Important and (3) Important. No statistical analysis was performed on this data. However, again, it appears that two-parent and one-parent families are more alike than they are different in their opinion about the importance of such services as immunization clinics, Headstart, family planning, and drug programs. The most notable differences appear to be that single-parent families attach more importance to "welfare" and "food stamps," while the two-parent families attach more significance to "job training" and "counseling." How much of this difference in importance of services is due to family status and how much to income differences is not known. Information from these tables should be helpful

TABLE VI
 PERCENTAGE OF RESPONSES IDENTIFYING
 SERVICES AS (2) "VERY IMPORTANT"

Service	Family Status	
	Two Parent N=2343	One Parent N=524
1. Headstart	4.4	4.3
2. School for Deaf	2.0	1.7
3. School for Blind	1.7	2.2
4. Counseling	6.7	5.5
5. Immunization Clinics	12.3	11.2
6. Dental Care	1.9	3.2
7. Food Stamps	4.0	13.1
8. Foster Care	2.7	0.9
9. Recreational Programs	3.7	3.2
10. Welfare Assistance	5.7	8.9
11. Family Planning	7.1	8.9
12. Visual Screening	1.8	1.1
13. Hearing Screening	1.4	0.3
14. Speech and Hearing Therapy	3.4	1.3
15. Special Illness	3.8	3.0
16. Assistance for Costly Medical	3.2	3.4
17. Day Care	3.3	5.9
18. Care for Mentally Retarded	5.8	3.4
19. Nutrition Information	1.4	1.5
20. Youth Programs for Job Training	7.0	3.8
21. Juvenile Delinquency Programs	5.5	3.2
22. Drug Program	7.1	4.0
23. Parent Education	3.1	4.7
24. Other	--	0.1

TABLE VII
 PERCENTAGE OF RESPONSES IDENTIFYING
 SERVICES AS (3) "IMPORTANT"

Service	Family Status	
	Two Parent N=2343	One Parent N=524
1. Headstart	4.7	7.4
2. School for Deaf	0.7	1.5
3. School for Blind	2.1	0.7
4. Counseling	6.3	3.8
5. Immunization Clinics	8.9	4.9
6. Dental Care	1.7	3.6
7. Food Stamps	3.0	8.2
8. Foster Care	2.3	1.5
9. Recreational Programs	5.3	4.0
10. Welfare Assistance	4.9	8.2
11. Family Planning	8.2	9.9
12. Visual Screening	1.0	1.9
13. Hearing Screening	1.5	1.5
14. Speech and Hearing Therapy	3.8	2.1
15. Special Illness	4.2	1.5
16. Assistance for Costly Medical	3.0	3.4
17. Day Care	4.9	5.5
18. Care for Mentally Retarded	4.1	2.8
19. Nutrition Information	1.7	1.7
20. Youth Program for Job Training	8.1	9.4
21. Juvenile Delinquency Programs	5.6	5.3
22. Drug Program	8.1	5.3
23. Parent Education	4.5	4.8
24. Other	0.1	--

in funding and planning to strengthen and expand future service programs to meet the needs of all families.

Use of Services

General Use of Services

From the list of 23 services, parents were asked, "Do you use any of these services?" and "How often do you use these services?" Present use and degree of service use for single-parent families and two-parent families is presented in Table VIII. Single-parent families reported significantly more service use ($\chi^2=94.1$, 1 df, $p<.01$) than two-parent families. Almost 76% of single-parent families reported using services regularly to occasionally, compared to 50% reported use by two-parent families.

Table IX indicates the levels of reported use of specific services for single-parent families and two-parent families. Family status seems to be a good indicator of differences in use of services. There were significant differences ($p<.01$) in use for 15 of the 23 services. The services with the greatest differences in use by single-parent families compared to two-parent families were: Food Stamps ($\chi^2=217.0$, 1 df, $p<.0001$), Welfare Assistance ($\chi^2=333.2$, 1 df, $p<.0001$), and Day Care ($\chi^2=51.7$, 1 df, $p<.0001$). While these may be common sense findings, it is apparent that any reduction in services in these areas would be felt by single-parent and two-parent families.

TABLE VIII
PRESENT USE AND DEGREE OF USE OF SERVICES

Group	N	Percentage Reporting Present Use	N	Reg- ularly	Occas- sionally	Seldom	Never
<u>Family Status</u>							
Two-Parent Family	2,360	52.0 ^b	2,059	24.3	25.6	26.6	23.3
One-Parent Family	257 ^a	75.0	498 ^a	44.9	29.9	18.2	6.8

^aN is not 536 because all respondents did not answer the questions.

^b $\chi^2=94.1$, 1 df, $p<.0001$.

TABLE IX
 PERCENTAGE OF RESPONDENTS REPORTING
 USE OF SPECIFIC SERVICES

Service	Family Status	
	Two Parent N=2428	One Parent N=536
1. Headstart	8.7	16.0*
2. School for Deaf	0.2	0.1
3. School for Blind	0.2	0.3
4. Counseling	3.7	6.1*
5. Immunization Clinics	26.3	28.7
6. Dental Care	5.1	8.4*
7. Food Stamps	5.3	25.3*
8. Foster Care	0.4	1.1
9. Recreational Programs	8.4	5.2*
10. Welfare Assistance	3.9	27.9*
11. Family Planning	7.5	13.6*
12. Visual Screening	10.5	5.2*
13. Hearing Screening	10.1	4.1*
14. Speech and Hearing Therapy	4.3	3.7
15. Special Illness	0.6	0.7
16. Assistance for Costly Medical	1.4	3.5*
17. Day Care	4.8	13.2*
18. Care for Mentally Retarded	0.4	1.6
19. Nutrition Information	1.7	2.4
20. Youth Program for Job Training	1.8	4.8*
21. Juvenile Delinquency Programs	0.5	1.8*
22. Drug Program	0.7	2.2*
23. Parent Education	2.7	5.6*
24. Other	--	--

* $\chi^2 = p < .01$ for each service with an asterisk, the frequencies are significantly different at the .01 level.

Table X indicates use of services by single parents, controlling for wage group. Eighty-six percent of single parents who earned less than \$3,999 per year reported use of child and youth services, compared to 49.2% of those who earned more than \$12,000 per year.

TABLE X
SINGLE PARENTS' GENERAL USE OF
SERVICES BY WAGE GROUP

Income Level	N ^a	Single Parents % Response	
		Do Not Use Services	Use Services
Uncer \$3,999 per year	190	14.2	85.8
\$4,000-\$7,999 per year	175	18.9	81.1
\$8,000-\$11,999 per year	69	43.5	56.5
\$12,000 and over	59	50.8	49.2

^aN does not equal 500 (Table III) because seven respondents did not answer the question related to their use of services.

Use of Medical and Dental Services

In order to determine a general measure of use of medical and dental services, the respondents were asked when their child had last been examined by a physician and

a dentist. Table XI compares recency of use of these services by single-parent and two-parent families.

More children from two-parent families (93.5%) had received medical care within the previous year than children from single-parent homes (86%). With regard to dental care, 49.1% of children from two-parent homes compared to 40.4% of children from single-parent homes were reported to have seen a dentist within the last six months. A similar percentage of children from single-parent families (16.5%) and two-parent families (14.3%) had never been to a dentist.

Satisfaction with Services

Respondents were asked about their (1) general level of satisfaction with services used, (2) satisfaction with educational services, (3) satisfaction with recreational facilities, (4) satisfaction with welfare guidelines, and (5) transportation problems. Comparison of responses for two-parent families and single-parent families are indicated in Table XII. Interpretation of this data should be made with caution because of the high percentage of respondents who indicated "No opinion" on the first four questions.

With regard to satisfaction with services in general, both groups indicated fairly high levels of satisfaction, with two-parent families more satisfied than one-parent families. However, a much higher percentage of two-parent

TABLE XI
USE OF MEDICAL AND DENTAL SERVICES

Period of Time Since Last Examination	Doctor ^a % Response		Dentist ^a % Response	
	Two Parent N=2341	One Parent N=490	Two Parent N=2249	One Parent N=463
Six months or less	67.1	51.8	49.1	40.4
More than 6 mos. - 1 year	26.4	34.2	24.4	26.5
13 mos. - 1-1/2 years	3.1	7.7	5.0	11.3
19 mos. - 2 years	1.3	3.8	2.5	3.2
More than 2 years	1.5	1.6	2.2	4.0
Never	0.4	0.6	16.5	14.3

^aDoctor ($X^2=60.6$, 5 df, $p<.0001$), Dentist ($X^2=38.1$, 5 df, $p<.0001$).

TABLE XII
 PERCENTAGE OF RESPONDENTS REPORTING
 SATISFACTION WITH SERVICES

Question	Family Status	N	Percent of Responses		
			Yes	No	No Opinion
Are you satisfied with these services? (Services 1-23)	two parent	1961	74.6	10.6	14.8
	one parent	476	68.9	26.9	4.2
Are you satisfied with the recreational facilities in this community?	two parent	2372	41.8	49.6	8.6
	one parent	521	29.2	55.5	15.3
Are you satisfied that your child can receive a good education in this community?	two parent	2370	76.6	17.9	5.5
	one parent	521	62.8	27.5	9.7
Are you satisfied with the welfare guidelines?	two parent	2358	19.6	55.2	25.2
	one parent	526	29.7	51.1	19.2
Are there transportation problems for your family? ^a	two parent	2385	14.5	85.5	--
	one parent	522	43.3	56.7	--

^a $\chi^2=224.6$, 1 df, $p<.0001$.

families expressed "No opinion" about services. Both groups appear to be dissatisfied with recreational facilities, with higher percentages of single parents expressing dissatisfaction or "No opinion." One possible explanation for this dissatisfaction could relate to the unavailability of free or low-cost recreational facilities. There were high levels of satisfaction for children's education by both family groups, but single parents were less satisfied than two-parent families. A majority of two-parent families and single-parent families were dissatisfied with welfare guidelines, and a high percentage of both groups had "No opinion." Table XIII indicates general satisfaction of services for single-parent families and two parent-families by wage group.

A question related to satisfaction with services was, "Are there transportation problems for your family?" Single-parent families (43.3%) reported significantly greater ($\chi^2=224.6$, 1 df, $p<.01$) problems with transportation than two-parent families (14.5%).

Priorities for Service Development

From a limited list of only nine possible choices of programs which had been developed from previous studies, parents were asked to pick the three programs which they would like to see developed in their area. Percentages of responses indicating priorities for program development by

TABLE XIII
 GENERAL SATISFACTION WITH SERVICES BY
 FAMILY STATUS AND INCOME

Wage Group	Family Status	N ^a	Percent of Responses		
			Yes	No	No Opinion
Under \$3,999 per year	single parent	178	73.0	23.6	3.4
	two parent	159	85.5	12.6	1.9
\$4,000 - \$7,999 per year	single parent	159	58.5	38.4	3.1
	two parent	330	85.8	10.9	3.3
\$8,000 - \$11,999 per year	single parent	57	79.0	14.0	7.0
	two parent	353	74.8	13.3	11.9
\$12,000 and over	single parent	54	68.5	22.2	9.3
	two parent	996	68.5	9.7	21.8

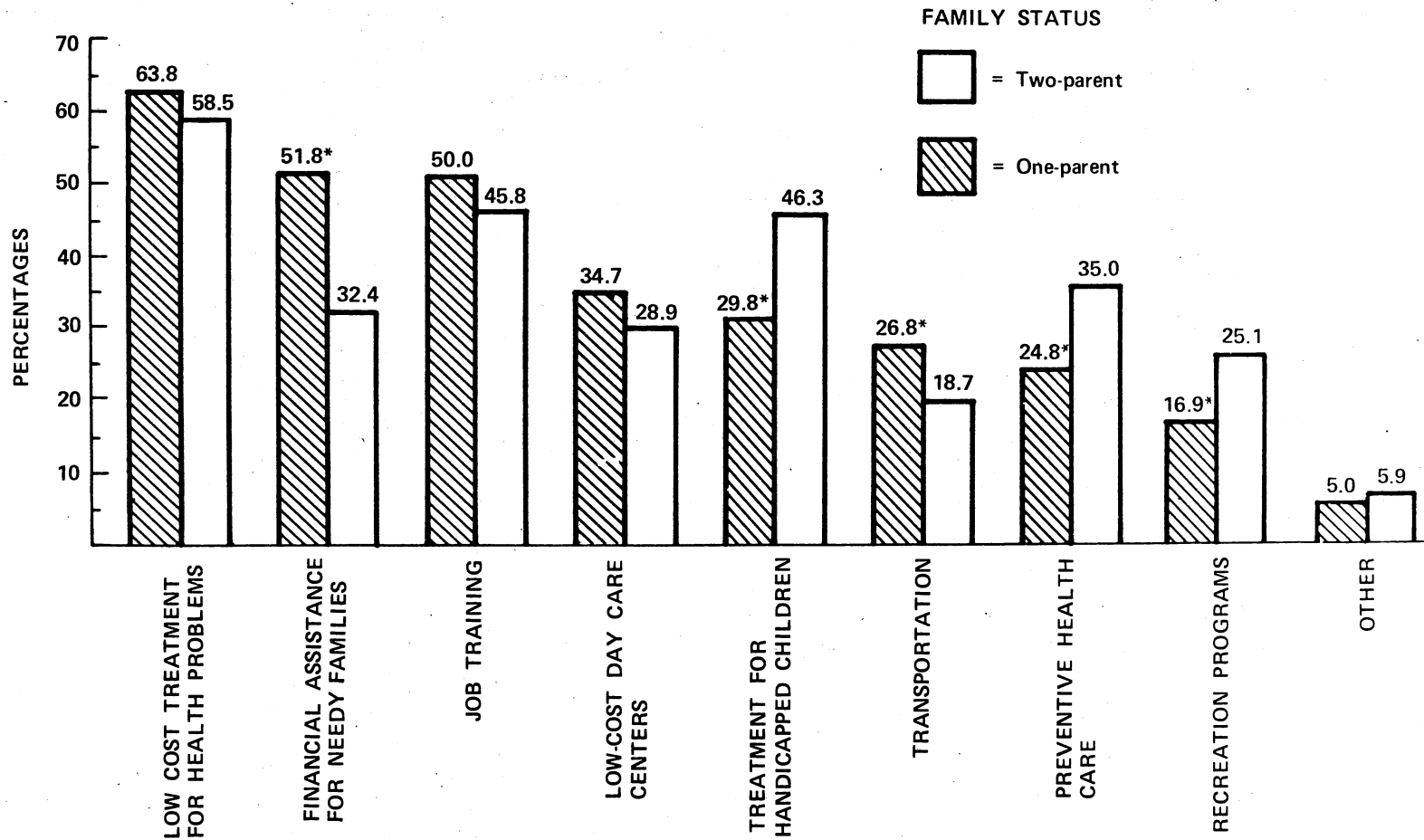
^aN does not equal 2978 because of nonresponses to this item.

single-parent families and two-parent families are illustrated in Figure 3. It is not possible to compare these results directly to the results on awareness, importance, and use, because these lists included all twenty-three services.

From the limited list, single-parent families indicated the following four priorities for service development:

1. Low-cost treatment for health problems
2. Financial assistance for needy families
3. Job-training
4. Low-cost day care centers

The highest priority for single-parent families and two-parent families was the development of low-cost treatment for health problems, while preventive health care had a low priority. It is difficult to interpret this finding in view of the earlier finding of the great importance of and high degree of use of immunization clinics. Perhaps the "low priority" for development of preventive health care reflects the high degree of availability and use of preventive health care services such as immunization clinics. The next three priorities for single-parent families were consistent with their immediate needs: 1) financial assistance for needy families, 2) job training, and 3) low-cost day care centers. Although dissatisfaction with recreational programs was mentioned by single-parent families, recreational programs had low priority for development.



* $\chi^2 = p < .01$ for each source with an asterisk, the frequencies are significantly different at the .01 level.

Figure 3. Percentages of Responses Indicating Priorities for Program Development

In interpreting these findings, the reader needs to be aware that this list is not a ranking of services by overall importance, but by priority for development. This list was perhaps too limited, and a future study should include more services for consideration.

Discussion of Results

The majority of single-parent families in this study were headed by females, with a high school education or below. The majority of these females (74%) had incomes of \$8,000 or below. These findings support those of Ross and Sawhill (1975) that one-half of female-headed families are poor and a similar proportion spend some time on welfare assistance.

Single parents expressed a general dissatisfaction with services that affected the basic physiological needs of their families. Findings in the area of finances, social services, day care, and recreational services for children support findings and recommendations of previous research and policy recommendations regarding single-parent families (Burgess, 1970; Canadian Council on Social Development, 1971; Clayton, 1971; Ferri and Robinson, 1976; Guyatt, 1971; McFall, 1974; Ross and Sawhill, 1975; Schlesinger, 1969, 1977; Stencel, 1977).

Single parents in Oklahoma indicated that financial assistance, such as food stamps and welfare assistance,

were very important services. These findings are consistent with the findings of the Canadian Council on Social Development (1971), Ferri and Robinson (1976), and Guyatt (1971), which indicated that single parents thought rates of financial assistance were too low, and that these rates should be under continuous review to be most effective. In this study, single parents who had incomes just above the poverty level were more dissatisfied (38.4%) with available services than single parents below the poverty level (23.6%). Guyatt (1971), Schlesinger (1969), and Stencel (1977) indicated in earlier research that additional services are needed and should be provided for middle income single-parent families.

In the area of medical assistance, single parents expressed concern about the high cost of health care. More children of two-parent families had received medical care within the last year and dental care within the last six months than children of single-parent families. This finding may support a recommendation by the Canadian Council on Social Development (1971) and Schlesinger (1977) that health care should be subsidized through social assistance programs, in addition to medicare programs.

Single parents reported higher levels of service use than two-parent families. Each family group indicated fairly high levels of satisfaction with services in general, but there was a high degree of "No opinion" among two-parent

families. This supports the findings of Burgess (1970), Claton (1971), and Ross and Sawhill (1975) that many single parents are confused with the maze of social service agencies and what each agency actually provides. The Canadian Council on Social Development (1971) recommends a center of information for social services that could explain services to single parents and direct them to services that would be most beneficial to them.

Adequate low-cost child care and services is a concern of Oklahoma single-parent and two-parent families. This finding is consistent with the research of Guyatt (1971), McFall (1974), and Schlesinger (1969), which indicated that child care is one of single parents' biggest problems.

Single-parent and two-parent families were dissatisfied with recreational facilities and lack of transportation for their children. These findings support research by Burgess (1970), Canadian Council on Social Development (1971), Ferri and Robinson (1976), Guyatt (1971), and McFall (1974) that single parents' opportunities for recreation, study, training, and employment all hinged on getting adequate child care for their children, including activities for the older child. McFall (1974) stated in her research that communities need to develop alternative activities for after school and after work for children of single-parent families. In summary, it appears that the

the needs of single parents in Oklahoma are consistent with those identified by other researchers in the United States, Canada, and Great Britain.

CHAPTER V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

Summary

Purpose of the Study

The major purpose of this study was to determine the child and youth service needs of single-parent families in Oklahoma and to compare these needs with those of two-parent families. The study compared differences between single-parent families and two-parent families in Oklahoma with regard to: (1) Awareness of services, (2) Importance of services, (3) Use of Services, (4) Satisfaction with services, and (5) Priorities for service development.

Methods of the Study

The subjects were 536 Oklahoma single parents with children under 18 years of age. These single parents were a sub-sample who were identified in a random sample of 2,976 Oklahoma parents who participated in a comprehensive state-wide needs assessment project (Wines and Powell, 1978).

Data generated by the comprehensive study were further analyzed to determine demographic characteristics and needs

of the 536 single-parent families identified in this state-wide sample. The subjects were randomly selected and interviewed according to the interview schedule outlined in Appendix D. Chi-square analysis was used to determine significant differences between child and youth service needs of single-parent families compared with the needs of two-parent families.

Conclusions

Major results of the study indicated that there were more similarities than differences between single-parent and two-parent families in child and youth service needs. Major findings included:

1. Single-parent and two-parent families were aware of the same services. Single-parent families were significantly less aware ($p < .01$, 1 df) of counseling ($X^2=15.7$), immunization clinics ($X^2=16.2$), foster care ($X^2=23.4$), recreational programs ($X^2=30.1$), visual screening ($X^2=14.8$), hearing screening ($X^2=23.3$), and speech and hearing therapy ($X^2=23.3$).

2. Of 23 available services, single-parent and two-parent families generally gave the greatest degree of importance to: (1) welfare assistance, (2) immunization clinics, (3) Headstart, (4) drug problems, (5) food stamps, (6) youth programs for job training, and (7) counseling.

3. Single-parent families reported significantly more service use ($\chi^2=94.1$, 1 df, $p<.0001$) than two-parent families. There were 76% of single-parent families reporting regular to occasional use of services, compared to 50% of two-parent families.

4. Eighty-one percent of single-parent families with incomes between \$4,000 to \$7,999 and 85.8% of those single-parent families with incomes below \$3,999 reported general use of services compared to 49.2% of single-parent families who made over \$12,000.

5. More children from two-parent families (93.5%) are receiving medical care within the last year than children from single-parent homes (86%). With regard to dental care, 73.5% of children from two-parent homes compared to 66.9% of children from single-parent homes reported to have seen a dentist within the last six months.

6. There were children of two-parent families (3.1%) and children of single-parent families (7.7%) who had not been to the doctor within a year and a half. There were children of two-parent families (16.5%) and children of single-parent families (14.3%) who had never been to a dentist.

7. Single-parent and two-parent families indicated fairly high levels of satisfaction with services in general. Both groups appeared to be dissatisfied with recreational facilities and welfare guidelines. There were

high levels of satisfaction for children's education by both family groups, but single parents were less satisfied. With reference to these services, there were relatively high percentages of "No opinion" which must be looked at with caution in interpreting these results.

8. Single-parent families reported significantly greater ($\chi^2=224.6$, 1 df, $p<.0001$) problems with transportation than two-parent families.

9. Single-parent families and two-parent families indicated that low-cost treatment for health care problems was their number one priority for service development. Other priorities for single-parent families included financial assistance for needy families, job training, and low-cost day care centers.

Recommendations

Results indicate that communities, educators, and local and state governments, with the help of social service agencies, should expand existing services to meet the needs of single-parent and two-parent families in the state of Oklahoma. Agencies need to assess the extent to which their services are changing appropriately to meet the needs created by the growing numbers of single-parent families. It seems apparent that any reduction in services would be felt most heavily by single parents, the majority of whom are women, and their children. It is

also apparent that two-parent families would also feel the effect of any reduction of services.

A few recommendations that might help the single parents are:

1. Agencies and programs could consider expanding their hours to become more flexible for single parents. Many single-parent and two-parent families, due to their daily work schedules, cannot use facilities available to other parents due to the daily operating hours of these facilities.

2. A temporary loan system that enables parents to pay their bills would be helpful. Single parents, the majority of whom are women, sometimes must rely on a less than regular income due to late or nonpayment of monies owed to them by their former or estranged spouses.

3. Health facilities could consider a day care program for sick children from single-parent families and two-parent families. This would enable single parents to keep working and not interrupt their work schedules.

Single-parent families appear to be attempting to meet the needs of their families as best they can. But they need the help and understanding of the general public to meet those needs. If these needs are not met, many single parents will feel low self-esteem or self-worth. McFall (1974) stated that one of the primary needs of single parents and their children is a recognition of their existence.

In a project entitled "Working with Single Parent Families on Resource Management" (Nickols, 1979), major concerns of single parents were identified at forums held throughout the state of Oklahoma. These findings of major concerns of single parents are similar to previous research and this study. Single parents attending those forums identified the following as major areas of concern: (1) finances, (2) parenting, (3) personal needs, (4) child care, (5) lifestyle, (6) being the sole responsible parent, (7) visitation of non-custodial parent, (8) counseling, and (9) transportation. It is apparent that single parents in Oklahoma have specific concerns that must be dealt with.

No single comprehensive agency will be able to do it all for the single-parent family (Guyatt, 1971). Single-parent families should be served by the same agencies and programs that serve two-parent families, because their needs are closely related. However, the needs of single-parent families appear to be more acute. Child and youth services for single-parent and two-parent families should be examined closely to offer the maximum benefit for both family groups.

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APPENDIXES

APPENDIX A

SUBCONTRACT TIMETABLE AND PLAN OF WORK,
OSU FAMILY STUDY CENTER

TIMETABLE

14. Analyze data from Speak-Outs.
15. Design coordination of data for preparation of final report.
16. Consult with project staff and Governor's Committee on Children and Youth on preparation of final report.
17. Analyze all available data from (1) Consumer Surveys, (2) Vendor Surveys, and (3) Speak-Outs by Planning Districts and Rural/Urban Populations, and other pertinent variables.
18. Writing, review and printing final report.
19. Submit 3 copies of final report to Children's Services Coordination Staff.

1978					
Mar.	April	May	June	July	14
X	X	X			
X	X	X			
	X	X			
	X	X	X		
			X	X	
					X

Respectively submitted,

Judith A. Powell
 Judith A. Powell, Ed.D.
 Subcontract Project Coordinator
 Family Relations and Child Development
 and Family Study Center, OSU

APPENDIX B

CONSUMER SURVEY INSTRUMENT AND
CODING SYSTEM

CODING INSTRUCTIONSChildren's Services
Coordination ProjectPARENT'S QUESTIONNAIRE

(for coding purposes)

_____ Questionnaire # (4 digits, right justified on coding sheet, 0001)

_____ Region (record Region Number)

_____ Data Set (1 = all completed before October 15, 1977)
(2 = all completed after October 15, 1977)

_____ Date (# of month, day, year; 10/15/77)

_____ Area (Record County Name & Numeral on Questionnaire; Record only
numeral on computer sheet)

_____ Type of Area (Urban = 0, Rural = 1; see detailed sheet)

_____ Sex of Respondent (Male = 1, Female = 2, No Response = 9)

_____ Race of Respondent
Code: 1. Caucasian
2. Black
3. American Indian
4. Other
9. No Response

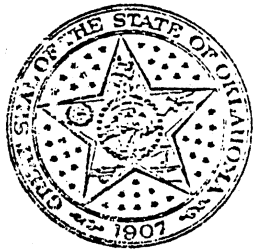
INTERVIEWER'S NAME

_____ (Record Alphanumeric, left justified)
(extra spaces blank)

AND OCCUPATION

_____ (Do not code)

We represent the State Of Oklahoma (show seal and letter of introduction), and we are doing a survey to find out what kind of improvements can be made in the services to children and youth in Oklahoma. Your house has been picked at random so that we can get an over-all picture of what Oklahoma's citizens think about this. A number of people may have opinions similar to yours. Your opinion is important to us because your viewpoint and those of others like you may not be known otherwise. Your cooperation in this survey may actually be helpful in improving the children's services in Oklahoma. Since we are interested in surveying only households with children 18 years old or younger, do you have children of this age? (If no, record and thank contact.) (If yes), "We would appreciate a few minutes of your time to answer some questions about your opinion. Let me assure you that our responses are completely confidential."



GIVE RESPONDENT LISTCODE

1. To the best of your knowledge which one of these children's services does _____ County have?

- | | |
|--|--|
| 1. Head Start Programs | 13. Hearing Screening |
| 2. School for the Deaf | 14. Speech and Hearing Therapy |
| 3. School for the Blind | 15. Special Illness: TB, Cerebral Palsy, Handicapped |
| 4. Counseling Services | 16. Assistance for Costly Medical Care |
| 5. Immunization Clinics | 17. Day Care |
| 6. Dental Care | 18. Care for the Mentally Retarded |
| 7. Food Stamps | 19. Nutrition Information |
| 8. Foster Care | 20. Youth Programs for Vocational and Job Training |
| 9. Recreational Programs | 21. Juvenile Delinquency Program |
| 10. Welfare Assistance | 22. Drug Program |
| 11. Family Planning - Venereal Disease | 23. Parent Education |
| 12. Visual Screening | 24. Other (added to coding sheet) |

Mark a 1 in each numbered space on code sheet. Mark a 0 in each blank space.

2. Which three do you think most important? (Mark only 3. Record by numbers above)

2. - 1. Most Important _____
 2. - 2. Very Important _____
 2. - 3. Important _____

____ Record number in corresponding space on code sheet. Must be same as #1.
 99 No response.

3. - 1. Do you use any of these services?

1 Yes
 0 No
 9 No Response

3. - 2. If so, which ones?

Code same as #1.

3. - 3. If not, why?

Record according to the following:

- 1 Do not need
 2 Use private facilities
 3 Other
 9 No response

3. - 4. How did you learn about the services?

Mark a 1 in space corresponding to each number. Make a 0 in each blank space.

1. friends, family, neighbors
 2. social worker, out-reach worker
 3. health nurse
 4. school
 5. doctor's office
 6. newspaper, yellow pages, T.V.
 7. other _____

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____

3. - 5. Have you used these services in the past?

3. - 6. How often do you use these services?

1. Seldom
2. Occasionally
3. Regularly
4. Never

3. - 7. Are you satisfied with these services?

4. Please pick the three programs you would most likely to see developed in _____ County. (Record only 3).

1. Financial assistance for needy families
2. Low-cost treatment for health problems
3. Low-cost day-care centers
4. Treatment for handicapped children
5. Preventive health care
6. Job-training
7. Transportation
8. Recreation Programs
9. Other _____

5. Of these three choices, which do you feel is most important?

6. Are there any services provided for highschool mothers in this area, i.e., prenatal care education, etc.?

CODE

1 Yes
0 No
9 No Response

Record numeral which correspond to response.

1 _____
2 _____
3 _____
4 _____
9 No Response

1 Yes
0 No
2 No Opinion
9 No Response

Mark a 1 in the space corresponding to each numeral. Put a 0 in each blank space

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____

Record numeral which correspond to response. Must be same as for response in #4.

Numeral
99 No Response
98 Incorrect response to #5
97 Incorrect response to #4

2 Don't know
1 Yes
0 No
9 No Response

7. Now, just a few questions about you and your family.
How many children do you have?

8. What are their ages?

9. Would you please tell your age?

10. What was the highest grade you completed in school:

11. Are you married, divorced, widowed, or single?

12. - 1. When were your children last examined by a physician?

CODE

Record number of children.
99 No Response

Record ages of children, youngest age first. Use 0 for less than 1 year. If more than 10 children, record ages of youngest 10. (Use 9 to fill in blanks).

98 in first 2 columns on left of response is inappropriate.

Record age in corresponding spaces.
99 No Response

Record number of grade.
1 - 12
13 1 yr. of college
14 A.A. Degree or 2 yrs. of college
15 3 yrs. of college or other training
16 college degree
17 master's degree
18 Ed.D. or Ph.D. or M.D.
99 No Response

1 married
2 divorced
3 widowed
4 single
5 married - separated
9 No Response

1 six mo. or less
2 more than 6 mo. to 12 mos.
3 13 mo. to 18 mo.
4 19 mo. to 2 yr.
5 more than 2 yr.
6 never
9 No Response

12. - 2. When were your children last examined by a dentist?

CODE

1 six mo. or less
2 more than 6 mo.
to 12 mos.
3 13 mo. to 18
mo.
4 19 mo. to 2 yrs
5 more than 2 yrs
6 never
9 No Response

13. Was it done by a private or public facility?

1 private
2 public
3 both
9 No Response

14. Has there been any follow-up care?

1 Yes
0 No
9 No Response

15. - 1. If you have a child under 6 - has he been to any developmental agency for example, screening for learning, developmental or behavioral problems?

1 Yes
0 No
9 No Response

15. - 2. If so, where?

Mark a 1 in the corresponding space. Be sure to mark all responses. Fill in a 0 in all blank spaces.

1 Headstart
2 County Health
Clinic
3 Public School
4 Children's
Hospital
5 Education
Service Center
6 Private Doctor
7 Volunteer or-
ganization
8 Other

9 0 - Q N A
1 - Q is
applicable

16. - 1. Now about your job. Were you working last week, unemployed, laid-off, in school, or what?

CODE

- 1 Working last week
- 2 Unemployed or laid off
- 3 In school
- 4 Other
- 9 No Response

16. - 2. Working _____
What kind of work do you do on your job?

Code according to Bureau of the Census U.S. Dept. of Commerce (See detailed list) Mark a 1 in the corresponding space. (If blank mark 0's.)

- 1 Professional, technical, and kindred worker
 - 2 Manager, officials proprietors, except farm
 - 3 Clerical, sale kindred worker
 - 4 Craftsmen, for men, kindred workers
 - 5 Operatives, kindred workers
 - 6 Service workers, including private households
 - 7 Laborers
 - 8 Armed forces and other
-
- 9 0 - Q N A
1 - Q is Applicable

16. - 3. Unemployed or laid off _____
What did you do on your last job?

CODE same as above.

Mark a 1 in the corresponding space.

16. - 4. Keeping House _____

- 1 Yes
- 0 No
- 9 No Response

- | | <u>CODE</u> |
|--|--|
| 17. Current Income Range ("I am going to read some categories which correspond to combined family income for one year. Listen and tell me which category represents your combined family income from all sources for one year.") | 1 Under \$2,000
2,000 - 3,000 |
| | 2 4,000 - 5,999
6,000 - 7,999 |
| | 3 8,000 - 9,999
10,000 - 11,999 |
| | 4 12,000 - 13,999
14,000 - 15,999 |
| | 5 16,000 - 24,999 |
| | 6 25,000 - 40,999 |
| | 7 41,000 - 59,999 |
| | 8 60,000 - more |
| | 9 No Response |
| | (Data Set 1 has only 1st 4 codes, Set 2 has 8 codes) |
| 18. - 1. Are you satisfied with the welfare guidelines? | 1 Yes
0 No
2 No opinion
9 No Response |
| 18. - 2. If you child should have physical, emotional, or other problems, is there any agency that can treat or refer your child? | 1 Yes
0 No
2 No opinion
9 No Response |
| 18. - 3. Are you satisfied with the recreational facilities in this community? | 1 Yes
0 No
2 No opinion
9 No Response |
| 18. - 4. Are you satisfied that your child can receive a good education in this community? | 1 Yes
0 No
2 No opinion
9 No Response |
| 19. Are there transportation problems for your family? | 1 Yes
0 No
9 No Response |
| 20. How long have you lived in this community? | 1 less than 6 mo.
2 6 mo. to 1 yr.
3 1 yr. 1 mo. -
5 yr.
4 5 yr. 1 mo. or
more
9 No Response |

21. How long have you lived in this home?
22. Does your immediate family live in this community?
(Your or your spouse's)
23. Do you have any comments on this survey? (DO NOT CODE)

CODE

- 1 less than 6 mo.
2 6 mo. to 1 yr.
3 1 yr. 1 mo. -
5 yr.
4 5 yr. 1 mo. or
more
9 No Response
- 1 Yes
0 No
3 Some do
9 No Response

APPENDIX C

CHILDREN'S SERVICES CONSUMER SURVEY

VARIABLE CLASSIFICATION

I. Demographic Variables

A. Personal Characteristics of Respondent

Age (9)
Race
Sex
Marital Status (11)
Educational Level (10)
Employment Status (16-1)
Occupation (16-2)

B. Family Characteristics

Income Level (17)
Number of Children (7)
Ages of Children (8)
Time in Community (10)
Time in Home (21)
Presence of Relatives in Community (22)

C. Locale Characteristics

Region
Area
Type of Area

II. Response Variables (Total = 21)

A. Awareness of Services

1. General

Of Which Services is Individual
Aware (1)
How was Awareness Gained (3-4)

2. Specific

Awareness of Facilities for Teen-Age
Mothers (6)
Awareness of Treatment and Referral
Options (18-2)

B. Importance of Services

Three Most Important Services (2)

C. Use of Services

1. General

Which Services Presently Used (3-1) (3-2)
If Lack of Use--Why (3-3)
Have Services Been Used in Past (3-5)
General Frequency of Use (3-6)

2. Medical and Dental Services

When Child Last Seen by Doctor (12-1)
When Child Last Seen by Dentist (12-2)
Private or Public Facility (13)
Follow-up Care (14)

3. Developmental Agencies

Has Child Under Six Been to Developmental
Agency (15-2)
If so--Type (15-2)

D. Satisfaction with Services

1. General

General Satisfaction with Facilities (3-7)

2. Specific

Satisfaction with Recreational Facilities
(18-3)
Satisfaction with Educational Facilities
(18-4)
Satisfaction with Welfare Guidelines
(18-1)
Is Family Experiencing Transportation
Problems (19)

E. Priorities for Service Development

Forced Choice Program Development Question
(4,5)

APPENDIX D

REVISED SAMPLING DESIGN FOR
CONSUMER SURVEYS

Due to the complicated data-gathering history of the project prior to October, 1977, the decision was made that a multi-stage stratified random design would be the most consistent with the original design and the data previously collected, as well as the most efficient and cost effective method for completing the consumer surveys.

The multi-stage random design consisted of the following stages and units:

<u>Stage</u>	<u>Sampling Unit</u>	
1	State of Oklahoma	Stratified by Planning Districts
2	Planning District	Stratified by County
3	County	Stratified by towns over 5,000
4	Town	Stratified by Socioeconomic Area
5	Block	
6	Individual Dwelling Unit (IDU)	

Records indicated that on October 15, 1977, a total of 1,589 consumer surveys had been completed. The original design (Campbell, 1975) had included 5,000 surveys, or approximately .002 of the population of each county. This plan was dispensed with by the project coordinator and subcontractor in order to design a realistic and systematic plan for completion of the consumer surveys. The decision was made that a sample of .001 of the population of each Oklahoma Economic Development planning region (Appendix D) would be an attainable goal within the project time frame.

An analysis of completed surveys on October 15, 1977, indicated that Regions 1, 2, 3, 4, 9, and 11 had already been sampled at the .001 level. A revised research sample was selected to insure a minimum of .001 representation of each of the additional 6 planning regions. The total rural/town sample was determined to be 1,528. The urban sample was defined as those regions containing cities of over 80,000 population, i.e., Lawton (Region 9), Oklahoma City (Region 8), and Tulsa (Region 6). According to the State of the State Report, Oklahoma, 1974, major "metro" areas were Oklahoma and Tulsa Counties and a secondary "metro" area was Comanche County. Only these areas have more than 500 persons per square mile. The urban sample was determined to be approximately 1,542. The total research sample was 3,061, approximately 50% rural/town and 50% urban. The revised research sample is indicated in the following table.

TABLE XIV
REVISED SAMPLING PLAN FOR CONSUMER SURVEYS

Planning Region	Population ^a	Surveys Needed to Approximate .001 of Population	No. Completed on 10/15/77	Approximate No. Additional Needed
1	181,400	181	273	0
2	211,100	211	291	0
3	157,200	157	192	0
4	180,000	180	204	0
5	196,600	196	50	146
6	506,000	506	1	505
7	169,000	169	128	41
8	713,400	713	0	713
9	260,900	260	323	0
10	116,100	116	69	47
11	73,300	73	77	0
			1,458	1,470

^aPopulation figures based on 1976 Census Bureau Estimates. (Total sample = 3,061 divided by 2,766,000 = .001.)

Since large samples had already been completed in Regions 7 and 10, one additional unsampled county in each of these regions was chosen by random selection for completion of the surveys. Within that county, a listing of each township area of over 5,000 population was made and one township area was randomly selected for surveying. Since the highly populated and diverse Region 5 was largely unsampled, three counties were chosen by random selection and the township areas to be sampled in each county were designated by random selection (see following table).

ADDITIONAL CONSUMER SURVEYS SAMPLE

RURAL/TOWN REGIONS

Region	No. Needed	Random Selection	
		County	Township
5	146	Pottawatomie	Shawnee (49)
		Payne	Cushing (49)
		Seminole	Seminole (49)
7	41	Kay	Ponca City
10	44	Custer	Weatherford

Using available township maps (from Oklahoma State Department of Health) stratified by socioeconomic level into 3 categories, representing Low, Medium, and High income areas, sections representing each socioeconomic level were numbered and one area in each level was chosen by random selection. After the area was selected, blocks within the area were numbered and one block was randomly selected as the starting point. The start house was determined by drawing a number from 1-5. A number of 1-5 was then randomly selected, and each Nth IDU was surveyed until the quota for that area was reached. The quota for each was determined by dividing the total number needed by 3, for example:

$$\text{Cushing} = 49 \div 3 = 16.4$$

Therefore, 16 households were selected in each area in Cushing according to the procedure outlined above.

Urban Sample

The research sample from the Lawton area (Region 9) had been completed prior to the consulting contract with the Family Study Center.

As the only remaining metropolitan areas of the state, Oklahoma City (Region 8) and Tulsa (Region 6) were designated for drawing the remaining urban sample. Within each city, the process of random selection was then used to determine the sample. Using the stratified maps, socioeconomic level areas were identified. Within each level, all areas were numbered, and one area was chosen by random selection for surveying. The quota for each area was determined by the procedure previously described, e.g.,

$$\text{Tulsa} = 506 \div 3 = 168.3$$

Therefore, 168 households were to be surveyed in each socioeconomic area.

Each socioeconomic area was further divided by random selection into 4 sub-areas to be sampled. The number of IDU's for sub-area were determined by dividing the area quotas by 4, i.e.,:

$$\text{Area} = 168 \div 4 = 42 \text{ IDU's per sub-area}$$

Within each sub-area, the blocks were numbered, and the starting block and IDU's were selected as described above. The multi-stage design for within the urban areas was:

<u>Stage</u>	<u>Sampling Unit</u>
1	<u>City</u> stratified by
	↓
2	<u>Socioeconomic</u> area
	↓
3	<u>Socioeconomic</u> sub-area randomly selected
	↓
4	<u>Block</u> randomly selected
	↓
5	<u>IDU</u> randomly selected

Procedural Rules

A daily report of all consumer survey contacts was kept by each interviewer. A copy of the daily report form is included in Appendix E. With each contact made, the interviewer recorded the outcome under the appropriate category on the daily report, i.e., survey completed, not home, no children 18 or under, declined to participate, or "other."

Households with No Children Under 18

In contacting each previously determined Nth household, it was determined that no children 18 or under were part of the household all or part of the time, the interviewer recorded the contact and moved on to the next Nth household.

Respondents Who Declined to Participate

If the designated contact declined to participate in the survey, the interviewer recorded the contact on the daily report and moved on to the next Nth household.

Call-Back Rule

If the designated contact was not at home, two additional call-backs were made. These call-backs were recorded and circled on the daily report. If contact could not be made after two call-back attempts, the Substitution Rule was invoked.

Substitution Rule

If the IDU could not be contacted after two call-back attempts, the next higher number designated IDU was substituted. For example, if the designated IDU's in an area were every 4th IDU, the interviewer designated IDU's #4, #8, #12, #16, #22, #26, #30, #34, #38. If the predetermined number of interviews for that area was 6, only #4, #8, #12, #16, #22, #26 were needed. If #12 could not be contacted after two call-backs, #30, the next higher numbered designated IDU, was substituted.

Variation Rule

Interviewers were instructed to use the principle of variation in determining direction from the IDU established as the starting point in each area. For example, if the interviewer worked every IDU north of the starting point in one area, the direction would be changed in the next area. Also, the principle of variation was used in determining time of day contacts were made, i.e., morning, afternoon, or evening. This information was recorded on the daily report for each interviewer.

DAILY REPORT - CONSUMER SURVEY CONTACTS

Interviewer _____

Date _____

Location - Town _____
 Region _____

Area
 _____ Low Income
 _____ Middle Income
 _____ High Income

No. of Total Contacts:	Survey Completed	Not Home	No Children 18 or Under	Declined to Participate	Other (Describe)
Mark under appropriate column each household contacted					
Morning (8:00 a.m. - 12:00 a.m.)					
Afternoon (12:01 p.m. - 6:00 p.m.)					
Evening (6:01 p.m. - 10:00 p.m.)					
Column Total					
Total Daily Contacts Made					

VITA²

Michael William Knott

Candidate for the Degree of
Master of Science

Thesis: CHILD AND YOUTH SERVICE NEEDS OF SINGLE-
PARENT FAMILIES IN OKLAHOMA

Major Field: Family Relations and Child Development

Biographical:

Personal Data: Born in Oakland, California, March 8, 1952, the son of Edward and Jaclyn Voss; adopted by Daniel Cummings Knott, January 14, 1958; married Cynthia Jane Crowley on July 28, 1974. Son, Nathaniel Jason Knott, born October 25, 1975.

Education: Graduated from Palos Verdes High School, Palos Verdes Estates, California, in May, 1970; received an Associate Arts degree in general education from Lassen Community Junior College, Susanville, California, in May, 1975; received a Bachelor of Arts degree in Psychology from California State University-Chico, Chico, California, in May, 1977; completed the requirements for the Master of Science degree in Family Relations and Child Development at Oklahoma State University, Stillwater, Oklahoma, in May, 1979.

Professional Experience: Graduate Research Assistant for Dr. E. Starkweather, Dr. J. A. Powell, and Dr. S. Nickols, Oklahoma State University, June, 1977 through July, 1978.

Professional Organizations: Psi Chi, National Honor Society in Psychology.