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Abstracts of Journal Articles appear in Sociological Abstracts and Community Development Abstracts

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ETHNICITY, PROFESSIONALISM, AND BLACK PATERNALISM: IMPLICATIONS FOR SOCIAL WELFARE SERVICES

Robert S. Bartlett
Rockland Community College

BACKGROUND

In recent years, the field of social welfare has been making an effort to close the gap between agency services and community needs. One of the reasons for this gap has been the implicit conflict between client, professional, and agency needs. One of the methods to help agencies more effectively serve poor communities has been the introduction of the indigenous non-professional as part of the service delivery system. Nonprofessionals provided two functions: bridging relationships between agency and community, and helping to enhance the quality of services by relieving presumed staff shortage.

Social welfare legislation of the 1960's reflected a renewed interest in the plight of the poor. This legislation, connected to an active civil rights movement, helped expand services to the poor. Mobilization For Youth represented a major experiment in the utilization of nonprofessionals in enhancing services to poor people in America. Charles Grosser, who was actively involved in this experimental program, conceptualized the role of the nonprofessional from this advantage point. Grosser (1966) defined the indigenous nonprofessional as:

"...a peer of the client and shares a common background, language, ethnic origin, style and groups of interest... he 'belongs', he is a 'significant other', he is 'one of us'. The style of the nonprofessional is significantly related to his effectiveness, because it matches the client (61)."

George Brager (1965) summarized the complex function of the indigenous nonprofessional as a social-class mediator. He specifically noted:

"One important programmatic goal in hiring nonprofessionals is to increase the meaningful participation of other urban slum residents in social welfare and community programs...The indigenous worker may also serve as a 'bridge', interpreting the residents to the agency and its personnel and vice versa (34)."
In addition, to the social-class mediating function, Riessman (1965) described another function of the helper principle: "as the nonprofessional benefit from their new helping roles, they may actually become more effective workers and may therefore provide more help to others at a new level. Thus...a positive onward and upward spiral...may result (89)".

After evaluating the Mobilization For Youth experiment utilizing nonprofessionals, Grosser challenged the effectiveness of the social-class mediator function put forth by Brager and Riessman: "The indigenous staff member responds more like the middle-class professional worker than like the lower-class client. We suspect that recruitment, socialization, and indoctrination strengthen the tendency toward middle-class values in indigenous staff member (1966:62)".

Pearl and Riessman (1965) advocated job development and training as essential elements of a comprehensive action strategy designed to attack poverty. Training the nonprofessional dictated a humanistic approach that would maximize his unique attributes and skills. Rationale for this action strategy was two-fold. First, the nonprofessional should not constitute cheap labor for social service agencies. Nonprofessionals should have opportunity for "truly substantial advancement in job station (13)". Second, the bridge function should be reinforced through training. The former rationale has manifested itself into what is popularly termed the 'career-ladder' concept. The outcome of the career-ladder program should be vertical mobility for the nonprofessional through continuous education and employment advancement. Pearl and Riessman noted:

"The new career concept has as a point of departure the creation of jobs normally allotted to highly-trained professionals or technicians, but which could be performed by the unskilled, inexperienced, and relatively untrained worker; or, the development of activities not currently performed by anyone, but for which there is a readily acknowledged need and which can also be satisfactorily accomplished by the unskilled worker (Pearl and Riessman, 1965:13)".
Utilization of the career-ladder concept, as a mechanism to attack poverty should not be separated from the "bridge" function. Employment of indigenous persons by social service agencies should benefit the new worker as well as the agency. In a later publication, Riessman (1969:33) used the term 'cross-socialization' to describe this phenomenon. Kurzman (1970), Berman and Haug (1973), and Houston (1970), are representative of professionals who advocated reassessment of the career-ladder concept in social welfare. It is time to stop romanticizing the career-ladder concept and begin critically to evaluate its latent functions. Specifically, the career-ladder concept "may possibly be encouraging the extension of social service at the risk of curtailing social change (Kurzman, 1970: 23)". "The possibility that low-income, indigenous para-professional is employed by the institution for the purpose of diverting or deflecting the militancy of community groups...the potential of formal co-optation of indigenous leaders"...appear to be elements of the new career movement that make change difficult (23-4). The pathway out of this dilemma, according to Berman and Haug (1973:57) and Kurzman (1970:26-7), is a "second career movement" predicated on the functions of advocacy and ombudsman in which the indigenous nonprofessional has the potential to help humanize the human services industry. Thus, the nonprofessional has an important role to play in fostering accountability between social agency and client-system.

PROBLEM AND PROCEDURE

The assumption around the use of nonprofessionals as members of the agency team suggest that the "bridge" function is enhanced when the new worker and the client-system are similar in such factors as ethnicity, class, cultural background, religion, and so on. Data from a 1968 survey tested Grosser's hypothesis: "that staff similarity with the client in ethnicity...will result in greater accuracy regarding the client and his community (1966:60)". Grosser's hypothesis was tested at a black staffed community action agency, serving a black ghetto in a large metropolitan city in the northeastern section of the United States. Harlem, U.S.A. is the fictitious name for this community. The sample was initially divided into two groups: professional and nonprofessional. Each group was further stratified along departmental lines to make the sample representative of total agency staff. A standardized questionnaire was given to both professional and nonprofessional in order to make direct comparisons more feasible. The two questionnaires consisted of identical questions. The instrument administered to professionals, in addition, asked how they thought a typical adult resident of Harlem, U.S.A. would respond to identical questions of community need.
This technique provided a means to explore the effect of professionalism on staff perception. The study assumed that nonprofessional staff would be closer to perceptions of adult residence of Harlem, U.S.A. based on similarity of blackness and socioeconomic factors - i.e., class, education, occupation, and so forth. An index was developed on the basis of the accuracy with which staff members predicted community perceptions. Ratings for professional and nonprofessional were trichotomized into high, medium, and low agreement with adult residents of Harlem, U.S.A., and statistically tested for significance.

FINDINGS

Findings regarding comparative self-perception of adult residents of Harlem, U.S.A. by professional and nonprofessional workers were: one-quarter (25%) of the nonprofessional staff and half (50%) of the professional staff were in low agreement with the community. Nearly one-third of the combined staff were in medium agreement - 33% and 36% respectively for nonprofessional and professional. Significantly, nearly half (42%) of the nonprofessional were in high agreement with the community; while, only 14% of professionals were similarly categorized. A statistical measure of analysis of variance indicated a significant difference between professional and nonprofessional staff. Table 1. presents the distribution of staff agreement with community perceptions.

<table>
<thead>
<tr>
<th>Agrement with Black Community</th>
<th>NONPROFESSIONAL</th>
<th>PROFESSIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>33</td>
<td>36</td>
</tr>
<tr>
<td>HIGH</td>
<td>42</td>
<td>14</td>
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<table>
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<tr>
<th></th>
<th>(28)</th>
<th>(28)</th>
</tr>
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<tbody>
<tr>
<td>No. Cases</td>
<td>(100)</td>
<td>(100)</td>
</tr>
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</table>

F Test, 8.55 at .01 level of significance
Findings partially supported Grosser's hypothesis that ethnic similarity, between staff and community, is likely to create greater similarities in perceptions around community need with the consequence of more effective service for the client-system. Nonprofessional's closer agreement was a consequence of similar social class position instead of similarity in ethnicity as Grosser (1966:60) suggested. To explore the possible influence of class on nonprofessional staff's self-perceptions, the technique of cross tabulation was utilized. This study assumed that family of orientation had greater influence in molding perception than family of procreation. Thus, worker's class was operationatized as father's occupation. When father's occupation was dichotomized into non-manual and manual status, the modal category was manual which indicated a similarity with the adult residents of Harlem, U.S.A. Thus, the majority of nonprofessional staff had a blue-collar home orientation. When one focused on where staff spent their childhood-in terms of rural, urban, or suburban community-the overwhelming majority of nonprofessionals were raised in an urban community. Nonprofessional workers, better than 2-to-1, spent their adulthood in the target community; thereby, increasing their closeness of perception with adults of Harlem, U.S.A. The variable of age, though generally not associated with class, showed a strong relationship between youth and high agreement. This paper assumed the finding of age may be understood in the life orientation of the workers. Older professionals tend to be influenced by the 'assimilation' ideology which emphasizes individual accomplishment and responsibility. In contrast, younger nonprofessionals were oriented to a 'separatist' ideology that stressed collective achievement and communal responsibility. Nonprofessionals were overwhelming younger than their professional counterparts. Additionally, they were four-to-one in high agreement with perceptions of the black community.

The factors of father's manual occupational status, childhood and adulthood place of residence suggested that the nonprofessional is similar to the typical adult resident in Harlem, U.S.A. The dynamics of social class and physical proximity suggested that nonprofessionals are closer to the target population in their perceptions of community need. Therefore, he should be able to function as an effective 'bridge' between agency and community.

The other part of Grosser's hypothesis, that dealt with professional staff, was not supported by this study. Father's occupational status did not show a positive relationship with the predictive capacity of professionals serving Harlem, U.S.A. They, like nonprofessionals, spent their childhood in urban areas. Residency (childhood and adulthood) did not sensitize professionals to community needs. Thus, blackness, class, and place of residence
did not explain professional's low perceptional agreement with adults from Harlem, U.S.A.

Professionalism had a stronger influence on professional's perception than either blackness or social class. The finding about professionalism is this paper's major point of discussion. I will discuss findings about professionals in light of the process of professional socialization. The literature suggest that professionals are often in conflict between demands of the client-system and the agency serving the client. This conflict is exaggerated by the fact that bureaucratic organizations have a conservative orientation. Thus, social agencies ignore client and professional needs.

DISCUSSION

This study addressed itself to the issue of staff and client similarity based on ethnicity - blackness. My review of the literature did not find a single study that addressed itself to the issue under investigation. However, the literature revealed a vast amount of material on the ideological conflict between professionalism and bureaucracy. This conflict assumes client-orientation of professions is seldom shared by agency bureaucracy. Thus, professionalism and bureaucracy constitute the conceptual framework within which findings of this study are discussed. Initial inspection of findings suggested that professionalism explained the relationship between blackness and perception of nonprofessional and professional staff serving Harlem, U.S.A.

Vollmer and Mills (1966), recognized authorities on the professionalization process, stated:

"the sociological approach to professionalism is one that view a profession as an organized group which is constantly interacting with the society that forms its matrix...and which creates its own subculture requiring adjustments to it as a prerequisite for career success (10)."

Their emphasis on 'conformity' as a prerequisite for career success implies conflict between individual and professional goals. Slater (1970) elaborated on this conflict for traditional professions as restriction of membership and minimum service at maximum cost to the client (136). My paper's position is that Slater's remarks are applicable to the social work profession. Dysfunctions of professionalism are germane to this study. The socialization process among professionals have
generally assumed that, in addition to learning technical skills, one acquires values, attitudes, and a new self-concept. Concern with the development of a new self-concept has special meaning for this research. According to Kadushin (1969), Dante and Gurovitch (1972:1178), and Corwin (1961) the professional self-concept is derived from the content of the socialization process. Individual factors are not significant. Specifically, "no so-called background variables of class, ethnicity...is related to...self-concept (Kadushin, 1969:394)". "Of primary significance...is the grasping of new conceptions... which create transformation in the relevant perceptions and beliefs (Corwin, 1961:604)". The professionalization process is here summarized as an exchange between worker's autonomy and his professional ideological commitment. A professional frequently becomes a slave to his profession in exchange for his and his clients autonomy. Bay and Bay (1973) defined this phenomena as 'professional dominance', the tendency to "emasculate...professions and papaprofessionals as change agents (62)". Epstein (1970) did not see this conflict as an 'either or' situation. Through construction of a 'role orientation and conflict-approval typology', he concluded that 'bureaucratic orientation is conservatizing, a client orientation is radicalizing, and a professional orientation taken alone - is neither conservatizing nor radicalizing (92)". The critical question professionals must respond to is: for whom are they going to utilize their professionalism? Professionals, despite their ethnic similarity (blackness) with Harlem, U.S.A. were very poor predictors; in contrast, nonprofessionals were good predictors. This general finding is logical in terms of the influence professionalization has on the development of one's self-concept. Nonprofessional staff have not had their perceptions of Harlem, U.S.A. distorted. The classical dilemma confronting social service practitioners is how to reconcile the conflict between client orientation of the helping profession with the conservative viewpoint of agency bureaucracy.

Jennings (1970), Bennis (1965:34), Wasserman (1971), Hardcastle (1971:60-1), Hanlan (1971:198), and Pruger (1973) recognized this complex situation and proposed several solutions which are summarized. First, the professional must stand by the client by adopting the role of advocate, in addition to, the traditional enabler role. Second, agency bureaucracy must redefine its mission in humanistic terms. Thus, the agency must become a flexible-adaptable mechanism where practitioners are able to integrate client, professional, and agency interest.

The finding that black professionals were poor predictors revealed a pervasive phenomenon appropriately conceived as 'black paternalism'. The tendency for some black professionals to exploit or prostitute their blackness for personal, instead of collective,
goals. Frazier (1947), (1957), (1957), and (1962), Wiley (1967),
Richard (1969), Wilcox (1972), and Funnye (1970), to mention a
few, have documented this phenomenon among blacks as a reaction
to institutional racism in American society. Frazier, one of
America's most noted sociologist, spent most of his professional
career documenting this phenomenon as black professionals 'vested
interest' in segregation. Black professionals receive social,
economic, political, and psychological rewards from taking
advantage of their less fortunate group members. Wilcox (1972),
in a provocative open letter to black educators in higher educa-
tion, addressed himself to the issue of black paternalism:
"Those with higher education usually come...to exploit the
miseries of the local residents...(103)". Black paternalism is
augmented by the communal ideology of the black power movement.

IMPLICATIONS

Findings of this study suggest several theoretical and
practical implications for social welfare services. However,
implications are restricted to the phenomenon 'black paternalism'.
This paper takes the position that black paternalism is a con-
sequence of institutional racism. Racism manifests itself in a
self-concept that places utmost importance on professional suc-
cess - political, social, economic, and psychological - which
comes at the expense of black people. This black paternalistic
self-concept is best understood from an 'assimilationist model'
which places importance on individual, instead of collective,
achievement and responsibilities.

This paper strongly advocates a 'new' self-concept for
black professionals predicated on the communal-orientation of the
black power ideology. The norms of the American social system
defines black professionals first as black; and second, as pro-
fessionals. Black professionals in America thus live a marginal
existence. This paper strongly suggest that blacks will have to
create viable educational mechanisms that will aid the development
of a professional self-concept founded upon collectivism. This
communal-collective orientation for the professional is not possible
under current conditions of racism. Thus, a 'separatist model' is
advocated. The 'separatist model' will provide black professionals
opportunity to reconstruct reality in terms of the 'right to fail'
doctrine which demands freedom of self-determination.

This new community-oriented professional self-concept
provides an antidote to black paternalism. Thus, black profession-
als can aid black people in their struggle to receive relevant
social welfare services.
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year(s)</th>
<th>Reference</th>
</tr>
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<tbody>
<tr>
<td>Bennis, Warren</td>
<td>1965</td>
<td>&quot;Beyond Bureaucracy&quot;. Transaction, Vol. 2, No. 5, (July-August)</td>
</tr>
<tr>
<td>Year</td>
<td>Author</td>
<td>Title</td>
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<tr>
<td>1966</td>
<td>Grosser, Charles</td>
<td>&quot;Local Residents as Mediators Between Middle-Class Clients&quot;, Social Service Review, (March)</td>
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<td></td>
<td>Houston, Laura Pires</td>
<td>&quot;Black people, New Careers, and humane services&quot;, Social Casework, Vol. 15, No. 5, (May)</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Title</td>
<td>Year</td>
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S.M. Miller and Frank Reissman have "put the finger" on the "professional guilds" which, they believe are the "gate keepers" of the American professional "pseudo-meritocracy." Miller and Reissman conclude that these guilds "lock out" the poor and otherwise competent persons from socio-economic upgrading by overemphasis on formal professional schooling rather than on pragmatic testing for results and achievements related to the service to be provided.

The insistence upon professional schooling is particularly emphasized where norms of quality and quantity production are ambiguous or unusable. This is particularly the case in the human services which encounter great difficulty in defining their profession and the professional knowledge base. Thus great reliance is placed upon specific academic-professional preparation on the assumption that such preparation will insure a high standard of service. This assumption has never been tested, and is probably untestable until a more clear definition of the service is arrived at. It may even be possible that professional preparation may tend to downgrade the quality of service by "screening out" or "teaching out" the moral commitment of the worker and directing the service into a utilitarian contractual relationship as described by Etzioni.

This type of work expectation by the practitioner may eliminate the thrust for humane social change which is a heritage of social work and leave only a residue of 9 a.m. to 5 p.m. "service workers," for whom social work is more of a job than a calling or a cause. This phenomenon might provide an explanation for some of the problems in the profession. These include: an exodus of master's degree workers from public welfare when and where they were most needed, (except in those instances where lucrative administrative posts are occupied); an exodus of master's level social workers from the inner cities to the more comfortable surroundings of the middle class suburban agencies; an aversion of many social workers to become directly involved in the problems of the poor while expressing deep concern over the problems of the poor; the evident strains between the master's level workers and social service aides (where such aides are employed), the decades of traditional emphasis in child care on "wasp" adoptions and amelioration of middle-class parent-child tensions at the expense of and neglect to hundreds of thousands of black, brown, handicapped and other "difficult-to-place" children who were relegated to substandard institutions, foster homes and relatively permanent "bedlam-type" group care homes; and finally, the inability or aversion of social workers to take meaningful leadership in the forging of social welfare policy, which has long been left to economists, political scientists and other disciplines. Where social policy is forged by these disciplines, the resulting plans tend to place emphasis upon eligibility categories,
costs, jobs and regulations without sufficient provisions for individual differences, family life patterns and necessary socio-economic upward and lateral mobility opportunities without which such plans cannot achieve their intended purposes.

The credentialized "trade union" pattern of "lock-out" of the poor and "uneducated" from the more lucrative opportunities and status positions in social work might have continued indefinitely except for external developments.

Pressures from public welfare workers for unionization and recognition as social workers; increasing demands of Welfare Rights organizations and clients for a "piece of the social work action"; the appearance and growth of "non-professional" "casefinding" and "outreach worker" programs within community action agencies which sought acceptance of their inner city clientele by established professional agencies and recognition of their workers as referring colleagues; and legal changes in the Social Security Act of 1967 requiring the hiring of welfare clients as social service aides in public welfare agencies have brought to the center of the stage the need to differentially define the specific roles and duties of the social service "professional" worker, the social service "semi-professional" and the social service technician.

A number of models have been proposed for the process of differentiation of personnel, in order to satisfy the growing pressure by government, voluntary funding programs and other powerful societal elements for clarification of "who does what" in social work. Questions are raised about what kind of work and how much preparation does each level of worker need in order to competently perform the job. Most of these models tend to start with "social work" as it is, or social work as it claims to be, rather than social work as a service relevant to current social systems dysfunction and the differential problems and problem urgencies of target populations as they arise in individuals, group and communities in interaction with social system and sub-system dysfunction. Similarly, despite the fact that most social workers are social case workers (because they choose so to be and the profession tends to attract "social case worker" types of personalities), and despite the fact that the realities of the conditions of the society in our time are such that community organization workers and social action workers are in short supply, the models chosen for examination are not the "Ralph Naders" of social work, but rather the therapeutic individual or group serving institutionalized and generally routinized social case worker.

Thus the graduate school "factory delivered" model, predesigned and molded in advance, and relatively unrelated to differential societal priorities becomes the basis of analysis for "task-performance cycles" and similar operational examination, and it is predictable that what "comes out" of such study would resemble more a "cookbook" or "operational manual" than a schema for professional differentiation and
planning for utilization of professional and technical services in what has been generally accepted as a "sick society" requiring carefully planned interventions. The disposition of treatment resources emanating out of the current model can only produce "more of the same" of a social vehicle which some critics might denote as "ineffective at any speed" as far as mass society is concerned.

A more logical approach to redesign of the social work task distribution might seek to divide the differential responsibilities of the professional and technical practitioner. Furthermore, such a differentiation should take into account the distinctions between professional ideals and professional realities. Abraham Lincoln was once said to have indicated that we must know where we are, what we really want to accomplish, and what we are really ready to invest before we can determine what direction we might logically choose. It is on this type of approach that such distinctions can be clearly determined.

An examination of the professional ideal and actual performance patterns as differentiated from those of the technician is presented in the following table:
<table>
<thead>
<tr>
<th>Task</th>
<th>Technician</th>
<th>Professional Ideal</th>
<th>Professional Reality</th>
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</thead>
<tbody>
<tr>
<td>1. Knowledge of theories of normative functioning of potential service beneficiaries and groups in their &quot;life space.&quot;</td>
<td>Not considered a necessity for provision of service. If it is present, it is usually affective knowledge without cognitive expression by the technician.</td>
<td>Considered to be a basic necessity for performance of service as a professional, and is assumedly taught as such in graduate education.</td>
<td>Usually found among professionals but this cognitive knowledge is less &quot;robust&quot; than is usually found among other social and behavioral science graduates, although affective depth of knowledge is probably greater.</td>
</tr>
<tr>
<td>2. Competence in &quot;theory building&quot; for explanation of functionality of dysfunctionality experienced by potential beneficiaries of services and subsystems relating to them. (Competent theory building requires clear-cut goal definitions and operationally usable definitions of differential intervention methodology)</td>
<td>Not usually expected, but found in unusual instances among some technicians.</td>
<td>Definitely necessary for professional practice and in building social work knowledge.</td>
<td>This is usually quite limited in practice. The tendency of workers is to depend upon other disciplines when and if there are lines of continuing communication with these disciplines. Where they are culturally isolated little &quot;theory building&quot; occurs.</td>
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<tr>
<td>Task</td>
<td>Technician</td>
<td>Professional Ideal</td>
<td>Professional Reality</td>
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<tr>
<td>3. Competence in developing and devising an &quot;assessment&quot; system and analysis of plans for services.</td>
<td>Not expected in a technician. It is unusual when it is present.</td>
<td>Definitely a necessity for sharpening of professional practice methods.</td>
<td>In reality, this does occur but it is usually limited in depth, breadth and scope. This process is still in the rudimentary phases in the profession. The difficulty in devising a reliable and valid assessment system is compounded by a multitude of variables plus obfuscification encountered arising out of professional defenses.</td>
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<tr>
<td>4. Interaction with basic related scientific disciplines in terms of utilization of their unfolding contribution to theory, theory testing, and amendment.</td>
<td>Not expected in the technician. Unusual when it is present.</td>
<td>Interaction with related disciplines is a necessity if &quot;updating&quot; and purposeful revision of practice methodology is to be installed.</td>
<td>Such interaction, when it does occur, is quite limited in practice. Pressures for such interactions from within and without are increasing.</td>
</tr>
<tr>
<td>Task</td>
<td>Technician</td>
<td>Professional Ideal</td>
<td>Professional Reality</td>
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<tr>
<td>5. Competence in developing or revision of &quot;intervention&quot; programs</td>
<td>Usually not expected in a technician but it occurs often in specific</td>
<td>A necessity in professional practice, if the profession is to use its resources</td>
<td>This type of meaningful revision of &quot;intervention&quot; programs related to priority</td>
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<td>related to priority needs of potential clientele, as determined</td>
<td>circumstances.</td>
<td>effectively in terms of priorities of needs and target populations.</td>
<td>needs of targeted potential clientele is quite limited in practice.</td>
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<td>by acceptable research methods.</td>
<td></td>
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<tr>
<td>6. Competence in development of research methodologies to evaluate</td>
<td>Not expected in technicians.</td>
<td>Expected for the sake of professional effectiveness.</td>
<td>This competency is rare among professionals, and is even more rare in terms of practice.</td>
</tr>
<tr>
<td>priority needs in populations to be served.</td>
<td></td>
<td>A necessary tool in determining who to serve, when, and how effectively done.</td>
<td>At best, competency relates to limited use of such research in practice.</td>
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<tr>
<td>7. Competence in development of research methodologies to determine</td>
<td>Not expected in technicians.</td>
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<td>differential effectiveness of intervention programs.</td>
<td></td>
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<td>practice, but use of results of such research is increasing.</td>
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<td>Task</td>
<td>Technician</td>
<td>Professional Ideal</td>
<td>Professional Reality</td>
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<tr>
<td>8. Theoretical and practical involvement in short-range problems of</td>
<td>Usually not expected in technicians.</td>
<td>This is a necessity if the profession is to move toward broader and more effective</td>
<td>In practice, this is only in the beginning stages in social work, in most settings.</td>
</tr>
<tr>
<td>clientele group and potential clientele group.</td>
<td></td>
<td>problem-solving services.</td>
<td></td>
</tr>
<tr>
<td>9. Theoretical involvement in long range and medium range problems</td>
<td>Usually not expected in technicians.</td>
<td>This is a necessity if social work is to move toward preventative processes and be</td>
<td>In reality, this is only at a beginning phase, and quite young in social work's history.</td>
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<td>of clientele and potential clientele.</td>
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<td>oriented toward broad problem solving (ex: income-transfer plans).</td>
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<tr>
<td>10. Practical involvement in long range problems of clientele and</td>
<td>Usually not expected in technicians.</td>
<td>This is a necessity if social work is to use its knowledge and skills in helping</td>
<td>In reality, this requires a knowledge, skill and methodology based upon clearly</td>
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<td>potential clientele.</td>
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<td>effect medium and long-range solutions to problems.</td>
<td>chosen and defined social action and intergroup relations methodologies, which social</td>
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<td>work has yet to develop and/or acquire</td>
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<tr>
<td>11. Competence in simple &quot;assessment&quot; procedures with middle-class clientele.</td>
<td>Usually positive under supervision, but limited to quality of supervision available.</td>
<td>Positive and necessary for effective service to this group in population.</td>
<td>Usually this is the strongest competency of professionals, especially on an individual basis.</td>
</tr>
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<td>12. Competence in simple &quot;assessment&quot; procedures with lower-class clientele and potential clientele.</td>
<td>Usually positive (in fact quite often &quot;very competent&quot; due to cultural and status communality of many technicians with this population group—as long as they retain their &quot;stance&quot; of lower class relationships.)</td>
<td>Positive and necessary if social work is to serve those in the population who obviously show most urgent needs.</td>
<td>Positive—but often less competent than technician due to status and cultural gap and due to frequent misuse of unrelated personality dynamics theory and middle-class professional &quot;stance.&quot;</td>
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<tr>
<td>13. Competence in simple &quot;intervention&quot; process with middle-class clientele.</td>
<td>Positive—but limited to amount and quality of supervision available, and to depth and breadth of status gap with clientele.</td>
<td>Positive.</td>
<td>Positive, primarily because most social workers are middle class themselves and share the same values with these clients.</td>
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<tr>
<td>15. Competence in more sophisticated intervention procedures -- (all classes).</td>
<td>Much less than that expected of the professional. Possibly this service could be &quot;partialized&quot; with sectors of involvement differentially assigned to technicians and professionals.</td>
<td>Positive.</td>
<td>Positive, but limited more with lower class populations and with needs and values which are differentially present among lower class clientele than among middle class workers.</td>
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<tr>
<td>16. Competence in &quot;outreach&quot; ability with middle-class clientele.</td>
<td>Limited due to cultural, status, communicative and other gaps.</td>
<td>Positive.</td>
<td>Positive, but in reality practice this is quite limited due to lesser proportional effort exerted by professionals in this area of service outside of office or clinic.</td>
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<tr>
<td>17. Competence in &quot;out-reach&quot; process with lower-class clientele.</td>
<td>Usually positive in technicians.</td>
<td>A necessity. (One cannot supervise a technician unless one can provide him with an able &quot;model&quot;).</td>
<td>This competence is very limited due to cultural and status gaps and suspicions of clientele of most &quot;professionals&quot;--this is a basic life style method of lower class &quot;coping&quot; with &quot;strangers.&quot;</td>
</tr>
<tr>
<td>18. Competency in development and testing of long-range services for particular and priority &quot;populations-at-risk&quot;.</td>
<td>Not applicable or expected in technicians.</td>
<td>This is a basic necessity for professional leadership of technicians and other workers.</td>
<td>The usual practice behavior tends to indicate either an unwillingness to carry out this task, or lack of competency in the task.</td>
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<tr>
<td>19. Competency in understanding of public policy in its implications for services provided or not provided.</td>
<td>Not expected or applicable but sometimes encountered in technicians.</td>
<td>A basic necessity for professional leadership, planning of services, cooperation with other agencies, etc.</td>
<td>In practice, this is quite limited among professionals except for some newer graduates. Most social workers tend to either avoid public policy or downgrade their potentiality in this area.</td>
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<td>20. Ability to influence and effect public acceptance of improvements in public policy in relation to services.</td>
<td>Not expected or applicable among technicians.</td>
<td>A basic necessity for a professional group if it is to provide public social policy which will support rather than counteract social services.</td>
<td>In reality, social work influence is limited by low acceptance by public of the professional image, low power, and low self-image or expectations of effectiveness by profession.</td>
</tr>
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<td>21. Responsibility for planning and recommending services and changes in services in relation to needs as evident from experience and research.</td>
<td>None expected in technicians.</td>
<td>Expected and necessary, (if it is really a responsible profession.)</td>
<td>In reality, changes suggested are usually limited in scope and meaning among social workers. Professionals tend to be &quot;enablers&quot; when asked, rather than active planners and leaders.</td>
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<tr>
<td>22. Responsibility for assistance to other &quot;helping service&quot; fields with relevant advice, based on experience and research, in seeking &quot;flank&quot; support of mutually necessary public policy improvement.</td>
<td>None expected in technicians.</td>
<td>Expected and necessary, ideally, if social work is to have effective linkage with other humane services.</td>
<td>In reality, social work interaction with other helping services is miniscule in scope and intensity. (Probably this is due to a lack of definition of the profession which could promote &quot;comfort&quot; with related humane services).</td>
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<tr>
<td>23. Responsibility for planning, developing and promotion of preventative services.</td>
<td>None expected in technicians.</td>
<td>Expected, espoused and necessary in relation to the public model posited by the profession.</td>
<td>In reality, this activity is miniscule. Greatest emphasis is on individual, highly selective, and generally remediative in thrust.</td>
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<td>24. Responsibility for development, revision and testing of new approaches and methods for amelioration of social pathology.</td>
<td>None expected in technicians.</td>
<td>Expected and necessary for professional effectiveness, if espoused professional claims are to be upheld.</td>
<td>In reality, this is miniscule. If present it is more often than not a &quot;claimed&quot; innovation representing past patterns of untested operation.</td>
</tr>
<tr>
<td>25. Responsibility for development, revision, and relevance of ethical code related to professional manifest purposes.</td>
<td>Not expected in technicians.</td>
<td>This is to be both expected and necessary for professional effectiveness and acceptance.</td>
<td>In reality, ethics code represents only a slight constraint on profession, and acts more in the nature of a sacredotal cohesive symbol.</td>
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<td>26. Responsibility for setting general guidelines for differential functions of technicians and professionals in service to clientele.</td>
<td>Usually not expected or limited in nature and extent.</td>
<td>For the professional, this is positive responsibility--if most effective use is to be made of personnel at differential levels for maximum social work services where and when most needed.</td>
<td>In reality, little effective work has been done in this realm. Extremes of ineffectual technician activity due to lack of defined role are quite frequent, as are instances of unguided, unsupervised activity by technicians. Professionals have not, as yet, been able to focus clearly on this concern, or have not given it priority.</td>
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<td>27. Responsibility for planning, supervision and guidance of professional technical education and training for more effective service to priority &quot;target&quot; populations, with involvement of such populations in program planning and service delivery.</td>
<td>Usually not expected or limited in nature and extent.</td>
<td>This is a positive necessity if effective service and coordination is to be achieved by technicians and professionals, in terms of targeted populations and services.</td>
<td>In reality, this is only in its beginning phases in professional, educational programs generally. Outside of educational institutions, in practice, it is miniscule. In any event, little or no involvement of target populations occurs in the process.</td>
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<td>28. Authority is secured by practitioners at various levels from public bodies to develop self-regulation programs, dealing with technical matters usually beyond public comprehension.</td>
<td>Usually not applicable with technicians.</td>
<td>This is usually considered a necessity for an effective professional service.</td>
<td>In actuality, except in a few states, this does not exist. Most of the public seems to be of opinion that anyone can perform social work and related helping services.</td>
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<td>29. Achievement of sufficient experience, based upon tested results, to make possible general societal recognition of a specialized and clearly defineable body of knowledge, methodology, value system and set of skills which are primarily developed and used by the technical or professional group.</td>
<td>Not applicable with technicians.</td>
<td>This is usually a basic necessity for an effective and functional profession.</td>
<td>In actuality, this is far from the case. Social work knowledge is either impossible to define or to separate out from other related disciplinary knowledge. Methods, values and skills are used by other helping services and are often independently developed by them without reference to social work.</td>
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<td>30. Expansion of program within the operation relevant to upcoming societal needs based upon research and analysis.</td>
<td>Not applicable with technicians.</td>
<td>Applicable. A responsible profession must look ahead toward future needs of clientele and potential clientele or find itself unprepared to provide required and possibly urgent services.</td>
<td>There is little or no provision for this currently within the social work profession, except for expansion of staff membership to include bachelor's level personnel (but without preparation for interlevel human relations, supervision realities, and differentiation of responsibilities).</td>
</tr>
<tr>
<td>31. Concern for, and provision of day-by-day services and interventions as indicated.</td>
<td>Where professional supervision is given this activity is primarily by &quot;instruction&quot; or &quot;recipe&quot; with constraints established by professionals, and usually without provision of and adequate understanding of the causal problem relating to the intervention. Where no professional supervision is given, intervention is primarily related directly to the need expressed by client and not necessarily related to the causal factors of problem experienced by the clientele.</td>
<td>The professional needs to be concerned with, understand, and differentiate between symptomatic and basic causes of problems; and needs to be able to help in choice of and application of interventions, based upon immediate range needs and goals as well as intermediate and long-range needs and goals, if social work espoused claims are to be upheld on the &quot;stage&quot; of reality.</td>
<td>In this area of competence, the profession holds up well, but primarily on an individual or small group service basis, and primarily with clientele which is most amenable to reception of offered services. This is usually more of a &quot;success&quot; with middle class, case-work oriented clientele, but not among lower class clienteles and community ranged interventions.</td>
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From an examination of the foregoing charted analysis, it is apparent that social work probably cannot make much progress until it has overcome its "identity crisis." Differentiation of tasks based on outmoded or societally irrelevant models can only aggregate, rather than solve social work's confusion in relation to more effective utilization of manpower and resources.

It is quite probable that society and communities will not wait for social work to "come up" with the practitioners applicable to current societal needs. Community action directors have become community organizers for social action and manpower development. Psychologists serving in local mental health clinics are now becoming "community psychologists." Leaders in ethnic and welfare groups are fast becoming community developers for social action. Probation officers assigned to urban areas are drawing upon local volunteer personnel in the development of community organization for prevention of juvenile delinquency or for "gang" neighborhood work. Police advisors are developing intergroup relations mechanisms for prevention of community tensions or for mediation in confrontation resolution. In most of these developments, social work has not been evident either as a leadership or "know-how" professional resource.

This lack of social work services applicable to the surging social issues of the day may leave social work in the position of some of the civil rights organizations of the early sixties who seemed to be saying to the activists of that day, "Wait for us--we're supposed to lead you!"

If this is the case, social work may well be dissipating valuable energy and time in task analysis of the individual or limited group service model. There probably will always be a place for the routinized social case worker, but the claims of social work in regard to "macro" social problems are fast being faulted. Social work may gain a tight hold on its credentialization only to see itself bypassed by newer, different and apparently more effective models of human services in the "here and now," as judged and chosen by the unserved clientele or their underwriters.
NOTES

THE 'CREDENTIALS TRAP' AND SOCIAL WORK STAFF UTILIZATION

(1) Miller, S.M. and Frank Reissman, Social Class and Social Policy, Basic Books, New York, 1968 (See particularly the chapter on "The Credentials Trap.").

(2) A typical example of this type of credentialization is provided in a proposed "Licensure of Social Workers: Chapter 449," as contained in Social Work: Newsletter to Alumni Social Work Alumni Association--Madison, May 1970. This proposed licensure contains the following components which show considerable dissonance within the general purposes of social work:

"History:

During the development of social services in the State of Wisconsin, personnel with a variety of academic and non-academic backgrounds were utilized in providing welfare and casework services to clientele. As programs have progressed and become more sophisticated, it has become increasingly necessary to redefine acceptable minimal standards for "professional" and semi-professional workers. Current emphasis upon delivering a high level of client-centered services augmented by well defined technical assistants indicated both a readiness and a need for more structure in delineating professional employment standards.

449 (01) DEFINITIONS

1. Social Worker

This is intended to refer to anyone who performs duties for which the job classification or description is that of social worker, caseworker, welfare worker, social work counselor, social or casework therapist, or any such designation whether the agency is public or private or whether the individual is engaged in private practice. This is not to include those persons engaged in like occupation who are already licensed under some other professional provision, including but not limited to medical doctors, licensed psychologists, psychiatrists, or licensed marriage counselors.

449 (02) ELIGIBILITY FOR LICENSURE

To receive certification as a licensed social worker the applicant shall have received a Bachelor's Degree in social work from an accredited university or college, having accumulated no less than 18 credits in course work designated in that major; or shall have received a Master's Degree in social
work from an accredited school of social work; or shall have
a Bachelor's Degree from an accredited university or college
and has accumulated a minimum of 30 credits in the humanities
and social services.

449 (10) PRIVATE PRACTICE

No person shall enter into private practice after this
statute becomes in force who has not received a Master's
Degree in social work from an accredited school of social
work, who has not completed a minimum of two years' social
work experience, and who has not been duly licensed by the
Department."

The historical component refers to but does not define what is
meant by "high level of client-centered services" or "well-defined
technical assistants," but merely indicates "readiness and a need
for more structure in delineating professional employment standards." The
definition component exempts persons already licensed in other
professions who presumably also perform social work functions, and
yet, despite training in other occupations, are permitted to con-
tinue to perform such social work functions. This assumes that
training in other professions is equivalent to training in social
work. If this is the case, what then is social work?

In the eligibility component, it is clear that one may practice
in a public or voluntary agency with baccalaureate preparation but for
private practice one must be equipped with a master's degree. Thus,
for those who are to be served who cannot pay the cost, public or
voluntary charitable agency service is "good enough," but for those
who can pay for the service, only a master's degree and special
experience will suffice. Is this not a clear example of socio-
economic class discrimination, a practice supposedly rejected by
espoused social work values which would, if not grant preference of
qualified service to the poor, at least give them an even break?

(3) Etzioni, A., A Comparative Analysis of Complex Organizations,
ACADEME: INTERNSHIP: THE DELICATE BALANCE

By Robert F. Kronick
The University of Tennessee, Knoxville

There appears to be a battle that heretofore has been a brushfire incursion, but what may now have the possibility of becoming something more involved. This is the raging debate between "traditional" scholars and those now committed to off-campus or experiential learning. Historically, there has always been disagreement over what constituted learning or how to evaluate what was learned.¹ Now the area of disparagement appears to be over the legitimacy of off-campus experiences as learning and, secondly, how to evaluate these experiences as academic enterprises. As always seems to be the case in debates such as these, both sides tend to overstate their case. The traditionalists hold fast to the tenets of on-campus learning stating that the off-campus projects are too often visceral in nature, guided by good hearts rather than strong minds. I believe there are several points to be made for both sides, and each could learn from the other if lines of communication could be opened up. What I have in mind is describing the academic department I am with and illustrating the manner in which both on-campus and off-campus learning experiences are interfaced.

The Human Services Program at The University of Tennessee at Knoxville is the marriage of a liberal arts education with all that its tradition embodies and an internship program which is at the heart of social work education. It is our contention that students should be well versed in the traditional academic disciplines such as English, history and math along with sociology and psychology, but they should also have some skills. Especially those types of skills which best could be described as interpersonal. The program is one in which it might truly be stated is student and client oriented.

The historical reason for the development of such a program could well be in student movements and their demands for relevance in education. Initially, these were the types of students who came into the program. Those who were politically likened tended to comprise the initial wave of students. From this initial group grew a much more varied bunch that now compasses those students interested in off-campus, experiential learning.

Several problems now begin to emerge. First was the desired balance between "academic" and internship learning, mentioned at the outset of this paper. It may be that an artificial dichotomy has been forced between these two, but the dilemma still remains. What do you do with the student who does well in the class, but cannot relate with

¹ Hull, et. als.
clients in the field? Or the more trying situation where the
student does well in the field, but has no "academic" prowess. Of
course, every now and then a student comes along who shines in both
areas. But the questions still remain. Some being more pertinent
for the university graders, proficiency in academics, etc.; and some
of more concern to training institutions. We seem to be able to
evaluate the academic side of this monster, though not without
problems, but the evaluation of internship learning has proved not to
be so easy.

What I would like to show is that if we come to grips with both
of these issues, both will gain rather than one gaining at the expense
of the other. I will address myself mainly to the problem of experi-
ential learning and will attempt to show in a secondary manner how
studies in on-campus learning can be made. Simply stated, gains made
in service learning should carry over into on-campus learning.

The first question that must be dealt with is what might best be
termed operationalization. How do we take a concept and find an indicator which approximates it as closely as possible? In terms of
service learning there are four indicators which can be developed.
1) The student; 2) the organization, no matter how loosely defined, he
works with; 3) the client; and 4) the instructor or supervisor. Input
from each of these four levels should give a close approximation to
what the concept of off-campus, service, or experiential learning is.
Just how each of these have been utilized within the Human Services
internship will be discussed later in this paper. But first, I would
like to continue with some rhetoric that surrounds the subject.

It appears that no matter what area one is involved in, the
issues of measurement and evaluation have become central. The social
sciences have been dominated by positivism since their inception, and
certainly the rise and continual popularity of behavior modification
is ample evidence of this dominance of measurement techniques and sta-
tistical significance. Only apologetically have qualitative or
participant observation studies been made, and they have been of a
theory verifying rather than a theory generating nature. In the area
of social welfare services, the hue and cry is now one of management
by objective. That is, those agencies which do the most efficient job
will get funded or refunded.

This may be nothing more than paper work. One need only consider
bookkeeping practices as they relate to the crime rate to envision
where efficiency will show up. Another example is the setting of the
poverty level. By merely lowering the poverty line a few hundred
dollars, millions of poor people are no longer poor. The essential
point is that evaluation of success either in education, crime fight-
ing, or poverty is not so amenable to measurement. They might even be
"ameasurable" if such a word exists.

What concerns me even more is that this attempt to measure and
evaluate may become the tail that wags the dog.
In social welfare services the ethics may become even more than now the referral of hard-core, difficult clients. If only those agencies which clear cases as successes are rewarded by funding, then certainly they will hesitate to deal with difficult cases because of the high failure risk involved. Those most in need of service will be passed on to other agencies to begin the cycle of waiting once again. A clear case of what Miller (1970:36-45) terms "creaming the poor." Thus, I fear great repercussions spilling over into this debate regarding evaluation, regardless of the area of endeavor. Having spoken briefly to the point in social welfare, let us see if there are parallels which might carry over into this debate of on-campus versus off-campus education, leaving alone education in general, which is another can of worms.

Why off-campus learning to begin with?--to increase enrollments, meet student demands, meet faculty demands! To understand the present debate, it might help to understand where the impetus for off-campus learning emerged from. Though in varied forms the internship has been ever-present in teacher training and social work education. There are other ways in which the internship or service learning concept has been used, however, and they were a result of the following factors: 1) to cope with unusual student backgrounds and competences; 2) to utilize atypical learning resources; and 3) to utilize energies which otherwise might be lost. Hopefully this will alleviate the dilemma which is so omnipresent in the helping professions of graduating persons who are facile with words but insensitive to people (Keeton, 1972:145). This is not to say, however, that we should go overboard on the one side and totally neglect the other. Both are extremely important.

The three rationales presented for describing the off-campus learning situation are well illustrated in the following quote from a student journal:

Back in October, I was briefed on the idea of starting a halfway house here in Knoxville. Dr. Kronick, the director of Human Services, told me he was conferring with many prominent citizens of the area and would have a mass meeting with them as soon as there was a substantial amount of research done. That was where I came in. Jan Guffie and I were assigned to research anything and everything we could find on any type of halfway house; existent or non-existent ones and to look into problems that other halfway houses have run into, so that our house could learn from their mistakes.

I went to work right away ransacking the library's resources going from abstract to abstract and back again . . . . After finding out the names of many existing halfway houses, I wrote to them in hopes of some worthwhile information. But, realizing that it would probably take them weeks if not months to reply, I decided there must be a quicker way.
contacted Senator Howard Baker's office to see if they would let me use their WATS line for this most worthwhile cause, and they agreed . . . but only for three phone calls which I could make the following Tuesday morning. In the meantime, I had found a very useful book by Raush and Raush, The Half-way House Movement, which greatly influenced my decisions on whom I was going to call. I had decided to call Fountain House in New York, Woodley House in Washington, D.C., and the Department of Health, Education, and Welfare in Washington.

Before that Tuesday arrived, we (the researchers which had now extended to five plus Clark Luster, the director of Riverbend School at Eastern State Psychiatric Hospital, and Dr. Kronick and a few graduate students) had a meeting. It was at that meeting that I found out that the Knoxville half-way house would be for kids from Eastern State. I was greatly upset because my research implied that the house should not deal with anyone under age by law. When dealing with juveniles one has to deal with the problems of school and supervision, etc. I thought that this would limit the whole idea of a halfway house which is to try to get the client out of his dependent role and into an independent one that society demands. In dealing with juveniles one has to assume responsibility for the child by law of the State and therefore one has to make decisions for him such as making him go to school. No one has to make decisions for the eighteen year old; he can choose if he wants to work, go to school, or do nothing. (Candace Broudy, 1972: Unpublished manuscript)

This elucidates so clearly what Keeton (1972:147) states when he says "one of the key opportunities that off-campus learning opens up is the opportunity to give students genuine exposure to conflicting outlooks, opposing philosophies, different styles of life and different priorities for human effect."

In an effort to evaluate this residential treatment center as providing an experiential learning experience, the four criteria presented earlier will be utilized. 1) From the student, based on self-report, how did he feel about the experience as a learning situation and, secondly, how well did the clients assigned to him do? That is client performance measured by recidivism, job or school attendance, and social adjustment within the community. 2) From the organization--how well did the student carry out his duties as compared to full-time employees of the center? How close did he come to meeting their expectations? (Hopefully the student will speak up and act when he feels policies and procedures of the organization are not to the most benefit for all. 3) From the client--a statement from the client evaluating the work of the student intern along with the behavioral component presented under #1. And 4) from the supervisor and instructor. Feedback from the supervisor here will overlap somewhat with #2, but communication with the university based instructor
will be an added component. This interaction between teacher and practitioner is probably the greatest learning that goes on and should include the student-intern whenever possible. I might add that this probably is not an intended aspect of off-campus learning, but certainly one that is most needed. It might even be stated that such an interchange could be described as a theory-generating enterprise.

Certainly these four criterion are not without fault, but in an era which may become known as the age of accountability, they appear to be the best approximations available for such a difficult task. If the movement toward off-campus learning can force us out into the unknown where something genuinely novel can be discovered and where the study of a problem requires the invention of a new approach to its solutions, we will at the same time be forced to invent improved ways of identifying and appraising learning wherever it occurs, on-campus or off-campus (Keeton, 1972:147). And this will surely be the greatest gain to all--faculty, students, and community.

Bibliography


PANDORA'S BOX:  
THE LIBERATION OF WELFARE MOTHERS

Bonnie Morel Edington  
Department of Sociology  
Temple University  

The non-"misandrist" mainstream of the women's movement has suggested that, more than women being liberated from male oppression, both sexes need to be liberated from the tyranny of culturally determined sex roles, the last bastion of ascribed status. If all social roles were androgynous they could be based on more relevant criteria. For example, children would be encouraged to develop skills and talents without regard for their "appropriateness" to gender, the male-female ratio in the work force and in nearly all specific occupations would be virtually equal, pay would be equal, and the number of female breadwinners would not only equal male breadwinners, but the number of housewives would not greatly exceed the number of househusbands.

It is the contention of this paper that there is no group of women in America more desperately in need of such a sex role revolution than welfare mothers. . . and none less likely to share in one. This is drawn from a review of the literature in answer to these questions: Who are the welfare mothers? How would a sex role revolution affect welfare? Why are welfare mothers especially in need of liberation from sex roles? And what are the factors militating against such liberation?

Who Are They?

The public image of welfare mothers is basically inaccurate because it tends to be stereotypical. Whether welfare mothers are regarded with contempt or pity, with indifference or concern, the fact that they are thought of as a homogeneous group grossly distorts and dangerously oversimplifies both public opinion and public policy.

A demographic sketch reveals that one-third of the women receiving Aid to Families with Dependent Children grants are in their early 20's, three-fourths have not finished high school, half are white, and three-fourths are urban. Half have only one or two children; four out
of ten have illegitimate children but three-fourths have had children by only one man. Most AFDC mothers remain on the rolls less than two consecutive years, but four out of ten have done a previous stint on welfare. (Burnside; HEW; Schiller)

Although none of these data accurately reflect the heterogeneity that exists and ever increases among these women, this statistical limning serves to remind us that the academic and/or counter-cultural woman who is a "voluntary single parent" carving out a unique lifestyle in college or commune while receiving AFDC checks -- and currently the focus of some professional journalistic literature -- is far from being representative of today's welfare mothers and unlikely to be prototypical of future welfare mothers.

**How Would a Sex Role Revolution Affect Welfare?**

Mass media have recently alerted us to the fact that an increasing proportion of runaway parents are mothers and that an increasing proportion of divorcing fathers are gaining custody of their children. Nevertheless, such cases are still uncommon enough to be considered newsworthy. Currently over 90% of single parents are women. (Brandwein) A sex role revolution among the general population would reduce this figure to 50%. Mothers would be supporting husbands and children as often as fathers would support families, and fathers would be the parents providing the primary psychic sustenance and physical nurturance of children as often as mothers. If a man and woman severed the relationship with each other, he would be given custody of the children and she the responsibility of child support payments and visiting rights in half the cases. Half the adult recipients of AFDC would be males, many of them making frequent and futile attempts to beguile a woman into marriage and child-rearing, a thought to give one pause.

**Why Do Welfare Mothers Need a Sex Role Revolution?**

In 1911 Mothers' Pensions were devised as a means to save widows with children from resorting to extremely ill-paid labor to keep their families together. These pensions also served, not unwittingly, to keep women out of the labor force, leaving more jobs available for men and the wages higher. By 1935 the Depression had rendered the states unable to bear the cost of these pensions and the New Deal was providing a federal solution to the problem of dependency. Aid to Dependent Children not only relieved the states' financial burden but assured that these women would not take the jobs for which desperate men clamored. (AEI; McKeany; Meyers and McIntyre)
Throughout history the public has balked at providing aid to substantial numbers of needy people. When that number reaches a certain as yet unexplored point a tipping factor operates and public sympathy becomes hostility. (Huggins; Mohl) In the midst of the Depression 60% of the respondents in a national poll thought that people on relief could get work if they tried. (Schiltz) Today there is a widespread conviction that AFDC has become an anachronism. The widows and orphans for whom it was originally intended now represent less than 3% of the families on AFDC, and the public tends to feel it is not only paying for misfortunes but for mistakes and misbehavior. In hopes of discouraging desertion, AFDC-U was established to aid families in which the father is unemployed or underemployed. In ten of the nineteen states with AFDC-U, desertion rates have decreased, but in the other nine there has been an increase. New York City, which has the least restrictions excluding fathers from welfare, and the highest benefits, all by itself accounted for 63% of the national increase in deserted AFDC women. (Steiner) Researchers have been surprised to learn how many marriages failed after the family went on welfare and how few women say their marriages ended because of the husband's inability to earn enough money for the family. (Podell; Rainwater 1970)

In the 1960's the unemployment rate was halved, AFDC recipients increased by almost two-thirds, and AFDC money payments doubled. As Steiner noted, "Whatever the relationship between workfare and welfare, it is not the simple one of reduced unemployment producing reduced dependency." (p. 33) We might clarify that statement by rephrasing it: "Whatever the relationship between male unemployment and female welfare dependency, it is not the simple one of reduced unemployment producing reduced dependency."

Often overlooked are factors not directly related to male employment that explain much of the increase in the number of families on welfare: (1) the natural increase in enrollment when benefits are broadened and eligibility requirements are made less restrictive (Cloward and Piven); (2) the increase in the 1960's of women of prime childbearing age (Durbin); and (3) increasing urbanization, which renders children an economic liability, extended families less available for support of needy members, informal social control less effective, and alternative lifestyles both possible and attractive.

Not to be entirely discounted are the efforts of the sorcerer's apprentices, Cloward and Piven, whose avowed purpose has been to break the back of the system by
encouraging reluctant, and presumably expendable, eligibles to go on welfare. How many women have been sacrificed to this ideological juggernaut has yet to be determined.

Since desertion, separation and divorce have all increased among people who never become welfare recipients, it's obvious that the existence of AFDC does not by itself explain the increase of marital breakup among people who do eventually seek welfare. Yet welfare's existence and ubiquity may have some effect on the marginally employed man who weary of his marriage, who cannot support two households, and who would remain on the scene longer if his departure truly meant absolute destitution for his family. Welfare permits him to leave with an easier conscience.

The increase in illegitimacy probably has more to do with the revolution in sexual mores than anything else but, again, a certain number of illegitimate children on AFDC would never have been born, or would have been supported by their fathers, if welfare did not exist.

An institution which maintains fatherless families inevitably contributes to their creation. The lack of some such institution would, of course, be worse. To Kristol's hinting that we might be better off limiting welfare in order to strengthen the family, Willis has replied, "A woman who must have a husband to survive has neither freedom in choosing a mate nor the power to demand an equal relationship . . . marriage under such conditions is a euphemism for prostitution and domestic slavery."

A sex role revolution would obviate the "male role" the Department of Public Welfare plays. Some of welfare's critics have claimed it plays the role of a jealous husband, zealously seeking to keep all other males away from the welfare mother. (Glassman) Viewed in another light, DPW appears to be an impotent pimp who primarily wants to have her get money from a man and to know how much money she got. The "midnight raids" of a decade ago (and some much more recent) were mainly to ferret out a possible contributor, someone who could be assumed to provide financial support and thus relieve DPW of that onerous chore.

The Supreme Court ruled in 1968 that men visiting or even living with a welfare mother, who have no legal obligation to her or her children, are not to be held responsible for providing any financial support for the family and are to be ignored by DPW. Some states have managed to circumvent this by operating on the principle that the man's income is "presumptively available" to the family and they will ignore his contribution only if
he categorically refuses to provide for children not his own. Relatively few welfare mothers and their male companions are aware that this option even exists. Case-workers need not and often do not advise them that separate budgets are available for the children, thus the system, attempting to gain maximal reimbursement by pressuring surrogate fathers, tends to lose it all by frightening away those who would provide at least minimally.

The man who forms a liaison with a welfare family has often left another in his wake. In the new set-up his contribution and his performance are not mandatory and anything he does, however desultory or ephemeral, enhances his image. (Rainwater 1970, p. 187)

As Liebow discovered:

The man who lives with his wife and children is under legal and social constraints to provide for them, to be a husband to his wife and a father to his children. The chances are, however, that he is failing to provide for them, and failure in this primary function contaminates his performance as father in other respects as well. . . . But where the man lives with children not his own, every gentleness and show of concern and affection redounds to his public and private credit; everything is profit. . . . It is as if living with your own children is to live with your failure, but to live with another man's children is, so far as children are concerned, to be in a fail-proof situation: you can win a little or a lot but, however small your effort or weak your performance, you can almost never lose. (pp. 86-88)

Even when the father pays some support, the amount he is permitted to earn and keep for himself alone can well exceed the amount his ex-wife gets from welfare to support herself and his children. In addition, he has no one telling him how his money must be spent, no one asking him whether he is obtaining money from or giving money to the women with whom he sleeps, and he has virtually no other obligation to his children. (Glassman)

When society values a man for his monetary worth the role of father is viewed as primarily an economic one. When the state steps in to provide money -- and, in essence, money only -- to a fatherless family it implies this is basically all a father is necessary for and that he can readily be replaced by a bureaucratic mechanism.

Our terminology is revealing: to hear that a man "fathered" a child is to assume he sired it; to hear
that a woman "mothered" a child is to infer that she nurtured and cared for it.

While the welfare mother is unduly burdened -- and privileged -- with parenting, the father is deprived -- and absolved -- of it. While fathers are presumably burdened -- and privileged -- with wage-earning, welfare mothers are often arbitrarily absolved -- and deprived -- of it.

Today there is a steady increase in the number of mothers who are working, and mothers with preschool children are entering the labor force at an even faster rate. (Stein) Few people still regard women as a threat to male employment. For every jeremiad depicting a zero-game economy in which each employed woman represents an unemployed man, there are numerous reminders of the growing predominance of human service occupations and the needs yet unfilled. Yet even those welfare mothers who are highly employable are not as free as married women to work outside the home. For one thing, the married woman's income is an addition to her husband's income, whereas the welfare mother's wages will be deducted, at least in part, from the money she gets from her surrogate husband, DPW. And the married woman may be able to persuade her husband to share in some of the household and child care tasks if she works, but the welfare mother will shoulder these tasks alone whether she works or not. Thus welfare, in spite of its touted workfare proposals, does not offer the mother a real choice but coerces her into the role of full-time mother until the state itself decides to push her off the rolls.

We can thus sum up the reasons welfare mothers need to be liberated from their sex roles as: (1) the institutionalized dual role "public dependent and mother" has fallen into disrepute; (2) state subsidies for unattached motherhood tend to obviate fatherhood and it is actually the ex-father who gains the most from AFDC in terms of financial and emotional freedom; and (3) by arbitrarily limiting her role options, welfare manipulates women.

What Factors Militate Against a Sex Role Revolution for Welfare Mothers?

There are at least eight:

1 -- Lower-class sex role differentiation
2 -- The ethnic mystique
3 -- The welfare subcult
4 -- The diametrically opposed "allies"
5 -- Ambivalent public opinion
6 -- The welfare bureaucracy
7 -- The lack of day care
8 -- The inadequacy of women's wages

1 -- Lower-class sex role differentiation

Most welfare mothers come from the lower, working, or lower-middle classes where sex role differentiation is greatest. (TenHouten) Far from wanting to be liberated from the constraints of this traditional role, many want only to remarry and relive it, thereby proving they are good wives and did not deserve to be abandoned.

2 -- The ethnic mystique

Secondly, there is the new pluralism, which might more accurately be called the "ethnic mystique". Heredity becomes destiny as the coagulation of the "unmeltable ethnics" now provides new justification for segregation, for the derogation of education and social mobility, for self-restriction and stasis, and for dreaming only the probable dream.

If her cultural heritage happens to include a tradition whereby women devote themselves to enhancing male machismo or female fecundity, the welfare mother's liberation will not be facilitated by the celebration of these sex roles. Gwendolyn Brooks epitomizes this neo-romanticism in a classic put-down of those of her sisters who have struggled to yank themselves up by their bra-straps:

Maude went to college.
Sadie stayed at home.
Sadie scraped life
With a fine-tooth comb.

She didn't leave a tangle in.
Her comb found every strand.
Sadie was one of the livingest chits
In all the land.

Sadie bore two babies
Under her maiden name.
Maude and Ma and Papa
Nearly died of shame.

When Sadie said her last so-long
Her girls struck out from home.
(Sadie had left as heritage
Her fine-tooth comb.)
Maude, who went to college,
Is a thin brown mouse.
She is living all alone
In this old house.

This brings us to the supposed antipathy or indifference of black women to feminism. The myth of the lower-class black woman's liberation from or domination of the lower-class black male deserves a detailed exploration since nearly half the welfare mothers -- and more than half of those publicized in the mass media -- are black, and because there is a "kind of paternalism among some naive idealists . . . who romanticize the black [welfare] mother . . . ." (Graham, p. 4)

In the 1972 American Women's Opinion Poll 60% of black women and only 30% of white felt they never really had a chance to do the things they would like to do and probably never will. (Harris)

Lower-class black families even more than lower-class whites adhere to a male dominance ideology. (TenHouten) Negro men are in a wider range of jobs at higher levels and higher salaries than Negro women. (Harwood and Hodge) The "free man" and "home-committed woman" pattern predominates in the ghetto and it is not uncommon to find families in which wives are expected to use all their earnings for the family so the husband can keep more of his for himself. (Rainwater 1970, pp. 158, 165)

Where the black family is matrifocal it is by default. Far from having been subservient to his wife, it is the man who feels the least constraint who roams free. "If one listens to low-income Negro females and observes their behavior at close range, it becomes apparent that somehow the news of their victory over the male hasn't come through to them . . . ." (Herzog, p. 12)

Some of these women are like neglected children who welcome abuse if it's the only way they can get attention:

Shirley . . . took pleasure in boasting to . . . other women that Richard pushed her around, insisted she stay off the street, and enforced the rule that she be up early every morning, dress the children and clean the house. For evidence of this kind of concern, Charlene would gladly pay the price of a slap in the face or a pushing around. (Liebow, p. 135)

The argument that birth control programs are genocidal has been made by a few militant black males who, like Cloward and Piven, are ideologically committed to a cause
that necessitates the writing off of individual adherents as expendable. The notable lack of support this stance has received from black women, militant or otherwise, and the fact that the birth rate among U.S. blacks still slightly exceeds that of whites tend to weaken that argument.

3 -- The welfare subcult

The third debilitating factor is the culture of welfare itself. There is a "welfare subcult". Those of us who were a part of it, not dabbling as participant observers, but mired in as full-fledged participants, know that it exists. Certainly not every welfare mother is a part of it, perhaps most are not, but it is pervasive and pernicious.

There are, of course, the devastating effects of a substandard income, and in many states AFDC payments remain well below the poverty level. In some cases the economic destitution is so great all else palls beside it. But for others the AFDC payment is minimally adequate, in some cases is not much less than the income to which the recipient was previously accustomed, and at least arrives regularly.

An interesting phenomenon overlooked by those who believe larger grants would be a panacea for all welfare's ills is the fact that a larger percentage of the recipients in high-grant states than in low-grant states consider being on welfare part of the "worst possible life", and it is in the high-grant states that recipients feel most stigmatized by being on welfare, indicating that the welfare stigma is not one of poverty so much as relative deprivation and dependency and the awareness of social censure. (Meyers and McIntyre)

The process of subcult socialization entails something similar to what Rodman calls the "value stretch" or the Van Tils have termed "adaptive drift". Old sailors say that on their first trip to the Orient they walked away ill when they saw a roach run across their rice; the second trip they watched the roach run across then continued eating; and the third trip they caught the roach after it ran across, put it back in the rice ... and ate it. There is a roach-in-the-rice syndrome in the welfare subcult.

Demoralizing apathy and fatalism lead to that one more baby that seems not to make any difference except to provide a symbolic link with a man and to give some
new purpose to life. Lower-class married women, both black and white, are inclined to use contraception casually and to interrupt its use more often without explicit fertility objectives. (Rainwater 1960; Westoff and Ryder) This pattern continues even after a marital breakup. In New York City half the welfare mothers had their first pregnancy before they were 19, 70% said they want no more children, 70% know where to get contraceptives, yet nearly half expect to have more children and an equal number think getting pregnant is a matter of luck. (Podell)

It is not an illegitimate pregnancy so much as an adolescent pregnancy that predisposes young women to poverty. (Johnson) Even more than race or social class, pregnancy itself is the strongest predictor of future reproductive behavior among juvenile girls. (Keeve) Early, repeated childbearing substantially hinders economic mobility. (Freedman and Coombs) If a husband-less woman has only one or two children the chances are two out of three that she can stay above the poverty line; as the family increases those chances decrease sharply. (Stein)

Dependency in any guise is enervating; institutionalized dependency is immobilizing. Women who have been trained since birth to be dependent on a man are at least made to feel they are adequately productive by keeping house and raising children for him. It is difficult for them to convince themselves they are adequately productive in keeping house and raising children for the Department of Public Welfare. They know they are not paid for services rendered to the state but are subsidized merely because no one is supposed to starve.

Welfare mothers tend to be geographically concentrated and isolated from the rest of society, usually in slums or housing projects (or both), which greatly facilitate the growth of a subcult. Those who live away from other women in similar straits experience a certain sense of isolation and may feel the need to communicate with other welfare mothers, but their chances of maintaining or establishing contact with non-welfare friends and relatives and, thus, with the larger society, are much greater. Those who live among concentrations of people like themselves tend to lose touch with people "on the outside", and it becomes much more difficult to avoid or to extricate oneself from the welfare subcult.

In the mid-1960's Jeffers, living in a black housing project on the East Coast found that
there is a pattern of social differentiation among the poor in public housing that is based more on differences in the extent to which families think they have the power or potential to change status -- to escape public housing -- than it is on lifestyles, education and income level . . .

An initial and continuing reaction of families living in this housing project was that of being inside a reservation or compound, literally and figuratively separated from others who are outside. Particularly telling of the sense of separation from outside, and at the same time suggesting some of the cleavages inside, was the remark of one mother who retained live hopes of "getting out": "I have been here two years, but I don't have anything to do with my neighbors. All my friends are on the outside, and that is the way I want it." (Lewis, pp. iii-iv)

Five years earlier and 3,000 miles away I had observed exactly the same phenomenon in an all-white housing project. It is this process of coming to regard oneself as a pariah that often welds the final link in the chain that binds one to the welfare subcult.

4 -- The diametrically opposed "allies"

The fourth impediment standing squarely between welfare mothers and their liberation is two sets of formidable "allies": those who don't want welfare mothers to work at all and those who want them to work under any circumstances.

Goodwin's Do the Poor Want to Work? substantiated the fact that, mostly, they do. Among New York City's welfare mothers 60% of those who had preschool children preferred to work. (Podell) In a poll of 3,500 welfare mothers in ten cities, one-third were found to have been working most of the time and 55% said they would prefer working to staying at home. (Solarz) Virtually every study posing the question found a substantial number of welfare mothers eager to work. (Meyers and McIntyre; Schiller; Sterne et al.)

Levinson's study of AFDC women found that 87% of the school dropouts -- half of whom had never been in high school -- had had work experience. Even having preschool children did not deter the majority of welfare mothers from working at least part of the time. (Meyers and McIntyre) Black women invariably have more work
experience and are more eager to work than their white counterparts, even though they have had less education and earned less money. (Meyers and McIntyre; Shea; Waldman)

Studies consistently find that it is the mothers with the greatest employment potential who have the lowest self-esteem when they are reduced to taking welfare. There is a positive relationship between self-esteem and number of months of employment, and this relationship holds in every state, for both races, and in all education groups. (Goodwin; Levinson; Meyers and McIntyre)

Yet every year there is a new crop of pundits who are determined to convince both the public and the policymakers that welfare mothers shouldn't work, can't work, don't work and/or won't work.

Steiner feels that a program designed to train welfare mothers for a GS-2 position in the federal government is "optimistic" since "most trainees have ninth to eleventh grade educations while a GS-2 needs a high school diploma or equivalency or six months' experience and the ability to pass a typing test." (pp. 69-70) One wonders whom he thought the high school equivalency tests were designed for if not high school dropouts. Possibly he had in mind only male dropouts.

The National Welfare Rights Organization has many important goals and worthy achievements to its credit, but getting people off welfare isn't among them. It functions very much like a trade union, seeks to increase its membership, strengthen its bargaining power, and gain benefits for its members while protecting their rights. Although low-wage earners can be welfare recipients, ordinarily NWRO is as eager to encourage its members to go to work as a labor union to put its members in an unemployment line.

On the other hand, some "workfare" plans are strongly coercive and punitive. The "Talmadge Amendments" which were passed without debate, and very little publicity, on the final day of the last session of Congress 1971, required all welfare mothers with schoolage children not only to register for work but to accept any job the government gave them and any arrangement the state chose to make for the care of their children. The states' compliance was assured by a provision that each state must enroll 15% of its eligible recipients in WIN (the Work Incentive Program) or lose 1% in federal funds for every percentage point below that figure.
Klausner's study of WIN found that the most fruitful dichotomization of welfare mothers would result in subsidizing the "traditionalists" who are committed to a housewife-mother role (encouraging some of them to care for the children of working mothers), while assisting the work-oriented "modernizing" mothers to obtain employment. But it seems doubtful that such a distinction will be employed by administrators who can more readily determine who has school-age children and who has not than who is traditional and who modern.

Coercive and indiscriminate workfare proposals may well have exacerbated the tendency of NWRO to react with knee-jerk negativism, and the latter has resulted in dubious stances on specific issues. When in 1967 HEW sponsored neighborhood day care demonstration projects using welfare mothers to care for the children of other welfare mothers, one of the major snags was that the health requirements of a federal day care center automatically disqualified much of the substandard housing that welfare recipients are forced to rent. This would seem to give NWRO an opportunity to push for the upgrading of welfare housing. Instead, an NWRO spokesman warned:

Do not force mothers to take care of other children. You do not know what kind of problem that parent might have. You do not know whether she gets tired of her own children or not but you are trying to force her to take care of other people's children and forcing the parents to go out in the field and work when you know there is no job. (Steiner, p. 72)

Apparently it did not occur to the speaker that perhaps a mother "tired of her own children" should not be coerced into staying home on welfare when she would prefer to work; nor that one cannot be forced to work at a non-existent job.

Although the preponderance of its members and officers are welfare mothers, NWRO does not view itself as a woman's organization and it is not solely concerned with AFDC. It is, however, very much aware of "Women's Lib" and perceives the movement as a threat. At a "work and welfare" conference in 1972 one NWRO representative said:

I'm not at all opposed to Women's Lib, but when you examine Women's Lib in terms of what it has done to the welfare movement, it's astounding, because you had welfare recipients crying, "Foul play! The government supports a double standard: it tells middle-class people they can stay at home and
forces welfare recipients to work." Then you have Women's Lib coming around and saying, "We want to go to work, we want to put our children in day care." That took some of the fire out of your argument because they're asking for things that you said they weren't.

In terms of sex role liberation, it's clear that what NWRO offers welfare mothers is equivalent to NOW (the National Organization for Women) offering suburban housewives another credit card and biweekly bridge games.

5 -- Ambivalent public opinion

A fifth factor inhibiting welfare mothers is the ambivalence of public opinion regarding a sex role revolution. A 1971 Roper poll found that 65% of the American public thinks free or low-cost day care centers should be available to those who want them, but 76% disapproved of a woman supporting her husband while he stayed home with the children, even if she could earn a better living than he. (Interestingly, only 10% of the women, but 22% of the men were open to this role reversal.) (Society)

Steiner notes that professionals, laymen, and politicians have abandoned the dogmatic idea that all mothers belong at home. What they are still groping for is an alternative philosophy and alternative arrangements -- the ground rules that determine when working mothers should be tolerated, when encouraged, and when insisted upon. (p. 55)

Would it be presumptuous to suggest they grope for ground rules that determine when child-rearing fathers should be tolerated, when encouraged, and when insisted upon?

6 -- The welfare bureaucracy

The sixth obstacle is the welfare bureaucracy itself. A 1967 amendment to the Social Security Act provided an earning exemption known as "30 and one-third". Under this law the first $30 and one-third of the remainder of a welfare recipient's monthly earnings are exempted in the determination of eligibility and payments. In addition, most work-related expenses, including child care, are also exempted (i.e., subtracted from earnings
before the computation of eligibility). Three years after this law was passed 83% of welfare mothers still had not been told about it. (Solarz)

Whatever HEW has in mind when it sets policy, it is less in control of the programs than the states are, and the states tend to be indifferent to most aspects of AFDC except its cost. (Steiner, p. 31)

The failure of the Work Incentive Program is illustrative of ponderous bureaucratic ineptitude in action (or, more accurately, "inaction"). Levitan et al. have graphically depicted what they aptly term "the WIN funnel" (p. 100):

Of the 2 1/2 million eligible recipients screened through fiscal 1971

only 24% were found "appropriate for referral";

of the "appropriate", only 79% were actually referred;

of those referred, only 58% were actually enrolled;

and of those enrolled, only 13% were actually employed.

Schiller found at least three studies indicating WIN's dropouts may be the most able and motivated enrollees, since many leave the program to take jobs on their own. Critics claim that there is a lack of cooperation between the Labor Department and the welfare agencies, that local administrators have dragged their feet, and that inadequate supportive services were offered. (AEI) Although a tax credit is available to employers of WIN graduates, there is evidence that few employers know about it and few hire enough graduates to justify the cost of the paper work. There are, in addition, great variations between states in determining who is "appropriate", in procedures for referral, and in program availability. At any given moment there are as many recipients "holding", i.e., between referral and enrollment, as there are enrolled. This "holding" can go on for months. Forty percent of those "holding" do not hold, that is, they drop out.

Eighteen months after enactment of the 1967 legislation [the Department of Labor and HEW] were unable to meet more than 60 percent of their modest work and training goals or more than 50 percent of their even more modest day care goals. (Steiner, p. 73)
Pennsylvania's DPW devised an ingenious strategy for coping with the Talmadge dictum: since they would have to treble their current WIN enrollment in order to meet the mandatory 15% minimum, they planned to lop off two-thirds of the training period, running three sets of enrollees through in the time allotted for one.

7 -- The lack of day care

The seventh obstacle is day care. That lack of child care is one of welfare mothers' chief handicaps is a truism. (Levinson; Meyers and McIntyre; Sterne et al.; Warren and Berkowitz) Yet in 1969 the federal government appropriated $25 million for child care and only $4 million was used. In 1970, $52 million was appropriated and only $18 million was used. Some of the explanations that have been offered for this lapse are (1) the reluctance of the states to put up the 25% matching funds (AEI); (2) the social workers who consider day care appropriate only as "a remedy for parental failure or inadequacy" (Steiner, p. 57); and (3) the confusing welter of federal-state-local licensing requirements (Steiner).

Although several studies indicate mothers prefer home care for their children, rather than institutional care, the reasons for this preference have not been well explored. Researchers in this area tend to make tacit assumptions that fit their ideological biases regarding nurturance, gemeinschaft, etc. although there is some indication mothers are concerned about more practical matters, such as the fact that many of the existing day care facilities in this country are often not convenient to either home or workplace, operate for too few hours, and provide no care for children who have even minor symptoms of a cold.

8 -- The inadequacy of women's wages

The eighth and most crucial hindrance to the liberation of welfare mothers is the inadequacy of women's wages. (Carter; Dixon; Glassman; Hausman; Meyers and McIntyre; Rein and Wishnov; Stein; Stevenson) Thirty percent of all working women are service workers or semi-skilled operatives who are paid an average of $1900 per year less than men doing the same work. Over two million women, predominantly black, are household workers earning barely $1000 per year. (Dixon) Sex discrimination accounts for more income differences than does race discrimination. (Almquist; Sawhill)
If all women heading poor families were to become employed at jobs with weekly earnings commensurate with their education levels, and assuming that they would be subject to prevailing practices of racial and sex discrimination in hiring and pay scales, they would earn an average of about $74 per week (as of the spring of 1969). (Stein, p. 8)

At that rate, two-thirds of all welfare mothers could not have earned enough to support their families. (Hausman) Yet they try, because, as one caseworker put it, "It's better any day to be Sisyphus than the rock." (Gell, p. 148)

One of the most interesting facts only recently being brought to light is the extent to which AFDC supplements the low wages of working women. In 1971, 9% of the women eligible for and receiving AFDC grants were employed full time. And the tax bite implicit in the $30-and-one-third disregard of their earnings is the same rate applicable to persons earning more than $140,000 annually. (Levitan et al.; Schiller)

Even when they succeed in becoming independent, the fact that their wages are low and that they have no insurance, no sick leave, no union -- and no male partner sharing their responsibilities -- tends to make even minor financial crises loom so large they are forced back on welfare. As Durbin noted, "two-fifths of the mothers coming into ADC are dropping out of the labor force, both voluntarily and involuntarily." (pp. 119-121) Yet Durbin herself (in a study funded by New York City's Human Resources Administration and Economic Development Administration and the Ford Foundation -- aegis that presages policy) argues that

at best, any effective employment program for ADC mothers runs the risk of being just as expensive as supporting mothers at home; at worst, the improvement in the total income available to a female-headed family may well add to the disincentives for fathers to support their families, the only long-run solution to dependency on ADC. (p. 124)

It's Kristol-clear where that leaves the sex role revolution for welfare mothers.
Conclusion

We are led inexorably to the conclusion that welfare mothers are most in need of and least likely to share in a sex role revolution. There is also another inescapable conclusion: to explore the sexism inherent in the welfare system is to ask some provocative questions. Is it possible that the sex role liberation in recent years has occurred not among women liberated from motherhood but among men who have been liberated from fatherhood? Are programs ostensibly designed to aid mothers and children really benefitting them or someone else? To what extent is welfare indirectly subsidizing sexism in business and industry? And how much economic exploitation is facilitated by sex role socialization? In short, to liberate welfare mothers is to pry open Pandora's Box.

Bibliography


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Society, April:12, 1972.
Communications research has repeatedly documented the fact that people are affected by the various forms of mass media, and so family planning programs have begun to use television (Hutchinson, 1970), radio, movies, posters, telephones (Dabbs and Neiger, 1970), newspapers, and various combinations of these media (Clark and Morris, 1972; Chase, 1972; Balakrishnan, 1967; Takeshita, 1966; Cernada and Lu, 1972) in transmitting the message of family planning. Our present media focus, however, involves direct mailing, which in contrast to other media, often has the advantages of being sent by an authoritative or prestigious source, is relatively inexpensive, can be directed to specific individuals, and may be passed along to others by the recipient.

Direct mailings have typically not met with much success in family planning programs where the intention of the direct mailing was the immediate recruitment of family planning acceptors. Freedman and Takeshita (1969) report that in Taiwan the family planning acceptance rate in neighborhoods where mailings were sent was no higher than in neighborhoods where no program effort was made. A similar outcome was observed in Seoul, Korea, where mailings specifically keyed to the IUD failed to produce any significant effect (Kwon et. al., 1966). However, Schramm (1971) reports that more recent efforts in Taiwan with direct mailings to new mothers have brought a 4% acceptance rate, and Cernada (1970) reports that 1-2% acceptance rates have been obtained with direct mailings to women in towns without field workers, to government employees, and to teachers. Udry's 6 month, $330,000 multimedia advertising campaign had no effect on the sale of contraceptives in drug stores (Levy, 1972), but did have a very slight effect on patient recruitment to clinics (Clark and Morris, 1972; Udry, 1972). On the other hand, a Chicago direct mail experiment apparently doubled the expected number of clinic patients for a time (Rosa and Bogue, 1966). Thus, while the results of direct mailings have been variable, they have typically had very limited impact on patient recruitment.

However, direct mailings have met with more encouraging results when the attempt was to create awareness and improve knowledge among recipients. In Palmore's (1967) "Chicago Snowball" study, 78% of the women in this sample read a birth control brochure mailed to them, and 27% said they improved their birth control practice after receiving the booklets. In Kaoshiung, Taiwan, after an information campaign, it was found that 17% of all wives in the city received family planning news through mailings, and 9% learned of family planning news from others who had received mailings (Cernada and Lu, 1972). In Taichung, Taiwan, 11% of early birth control acceptors in Taichung who did not have a home visit cited direct mailings as one of their sources of information about the program (Freedman and Takeshita, 1969). Furthermore, Palmore found that a significant percentage of "awareness units" (an awareness unit is one mention of a source for one method of birth control)
among Taichung women were from newspapers, books, and magazines (Palmore, 1968). Similarly, evaluations of the effects of mass media programs in Seoul, Korea (Park, 1968), Honduras (Schramm, 1971), India (Balakrishnan and Matthai, 1967; Rain et al., 1967; Dubey and Choldin, 1967), and Puerto Rico (Stycos, 1962) have suggested that booklets and letters have been generally useful in imparting awareness and knowledge of family planning.

Direct mailings have also proven useful in stimulating recipients to engage in informal family planning communications with friends, relatives, and neighbors. Though these informal discussions may not constitute an official part of formal family planning program efforts, they are nevertheless important for program success. For example, in Tennessee, 27% of all new patients admitted to family planning clinics said their referral source was a friend or relative (Tennessee Department of Public Health, 1972). In a Kentucky family planning program, preliminary data indicated that one-third of the clients for a new birth control program heard about the program through friends, relatives, and neighbors (Palmore and Monses, 1966). In New York and other places, teen clinics rely heavily on word-of-mouth for patient recruitment (House and Goldsmith, 1972). Palmore's (1967) experiment with direct mailings resulted in a 50% increase in family planning communications in Chicago, and Bogue and Palmore (1964) found that 65% of their respondents had shown mailed booklets to others, and 91% had talked to an average of four others about family planning. A chain letter experiment in Kentucky (Palmore and Monses, 1966) produced one-half as many requests for information as the direct mailings originally sent out. In Taichung, Taiwan, where an extensive formal family planning campaign was instigated, one-half of the IUD acceptors within Taichung and two-thirds from outside Taichung said they heard about the family planning program from friends, relatives, and neighbors. It was concluded that the stimulus of the formal program (including home visits, radio, posters, neighborhood meetings, and direct mailings) was at least matched and perhaps exceeded by the resulting indirect influence in informal diffusion (Freedman and Takeshita, 1969). Evaluations of other family planning programs in Thailand (Fawcett et. al., 1967), Korea (Park, 1968), Japan (Noda, 1962), Chile (Requena, 1965), Pakistan (Cobb et. al., 1965), and India (Dubey and Choldin, 1967) have documented the fact that friends, relatives, and neighbors are active in recruiting family planning acceptors. We thus concur with Schramm (1971), who based on his review of the roles of various forms of communication in family planning programs, concluded that direct mailings and booklets contribute substantially to family planning communications and hence promote family planning acceptance.

In summary, direct mailings have met with limited success in recruiting family planning acceptors. However, mailings have proven very useful in creating awareness and knowledge among the target population, as well as in encouraging the informal discussions that are necessary for program success. Palmore's (1972) catch phrase for this phenomenon is "the target that talks". However, some aspects of previous research have been less than ideal. First, there is a chronic lack of control groups, so that no previous study has examined the effects of direct mailings on clinic recruitment, knowledge, and communications
within comparable groups which have and have not received direct mailings. Secondly, while previous direct mailing programs have dealt with diverse target populations, no study to date has examined the effects of direct mailings on welfare mothers in the United States. Since low income women have the greatest proportion of pregnancies unwanted (e.g. Westoff and Westoff, 1968), it is argued that an economic category such as welfare mothers might have the most critical need for family planning information. Lastly, it seems that the potential utility of direct mailings in the United States has not been thoroughly examined, where their value would seem greater due to higher literacy rates. Given these comments on previous studies, the purpose of this article is to examine the effects of direct mailings on clinic recruitment, family planning knowledge, and informal clinic communications of a sample of AFDC welfare mothers in Davidson County, Tennessee.

**Data and Method**

The data of this study come from structured, in-depth interviews by trained interviewers with a random sample of 300 AFDC (Aid to Families with Dependent Children) welfare mothers age 15-44 in Davidson County, Tennessee. Data were collected in the summer of 1972 by the Evaluation, Survey, and Health Research Corporation of Nashville, Tennessee. Since there were about 4,000 female recipients of Aid to Families with Dependent Children in this category in Davidson County, a 7.5% sample of the population was interviewed. Approximately one to three weeks before the interviews, a random one-half (N = 150) of the respondents were mailed the following items in one direct mailing:

a) A list of fourteen public clinics providing family planning services within the county including the phone number to call for an appointment,

b) A cordial letter pointing out that the clinics are free and available to anyone, regardless of age and marital status, and encouraging them to discuss the clinics and family planning with their friends, relatives, and neighbors, and

c) Three packets of birth control booklets, each packet containing *ABC - About Birth Control, Questions and Answers about the Pill, and Questions and Answers about the IUD*. Printed on the back of each of these three booklets was the following: "HAVE YOUR CHILDREN BY CHOICE. NOT BY ACCIDENT." FOR INFORMATION ON THE FREE BIRTH CONTROL CLINICS, CALL 327-9313, EXT. 218. Two of the three packets had the notice attached: "Please give these extra booklets to a friend, relative, or neighbor."

The direct mailing had three purposes:

1) **Recruit** women to the family planning clinics if they were not already clinic users,

2) Enhance the recipient's factual **knowledge** of contraception and related physiology through the booklets supplied, and
3) Encourage the recipient to **discuss** the clinics with friends, as well as give extra booklets to their friends.

Women who were sent the direct mailing will be called the **experimental group**, and women who were not sent the direct mailing will be called the **control group**. The primary focus of this report will be on the experimental group, but comparisons with the control group are necessary to demonstrate the effect (or lack of effect) of the direct mailings. Each area of intended effect (clinic recruitment, knowledge, and informal communications) will be examined separately.

**The Effect of Direct Mailings on Clinic Recruitment**

Each respondent was asked if she had called the clinics within the last few weeks in order to determine whether any respondents had phoned regarding family planning clinic services. While slightly more of the direct mail recipients had called the clinics (18 of 150 in experimental groups, 13 of 150 in control group), we must conclude that the mailing had little immediate effect on telephone contact with the clinics. Since many respondents still had the mailed materials in their residences at the time of the interview, later phone contacts were possible, but available data permit us no conclusion on this possibility.

To determine the extent of changes in actual clinic use, clinic records were checked one month before the mailing, and again one month after the mailing. The names, addresses, ages, and races of interview respondents were compared to the corresponding information on the clinic roster. The roster lists all women ever enrolled in public clinics and current activity status according to four categories (Project Tennesyst, 1970) and this data system has been discussed extensively elsewhere (Moore et. al., 1973).

**ACTIVE** - a patient who was recently seen in the clinic and is scheduled to return for follow-up care in the future.
**INACTIVE** - a patient who missed a scheduled return visit to the clinic in the preceding 2 months and who still has not returned to the clinic for follow-up care.
**DROPPED** - a patient who is more than 2 months overdue for a scheduled return appointment and for whom a reason for loss to follow-up is not yet known.
**TERMINATED** - a patient who has discussed clinic-based contraceptive care for a known reason and whose record has been (temporarily) closed because of the patient's discontinuation.

Table 1 examines the extent of change and stability in clinic use status for individuals before and after the interview-direct mailing period.
Of the 150 women who were sent the direct mailing, a total of 131 (16 + 16 + 99) evidenced no change in clinic use status. Of the 150 who received no direct mailing, 136 (22 + 28 + 86) experienced no change in clinic use status. Change toward clinic use was experienced by 10 in the experimental group and 7 in the control group, and change away from clinic use was experienced by 9 in the experimental group and 7 in the control group. Again we conclude that the direct mailing had no substantial effect on stability or changes in clinic use among individuals. Hence, our findings are consistent with earlier research which found no substantial effect of direct mailings on clinic recruitment.

The Effect of Direct Mailing on Family Planning Knowledge

Fortunately, the direct mailings seemed to have a beneficial effect in contributing to the family planning knowledge of many of the AFDC welfare mothers in the sample.

Most of the women who were sent direct mailings remembered receiving them (139 of 150), even though the interviews occurred an average of 20 days after the mailings were sent to them. Those who remembered receiving the direct mailings were asked how much they read the booklets provided. Nearly half (49.6%) read the booklets "a lot", which possibly indicates an important need for information was being fulfilled by these direct mailings. Those who replied that they had read "none" of the booklets (17.3%) were asked "Is there any particular reason you didn't look through the booklets?" Their reasons were that they had no need for birth control, already knew about birth control or had read the information elsewhere, were happy with their present method and didn't need to know more, didn't have time to read them, or gave no reason.

Those who read "a little bit" or "a lot" of the booklets supplied (115 of the 139 who remembered receiving them) were asked: "Do you think the booklets helped you learn more about birth control?" Nearly four-fifths (79.1%) who read the booklets thought that they were helpful, and were then asked why the booklets were helpful. Their reasons were that the booklets gave them additional information, told them about how different birth control methods work, were very thorough, told them about different types of birth control, were well-written, told them about birth control for men, influenced the respondent to use birth control, and several did not report reasons for the booklet helping them learn more about birth control.

Those who read the booklets but said that they did not help them learn more about birth control were asked why the booklets were not helpful. Their reasons were that they already knew about birth control or had read the information elsewhere, or that they didn't pay attention to the booklets or just glanced at them.

In general, then, it seems that the booklets were well-received and regarded as useful by the recipients. However, a more rigorous test of the extent to which the booklets were useful in assisting women to
learn about family planning necessarily involves a comparison of experi-
mental and control groups, i.e., women who were and were not sent the
direct mailings. Each respondent was asked five open ended questions
about contraception and related physiology, and responses were recorded
verbatim by the interviewer and scored later. Table 2 summarizes the
results.

Before discussing differences between the family planning knowledge
of the two groups, some overall observations are appropriate. The very
low level of family planning knowledge among these women is nothing less
than appalling. Overall, less than half know specifically how pregnancy
occurs, less than one-fifth know when ovulation occurs or how the pill
works, fewer than one in twenty know how the IUD works, and only one
in eight know how the diaphragm works. In total, nearly half could not
answer even one question correctly, about a third could answer one, and
only one, question correctly and only 3 respondents out of 300 could
answer all five questions correctly. It is possible that this ignorance
about contraception and related physiology contributes significantly to
the unwanted and accidental pregnancies which these women experience
since 51% of their 1190 pregnancies were unwanted by the mothers at the
time of conception.

When experimental and control groups in Table 2 are compared, there
is a consistent trend for recipients of the direct mailing to have more
"correct" and "partially correct" answers. A "partially correct" answer
is one in which the response was correct but incomplete. More than half
(52.0%) who were sent the direct mailing could verbalize how pregnancy
occurs, but less than a third (30.0%) who were not sent direct mailings
could answer that question. A slightly greater percent (18.0% vs. 12.7%)
of those who were sent the mailings knew approximately when ovulation
occurs. Similarly, slightly greater percents of those who were sent the
direct mailings were able to give "correct" or "partially correct" answers
to questions about the pill, IUD, and diaphragm. When a tally is made of
the total number of questions each respondent was able to answer correctly,
the frequency distributions for the experimental and control groups differ
significantly. Whereas more than half (57.3%) in the control groups could
not give even one completely correct answer, only a third (33.3%) in the
experimental group could not answer any of the five questions correctly.
A greater percent who were sent the direct mailings could answer one,
two, four or five questions completely correct than could those who were
not sent mailings. Thus, the booklets seem to have significantly contri-
buted to the family planning knowledge among women who were sent the
direct mailing.

The Effect of Direct Mailings on
Family Planning Communications

The reader will recall that direct mail recipients were asked in
the letter to discuss the clinics with friends, as well as give away
extra booklets to friends. Fortunately, the direct mailing seems to have
had a clear impact in these two areas, as Table 3 indicates.
All those who remembered receiving the direct mailing (139 of 150) were asked whether they had discussed the clinics with others and given booklets to others as the letter had requested. Table 3 indicates that our respondents seem to have been highly cooperative in carrying out the requests in the letter, since 5.0% discussed the clinics, 22.3% gave booklets to someone, 33.1% both gave booklets away and discussed the clinics, and only 39.6% carried out neither request of the letter. Thus, in total, six out of ten respondents carried out one or more of the requests of the letter, and only four in ten had carried out neither request by the time of the interview. Hence, our direct mailings seem to have been very successful in encouraging many family planning communications with others.

Since the names of the persons each respondent talked to were secured during the interview, it was possible to determine the total number of different persons contacted directly by our respondents (and hence indirectly due to our mailings). Our respondents discussed the clinics with 108 persons, and gave booklets to 107 persons. However, there was overlapping, since respondents sometimes discussed clinics with and gave booklets to the same person. In total, our 139 respondents contacted 155 different persons, either discussing clinics with them, or giving them booklets, or both. Hence a greater number of persons were reached with our family planning message indirectly (through the respondents) than were reached directly (through our mailings to respondents).

However, a very real question exists as to how many of these family planning clinic communications would have occurred anyway among these women, without the stimulus of the direct mailings. To answer this question, we must compare the family planning communications of the experimental groups with those of the control group. First, we must make additional comments on the questioning format. All respondents were asked: "Now I'd like to ask you some questions about people you might have talked to about birth control recently. In the last few months, have you (asked/given) advice or information about birth control clinics?"

In addition, persons who received the direct mailings were asked about their clinic discussions since receiving the direct mailing (not counting only giving booklets away). Since names and demographic characteristics were secured regarding each person mentioned, it was possible to determine the total number of different persons with whom each respondent discussed the clinics. Table 4 indicates that women in the experimental group, the ones who were sent the direct mailing, discussed the clinics with nearly twice as many persons as did those who received no direct mailing (159 persons vs. 83 persons). The reader will recall our earlier statement that respondents who remembered receiving the direct mailings talked a total of 108 persons about the clinics just since receiving the direct mailings. On the assumption that the two groups would have discussed clinics with the same number of persons if there were no direct mailings, we can estimate that 76 persons (159-83) constitutes
the "extra" number of persons receiving clinic communications due to the
direct mailing. Thus, most (76 out of 108) of the "extra" communications
with persons regarding clinics (stemming from women in the experimental
group) would not have occurred without the stimulus of the direct mailing.

Two points merit discussion regarding the "extra" persons who had
clinics discussed with them by women in the experimental group as a re-
sult of the direct mailing. First, it is possible that the "content"
of these communications generated by the direct mailings was richer in
factual information than many of the other communications. Direct mail
recipients who discussed clinics and family planning had just been sent
a list of 13 clinics, information on who was eligible to use the clinics,
the clinic phone number, and informative booklets on the pill, IUD, and
other methods of birth control with clinic information printed on the
back cover. The fact that most women read the booklets, learned from
them, and discussed clinics and/or gave extra booklets away to others
therefore suggests the transmission of "factual" as well as attitudinal
information. Second, it should be emphasized that the direct mailings
stimulated family planning communications which occurred in an average
period of three weeks (the average time in between direct mailing and
interview), whereas other communications with persons shown in Table 4
occurred "within the last few months". Thus, while the two time frames
are not comparable, this fact emphasizes the large number of "experi-
mentally induced" communications which can be stimulated by a direct
mailing in a short time period, as opposed to communications that occur
in "natural" or "unaffected" circumstances without experimental inter-
vention in a much longer time period.

Lastly, Table 5 presents an overall summary comparison of the
social and demographic characteristics of three categories of persons:

a) All 300 AFDC women in our total sample,
b) The 84 women in the experimental group who carried out the re-
quests of the direct mailing by discussing the clinics and giv-
ing away booklets to others, and
c) The 155 persons who discussed clinics with and were given book-
lets by the 84 women in the experimental group, primarily due to
the direct mailing.

These comparisons will serve to describe the total sample, the kinds of
women within the experimental group who responded to the requests of the
direct mailing, and the kinds of persons contacted primarily as a result
of the direct mailing.

The total sample is comprised of female AFDC recipients, whose
average age is 27.5, average education is 10.2 school years completed,
and average number of live births is 3.5. Most (80%) are black, and
nearly four in ten have used or now use the clinics (according to our
record check of the clinic roster, which yields a conservative estimate).
Women who received the direct mailing and discussed clinics and gave
booklets away do not differ very sharply from the total sample of which
they are a part, but some differences are apparent. Women responding
to the mailing tended to have lower average age, less education, fewer
children, more blacks, and more clinic use. It is difficult to place
precise interpretations on these differences, except to point out that a "screening process" may be taking place in which those given information seem to be in high need categories.

The 155 persons contacted by the 84 direct mail recipients, by comparison, tend to be of the same race, younger, perhaps a bit better educated, nearly all females, have significantly fewer children, similar clinic use patterns, and are much less likely to be welfare recipients themselves. Friends, relatives, and neighbors were the persons communicated with, and virtually no communications with professionals (doctor, nurse, druggist, social worker) resulted from the mailings. This coincides with Placek's study (1972) which found low family planning communication levels for welfare workers in the same county as welfare mothers resided. This last fact suggests that respondents were primarily dispensing information, since no professional assistance was sought. This conclusion is supported, since each respondent was asked: "When you talked to (name) about family planning, were you mainly asking (her/him) what (she/he) thought about it or were you mainly telling (her/him) what you thought about it?" Of the respondents who discussed family planning with others, most (72.1%) were "mainly telling", about one-fifth (19.1%) were "mainly asking", and a few (8.8%) were both asking and telling. Hence, it seems that most of the 84 respondents acted in an information-dispensing capacity, reaching 155 persons with characteristics which would imply that they had need and use for the information.

Cost Analysis

Positive and beneficial results were derived from the direct mailings to AFDC welfare mothers. Therefore, others may wish to replicate this research and/or use it without evaluating its effects on the assumption that the derived benefits will be roughly the same as we have obtained. The total cost per direct mailing was 77¢ each, which includes the following:

<table>
<thead>
<tr>
<th>Booklets:</th>
<th>Item Cost for One Direct Mailing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions and Answers About Intrauterine Devices*</td>
<td>$30.00 per 1,000 - 3 per mailing 9¢</td>
</tr>
<tr>
<td>Questions and Answers About the Birth Control Pill*</td>
<td>$30.00 per 1,000 - 3 per mailing 9¢</td>
</tr>
<tr>
<td>ABC - About Birth Control**</td>
<td>$70.00 per 1,000 - 3 per mailing 21¢</td>
</tr>
<tr>
<td>Printing of Letterheads, envelopes and clinic list (includes materials)</td>
<td>$70.00 per 1,000 - one each per mailing 7¢</td>
</tr>
<tr>
<td>Postage for 3½ oz., Third Class</td>
<td>16¢</td>
</tr>
<tr>
<td>Labor for stuffing, addressing, and stamping envelopes</td>
<td>15¢</td>
</tr>
<tr>
<td>Total</td>
<td>77¢</td>
</tr>
</tbody>
</table>

150 respondents x 77¢ = $115.50 for 150 direct mailings.
These costs could be considerably reduced by sending fewer booklets per mailing, lightening the weight or sending via "bulk" rates for lower postage, and using volunteer labor. Costs should not be lowered, however, if the booklets and letters are made less attractive and readable in the process.

In summary, this study found that direct mailings of family planning information to AFDC welfare mothers had no substantial effect on clinic recruitment, but increased family planning knowledge and family planning clinic communications.
TABLE 1

STABILITY AND CHANGES IN CLINIC USE STATUS OF INDIVIDUALS BETWEEN TWO TIME PERIODS

<table>
<thead>
<tr>
<th>Category</th>
<th>Clinic Status Before</th>
<th>Clinic Status After</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>Stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Active</td>
<td>to Active</td>
<td>(16)</td>
<td>10.7%</td>
</tr>
<tr>
<td>B</td>
<td>Inactive, Dropped,</td>
<td>to Inactive, Dropped,</td>
<td>(16)</td>
<td>10.7%</td>
</tr>
<tr>
<td></td>
<td>or Terminated</td>
<td>or Terminated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Never Used Clinic</td>
<td>to Never Used Clinic</td>
<td>(99)</td>
<td>66.0%</td>
</tr>
<tr>
<td>Change Away From Clinic Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Active</td>
<td>to Inactive, Dropped,</td>
<td>(9)</td>
<td>6.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or Terminated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change Toward Clinic Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Inactive, Dropped,</td>
<td>to Active</td>
<td>(8)</td>
<td>5.3%</td>
</tr>
<tr>
<td></td>
<td>or Terminated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Never Used Clinic</td>
<td>to Active</td>
<td>(2)</td>
<td>1.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(150)</td>
<td>100.0%</td>
</tr>
<tr>
<td>Question</td>
<td>Experimental Group</td>
<td>Control Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>---------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(N)</td>
<td>(N)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. WHEN A MAN AND A WOMAN HAVE SEXUAL INTERCOURSE, HOW DOES A WOMAN GET PREGNANT?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Correct Answer: A sperm cell or seed or something from the man and an ovum or egg or something from the woman come together and unite).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct</td>
<td>(78)</td>
<td>(45)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial Correct</td>
<td>(21)</td>
<td>(20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorrect</td>
<td>(18)</td>
<td>(35)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>(33)</td>
<td>(50)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(150)</td>
<td>(150)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. IF A WOMAN HAS HER PERIOD EVERY 28 DAYS, ON WHICH DAY DOES SHE HAVE THE GREATEST CHANCE OF BECOMING PREGNANT, COUNTING THE FIRST DAY THAT HER MENSTRUAL FLOW BEGINS AS DAY #1?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Correct Answer: The 14th, 15th, 16th, 17th, or 18th day will be counted as a correct answer).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct</td>
<td>(27)</td>
<td>(19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial Correct</td>
<td>(2)</td>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorrect</td>
<td>(87)</td>
<td>(88)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>(34)</td>
<td>(36)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(150)</td>
<td>(150)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. TELL ME, IN YOUR OWN WORDS, HOW YOU THINK THE BIRTH CONTROL PILL WORKS TO PREVENT PREGNANCY, AND HOW OFTEN YOU HAVE TO TAKE THE PILL FOR IT TO WORK?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Correct Answer: The pill stops a woman's egg or ovum from being released from her ovary, and it is taken every day).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct</td>
<td>(30)</td>
<td>(20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial Correct</td>
<td>(89)</td>
<td>(97)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorrect</td>
<td>(10)</td>
<td>(17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>(21)</td>
<td>(16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(150)</td>
<td>(150)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. THERE IS A BIRTH CONTROL DEVICE CALLED THE IUD -- INTRAUTERINE DEVICE. WOULD YOU TELL ME, IN YOUR OWN WORDS, WHERE IT GOES, AND HOW IT WORKS TO PREVENT PREGNANCY?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Correct Answer: The IUD goes inside the uterus or womb, and prevents a fertilized egg from attaching itself to the wall of the uterus, or from growing inside the womb).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct</td>
<td>(7)</td>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial Correct</td>
<td>(53)</td>
<td>(46)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorrect</td>
<td>(35)</td>
<td>(44)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>(55)</td>
<td>(57)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(150)</td>
<td>(150)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 2 (continued)

5. THERE IS A BIRTH CONTROL DEVICE CALLED THE DIAPHRAGM. CAN YOU TELL ME, IN YOUR OWN WORDS, WHAT IT'S MADE OF, WHERE IT GOES, AND HOW IT WORKS TO PREVENT PREGNANCY?
(Correct Answer: The diaphragm is made of soft rubber, sort of bowl-shaped and fits over the opening of the womb (cervix) to block the sperm. It may be used with a jelly or foam in the cup).

<table>
<thead>
<tr>
<th>Correct</th>
<th>(18) 12.0%</th>
<th>(18) 12.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial Correct</td>
<td>(30) 20.0%</td>
<td>(28) 18.7%</td>
</tr>
<tr>
<td>Incorrect</td>
<td>(4) 2.7%</td>
<td>(13) 8.7%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>(98) 65.3%</td>
<td>(91) 60.7%</td>
</tr>
<tr>
<td>Total</td>
<td>(150) 100.0%</td>
<td>(150) 100.0%</td>
</tr>
</tbody>
</table>

TOTAL QUESTIONS COMPLETELY CORRECT (of the previous five).

<table>
<thead>
<tr>
<th>None</th>
<th>(50) 33.3%</th>
<th>(86) 57.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>(61) 40.7%</td>
<td>(37) 24.7%</td>
</tr>
<tr>
<td>Two</td>
<td>(24) 16.0%</td>
<td>(16) 10.7%</td>
</tr>
<tr>
<td>Three</td>
<td>(9)  6.0%</td>
<td>(9)  6.0%</td>
</tr>
<tr>
<td>Four</td>
<td>(4)  2.7%</td>
<td>(1)  .7%</td>
</tr>
<tr>
<td>Five</td>
<td>(2)  1.3%</td>
<td>(1)  .7%</td>
</tr>
<tr>
<td>Total</td>
<td>(150) 100.0%</td>
<td>(150) 100.0%</td>
</tr>
<tr>
<td>Experimenta Group Only</td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>------------------------</td>
<td>------</td>
<td>---------</td>
</tr>
<tr>
<td>Neither gave booklet(s) away nor discussed clinic</td>
<td>55</td>
<td>39.6%</td>
</tr>
<tr>
<td>Gave booklet(s) away only</td>
<td>31</td>
<td>22.3%</td>
</tr>
<tr>
<td>Discussed clinic only</td>
<td>7</td>
<td>5.0%</td>
</tr>
<tr>
<td>Both gave booklet(s) away and discussed clinic</td>
<td>46</td>
<td>33.1%</td>
</tr>
<tr>
<td>Total</td>
<td>139</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
TABLE 4

RESPONDENTS' DISCUSSIONS OF CLINICS WITH OTHER PERSONS:
EXPERIMENTAL AND CONTROL GROUPS COMPARED

<table>
<thead>
<tr>
<th>Total Number of Different Persons Respondents Discussed Clinics With</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>None</td>
<td>(68)</td>
<td>45.3%</td>
</tr>
<tr>
<td>One</td>
<td>(45)</td>
<td>30.0%</td>
</tr>
<tr>
<td>Two</td>
<td>(18)</td>
<td>12.0%</td>
</tr>
<tr>
<td>Three</td>
<td>(7)</td>
<td>4.7%</td>
</tr>
<tr>
<td>Four</td>
<td>(7)</td>
<td>4.7%</td>
</tr>
<tr>
<td>Five</td>
<td>(3)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Six</td>
<td>(1)</td>
<td>0.7%</td>
</tr>
<tr>
<td>Seven</td>
<td>(0)</td>
<td>0.0%</td>
</tr>
<tr>
<td>Eight</td>
<td>(1)</td>
<td>0.7%</td>
</tr>
<tr>
<td>Total</td>
<td>(150)</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Total number of persons whom clinics were discussed with

<table>
<thead>
<tr>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 159</td>
<td>N = 83</td>
</tr>
</tbody>
</table>
TABLE 5

COMPARISON OF SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF TOTAL SAMPLE, WOMEN IN THE EXPERIMENTAL GROUP WHO RESPONDED TO THE REQUESTS OF THE DIRECT MAILING, AND PERSONS CONTACTED PRIMARILY AS A RESULT OF THE DIRECT MAILING

<table>
<thead>
<tr>
<th>Social and Demographic Characteristics</th>
<th>All Respondents (300 Female AFDC Recipients Age 15 - 44)</th>
<th>84 Respondents Who Discussed Clinics and Gave Booklets Away Due to Receiving Direct Mailing</th>
<th>155 Persons Who Discussed Clinics with and/or Got Booklets from 84 Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Respondent</td>
<td>(N)</td>
<td>(N)</td>
<td>(N)</td>
</tr>
<tr>
<td>1. Husband</td>
<td>(0)</td>
<td>(0)</td>
<td>0.0%</td>
</tr>
<tr>
<td>2. Mother</td>
<td>(3)</td>
<td>(29)</td>
<td>18.7%</td>
</tr>
<tr>
<td>3. Sister</td>
<td>(29)</td>
<td>(25)</td>
<td>16.1%</td>
</tr>
<tr>
<td>4. Brother</td>
<td>(2)</td>
<td>(2)</td>
<td>1.3%</td>
</tr>
<tr>
<td>5. Other Relative</td>
<td>(25)</td>
<td>(84)</td>
<td>54.2%</td>
</tr>
<tr>
<td>6. Friend</td>
<td>(84)</td>
<td>(84)</td>
<td>54.2%</td>
</tr>
<tr>
<td>7. Neighbor</td>
<td>(8)</td>
<td>(8)</td>
<td>5.2%</td>
</tr>
<tr>
<td>8. Doctor</td>
<td>(0)</td>
<td>(0)</td>
<td>0.0%</td>
</tr>
<tr>
<td>9. Nurse</td>
<td>(0)</td>
<td>(0)</td>
<td>0.0%</td>
</tr>
<tr>
<td>10. Druggist</td>
<td>(0)</td>
<td>(0)</td>
<td>0.0%</td>
</tr>
<tr>
<td>11. Social Worker</td>
<td>(0)</td>
<td>(0)</td>
<td>0.0%</td>
</tr>
<tr>
<td>12. Other Person</td>
<td>(4)</td>
<td>(4)</td>
<td>2.6%</td>
</tr>
<tr>
<td>Total</td>
<td>(155)</td>
<td>(155)</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>(N)</th>
<th>Percent</th>
<th>(N)</th>
<th>Percent</th>
<th>(N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>(240)</td>
<td>80.0%</td>
<td>(71)</td>
<td>84.5%</td>
<td>(129)</td>
<td>83.2%</td>
</tr>
<tr>
<td>White</td>
<td>(60)</td>
<td>20.0%</td>
<td>(13)</td>
<td>15.5%</td>
<td>(26)</td>
<td>16.8%</td>
</tr>
<tr>
<td>Total</td>
<td>(300)</td>
<td>100.0%</td>
<td>(84)</td>
<td>100.0%</td>
<td>(155)</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Average Age                            | 27.5         | 25.9    | 23.0         |
### TABLE 5
(continued)

<table>
<thead>
<tr>
<th>Education:</th>
<th>10.2</th>
<th>9.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average years of education completed for respondents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respondent's determination of whether persons contacted had less, same, or more education than herself:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex:</th>
<th>(N)</th>
<th>Percent</th>
<th>(N)</th>
<th>Percent</th>
<th>(N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>(0)</td>
<td>0.0%</td>
<td>(0)</td>
<td>0.0%</td>
<td>(3)</td>
<td>1.9%</td>
</tr>
<tr>
<td>Female</td>
<td>(300)</td>
<td>100.0%</td>
<td>(84)</td>
<td>100.0%</td>
<td>(152)</td>
<td>98.1%</td>
</tr>
<tr>
<td>Total</td>
<td>(300)</td>
<td>100.0%</td>
<td>(84)</td>
<td>100.0%</td>
<td>(152)</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

(BELOW INFORMATION FOR FEMALES ONLY)

<table>
<thead>
<tr>
<th>Clinic use status of respondents and clinic use of females contacted (as estimated by respondent):</th>
<th>(N)</th>
<th>Percent</th>
<th>(N)</th>
<th>Percent</th>
<th>(N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never used clinic</td>
<td>(191)</td>
<td>63.7%</td>
<td>(50)</td>
<td>59.6%</td>
<td>(63)</td>
<td>41.5%</td>
</tr>
<tr>
<td>Have used clinic, but not now</td>
<td>(55)</td>
<td>18.3%</td>
<td>(17)</td>
<td>20.2%</td>
<td>(21)</td>
<td>13.8%</td>
</tr>
<tr>
<td>Uses clinic now</td>
<td>(54)</td>
<td>18.0%</td>
<td>(17)</td>
<td>20.2%</td>
<td>(47)</td>
<td>30.9%</td>
</tr>
<tr>
<td>Don't know</td>
<td>(0)</td>
<td>0.0%</td>
<td>(0)</td>
<td>0.0%</td>
<td>(21)</td>
<td>13.8%</td>
</tr>
<tr>
<td>Total</td>
<td>(300)</td>
<td>100.0%</td>
<td>(84)</td>
<td>100.0%</td>
<td>(152)</td>
<td>100.0%</td>
</tr>
<tr>
<td>Average number of children born alive for women in each category</td>
<td>3.5</td>
<td>3.4</td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of females receiving welfare payments (estimated by respondents for women contacted)</td>
<td>100.0%</td>
<td>100.0%</td>
<td>24.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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