VALUES OF VENEREAL DISEASE PATIENTS

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR

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BY

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DEDICATION

To my husband, Volney G. O'Connor, and our son, David P. O'Connor.

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TABLE OF CONTENTS

DEDI	CATI	ON.	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	٠	•	iii
ACKN	OWLE	EDGME	NTS		•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	iv
LIST	OF	TABL	ES	•	•	•		•	•	• •	•	•	•	•	•	•	•	•	•	•		•	•	viii
Chap I.		NTROD Rat						•	•	•	•		•	•	•	•	•	•	•	•	•	•		1
		Pur Def Del Sum	pos ini imi	e .ti	of or	: t	he	2 5	Sti	ıdy	7		udy	7										
II.	RI	EVIEW	OF	5	EI	EC	TE	ED	L	TE	R	ATI	URI	Ξ.	•	•	•	•	•	•	•	•	•	10
		Cha Cha Cha Cha Sum	rac rac rac	te te	eri eri	st	ic	cs cs	0:	E (oi	no:	rri t-:	nea Tir	a 1 ne	Rep Di	pe a	ate	ers	5				
III.	PI	ROCED	URE	ES	OF	? 7	CHE	E 8	STU	נסנ		•	•	•	•	•		•	•	•	•	•	•	18
		Sel Des Per	cri cri mis ese nic ect ini	iptical call call call call call call call	on tion tor ton tra	on n i n i Pro	e s erc Rev	Su: E m viced:	the the ew ure e	e l Co e l Pat	In Su: Om Fo: ti	ns rv ni mi ll	tri ey ve: tto	rs: ee	en ity i	t y':	s l	- H ա	maı	n		t		
IV.	RI	ESULI	s c	OF	TI	HE	S'	ru:	DΥ	•	•	•	•	•	•	•	•	•	•		•	•	•	27
		Int Des Ana Sum	cri	ipt	tio	on	0			e (Gr	ou	p	in	t	he	s	tu	dy					

V. SUMMARY, DISCUSSION, CONCLUSION, AND RECOMMENDATIONS	. 37
Summary Discussion Conclusion Recommendations for Further Studies	
APPENDICES	. 42
A. Rokeach Value Survey Form D B. Consent to Investigational Procedure Form C. Synonyms for Terminal and Instrumental Values D. Raw Data	
BIBLIOGRAPHY	. 66

LIST OF TABLES

rable					Page
1.	Data Analysis for Terminal Values for First-Time and Repeater Patients	•	•	•	31
2.	Data Analysis for Instrumental Values for First-Time and Repeater Patients	•	•		33
3.	Raw Data Obtained from First-Time Patients for Terminal Values from the Rokeach Value Survey	•	•	•	54
4.	Raw Data Obtained from Repeater Patients for Terminal Values from the Rokeach Value Survey	•	•	•	57
5.	Raw Data Obtained from First-Time Patients for Instrumental Values from the Rokeach Value Survey	•	•	•	60
6.	Raw Data Obtained from Repeater Patients for Instrumental Values from the Rokeach Value Survey	•	•	•	63

CHAPTER I

INTRODUCTION

Rationale for the Study

The venereal disease epidemic in the United States today is one of vast concern to informed Americans. Gonor-rhea ranks first in the nation in reportable communicable diseases and is the second most common communicable disease. One new infection of gonorrhea occurs every twelve seconds and the economic cost of the complications of gonorrhea is \$2,110,000 annually. The incidence of syphilis is third in the nation among the reportable communicable diseases. Tax-payers annually spend \$53,680,000 for hospital expenses of people with syphilitic psychoses. Although these diseases have been known in America since the fifteenth century, the full import of the seriousness has not been fully under-stood until the twentieth century.

The literature indicates common factors that are responsible for this serious social problem. Taboos regarding sex, prejudicial attitudes, class biases, apathy,

U. S. Department of Health, Education, and Welfare, V D Fact Sheet 1974, Public Health Service, Center for Disease Control (Atlanta, Georgia): ed. 31, pp. 2-3.

and ignorance are stated in "Teen-Agers and Venereal Disease"² to be factors which are responsible for a part of the venereal disease problem. While some of the apathy may be attributed to the popular belief that the "wonder" drugs will eradicate venereal disease, part also is due to the widespread belief that "nice people" do not get venereal disease. Herrell³ stated that parental permissiveness, pot, promiscuity, pornography, and the pad are responsible for the national epidemic of gonorrhea. Catterall⁴ reported that there have been many radical changes in our society today that are responsible for the rising incidence of sexually transmitted diseases. He mentioned in particular the resistant gonococcal strain, packaged holidays, antisocial behavior, and the birth control pill.

Another causative factor that was reported was the relationship of venereal disease to the socioeconomic level in our society. The incidences among Caucasian patients at the bottom of the poverty level scale differ very slightly from the incidences found among Negroes in the same level

²U. S. Department of Health, Education, and Welfare, Teen-Agers and Venereal Disease by Celia S. Deschin, Public Health Service, Communicable Disease Center, Venereal Disease Branch, (Atlanta, Georgia, 1961): p. 1.

³Wallace E. Herrell, "Gonorrhea--What's New?" Clinical Medicine 78 (September 1971): pp. 13-14.

⁴R. D. Catterall, "The Venereal Diseases,"
Nursing Times 64 (August 1968): pp. 1041-1043.

according to a study done by McNeil. Millar noted that within the larger cities, rates as much as ten times higher than the urban average are observed among certain groups of residents, particularly those belonging to the low socioeconomic group.

In addition to the socioeconomic level, race is also thought to be a factor. According to Grambs, 7 even if we could hold the socioeconomic status constant, the stresses in a Negro family are qualitatively different from those in a Caucasian family. One of the earliest learnings of the Negro child, particularly in the rural or urban slums, is that the family is not a source of nurture and basic support, such as stability, warmth, and attention. Therefore, he often seeks his gratifications on the street and among friends.

Age is another factor involved in the higher incidence rate of venereal diseases. The twenty to twenty-four

⁵H. L. McNeil, "Syphilis in the Southern Negro," <u>Journal American Medical Association</u> 68 (September 1916): pp. 1001-1004.

⁶J. D. Millar, "The Venereal Disease Problem," A report at the Second International Venereal Disease Symposium, St. Louis, Missouri (1972): pp. 10-13. Distributed by Pfizer Laboratories and The American Social Health Association.

⁷ Jean D. Grambs, "The Self-Concept: Basis for Reeducation of Negro Youth," in Negro Self-Concept. A report from a conference sponsored by the Lincoln Filene Center for Citizenship and Public Affairs (1965): pp. 17-20.

age group ranks first in the United States of any age group that acquires venereal disease.

There are 2,479.4 reported cases of gonorrhea per 100,000 population in males and 1,406.7 reported cases per 100,000 population in females in the twenty to twenty-four age group. The lower rate for the female is explained by the fact that many patients are asymptomatic. The rates for syphilis are less. The rate for males is 56.3 per 100,000 and 27.6 for females.

Another factor involved in the high incidence rate is attitude. Harbridge⁹ said that the majority of the high risk population place a low value on their health. They are more concerned with a multitude of other problems which they face daily.

In summation, the literature shows that socioeconomic level, race, age and attitude are all related to
the high incidence of reported venereal disease. The
investigator believed that a study of the values of young
Negro females in a public health clinic would contribute to
the existing knowledge about venereal diseases. A study

⁸V D Fact Sheet 1974, p. 7.

⁹Robert H. Harbridge, "Public Education of the High Risk Population," A report at the Second International Venereal Disease Symposium, St. Louis, Missouri (1972): pp. 109-112. Distributed by Pfizer Laboratories and The American Social Health Association.

using the Rokeach Value Survey to determine the basic personal and social values of patients attending the Dallas
City Health Department Venereal Disease Clinic was proposed.
The criteria for the selection of Negro females were:

- 1. No previous study was found dealing with the characteristics of Negro female patients with venereal disease
- 2. Information regarding this group is important because the nineteen to twenty-four age bracket has the highest incidence rate of venereal disease infections
- 3. This age and race group was readily available in a clinic setting
- 4. The subjects were of legal age to make their own decisions about participation

Purpose of the Study

The purpose of this study was to determine and compare the basic personal and social values of sixty Negro female patients in the nineteen to twenty-four age bracket in the Dallas City Health Department Venereal Disease Clinic. Thirty patients were at the clinic for the first time and thirty were repeaters. Specifically the following null hypothesis was investigated: There is no statistically significant difference in the values, as determined by the Rokeach Value Survey, of first-time and repeater nineteen

to twenty-four year old Negro female patients at the Dallas City Health Department Venereal Disease Clinic.

Definitions

For purposes of clarifications, the following definitions of terms were established for use in the study:

1. Value

A value is an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence.10

2. Terminal Values

Terminal values refer to the values dealing with the end-states of existence. 11

3. Instrumental Values

Instrumental values refer to the values dealing with modes of behavior. 12

4. Value System

A value system is an enduring organization of beliefs concerning preferable modes of conduct or end-states of existence along a continuum of relative importance. 13

5. Personal Values

Personal values are self-centered and intrapersonal. 14

¹⁰ Milton Rokeach, The Nature of Human Values (New York: The Free Press, 1973): p. 5.

¹¹ Ibid, p. 7. 12 Ibid, p. 7.

^{13&}lt;sub>Ibid</sub>, p. 5. 14_{Ibid}, p. 8.

6. Social Values

Social values are society-centered and interpersonal. 15

7. Rokeach Value Survey

The Rokeach Value Survey is an instrument that allows the respondent to rank eighteen terminal and eighteen instrumental values. 16

8. Venereal Disease

Venereal disease is any disease that is propagated by sexual intercourse. In this study patients having only gonorrhea or syphilis were used.17

9. First-Time Patients

First-time patients are those patients that are visiting a venereal disease clinic because of a diagnosis of a venereal disease for the first time. 18

10. Repeaters

Repeaters are those patients that are visiting a venereal disease clinic with a second or additional infection.19

Delimitations of the Study

The study was subject to the following delimitations:

 Sixty Negro female patients attending the Dallas City Health Department Venereal Disease Clinic in Dallas,

^{15&}lt;sub>Ibid</sub>, p. 8. 16_{Ibid}, p. 27.

¹⁷ Russell H. Wilson, M.D., Ph.D., Program Director of Venereal Disease, Dallas City Health Department, Dallas, Texas.

^{18&}lt;sub>Ibid</sub>. ¹⁹_{Ibid}.

Texas, during June, 1975

- 2. The availability of a representative sampling of thirty
 Negro female first-time patients in the clinic
- 3. The availability of a representative sampling of thirty
 Negro female repeater patients in the clinic
- 4. The willingness of patients in the nineteen to twentyfour age bracket to participate in the survey
- 5. Patients diagnosed as having a venereal disease; either syphilis or gonorrhea or both
- 6. The honesty of the first-time patient in denying previous venereal disease infection
- 7. The honesty in the response of the patients to the survey
- 8. The reliability, validity, and objectivity of the selected instrument as applied to the selected sample

Summary

This study was done because of the serious venereal disease problem in the United States. There was general agreement in the literature that socioeconomic level, race, age, and attitudes are some of the factors responsible for the increase in the venereal disease problem.

This investigation was made to determine and compare the basic personal and social values of sixty Negro female patients attending the Dallas City Health Department Venereal

Disease Clinic. The Rokeach Value Survey was used to determine the ranking of the values of the patients.

Chapter II will be a review of previous studies done about patients attending particular types of clinics. This review was to determine similar characteristics of first-time patients and repeater clinic patients.

CHAPTER II

REVIEW OF SELECTED LITERATURE

An extensive review of the literature was done to find if there have been studies done on the characteristics of first-time patients or repeater patients attending the following clinics: venereal disease, alcohol, suicide, abortion, and drug abuse. This was done to determine if there were any similarities of characteristics of first-time clinic patients and repeater clinic patients. The investigator was able to find only a limited number of such studies. From the studies reviewed, some similarities in the characteristics of patients that attend a venereal disease clinic and those that attend a drug abuse clinic were found. The literature has been divided into the following sections: characteristics of patients with venereal disease, characteristics of gonorrhea repeaters, characteristics of first-time drug offenders, and characteristics of drug repeaters.

Characteristics of Venereal Disease Patients

In 1970, Ekstrøm¹ reported on 302 teen-age gonorrhea patients in Denmark. The study showed that the

¹K. Ekstrøm, "Patterns of Sexual Behavior in Relation to Venereal Disease," British Journal of Venereal Disease 46 (April 1970): pp. 93-95.

patients tended to come from lower social classes, i.e., their fathers had passed no school examinations, had no professional education, were unskilled, and earned a low income. The infected boys and girls tended to leave school by the age of fourteen years, led vagrant lives, and came from broken homes.

In 1967, Glass² reported on a study done in the largest venereal disease clinic in the Los Angeles area where 150 Negro males were interviewed during diagnosis and This study included thirty-three different treatment. variables. The investigator concluded that an exploration of the individual's personality pattern may help in the prevention of gonorrhea. Three factors, knowledge of gonorrhea, personality characteristics and related behavior, were found to have some association to the number of infections in a lifetime. Twelve characteristics were found to be most related to the number of infections: 1) marital status; 2) control of temper; 3) self-help; 4) spontaneous expression; 5) mobility, defined as time lived at a particular address; 6) number of jobs held; 7) age at separation from parents; 8) self-esteem; 9) family relations; 10) reaction to infection; 11) educational status; and 12) class values.

²L. H. Glass, "An Analysis of some Characteristics of Males with Gonorrhea," <u>British Journal of Venereal Disease</u> 43 (June 1967): pp. 128-132.

No single factor established a statistically significant relationship to the number of individual infections. One of the major problems in the field of venereal disease control, as identified by the investigator, is the male patient with gonorrhea who has had a previous attack of the disease and whose practices have led to repeated infection. Glass believed that social and psychological factors that affect the patient's behavior should be considered. He stated further that some existing programs are inadequate because they do not consider the whole patient.

Characteristics of Gonorrhea Repeaters

In 1953, Lentz, 3 et al, presented a study done on gonorrhea repeaters. Comparisons were reported on 80 "repeaters" (multiple infection) against 160 "non-repeater" gonorrhea patients, all of whom were Negro men in the 20 to 30 age range. The purpose of these comparisons was to explore the possible importance of psychological and socio-economic variables in predisposing patients to reinfection. The tentative interpretation was made that the "repeater" group actually consisted of two subclasses: 1) those who were unskilled, relatively misinformed, or lower school

John William Lentz, et al, "Gonorrhea Repeater Demonstration Project," American Journal of Syphilis, Gonorrhea, and Venereal Diseases 37 (6) (May 1953): pp. 577-587.

achievement, and less sophisticated, and 2) those who had a higher level of skill, schooling, and sophistication, who were somewhat blase about infections, treatment, and the chances of becoming infected.

The items on which these groups did not differ were shown to be important. These two groups, despite the significant difference in total number of infections, did not differ on sexual history, frequency of intercourse, type of contact, familial background, religious adherence, number of arrests, number of agencies contacted for help, amount of alcoholism, marital status, and number of children.

Characteristics of First-Time Drug Offenders

In 1965, Ellison⁴ reported on a study of glue sniffers done in Santa Clara County (San Jose), California. The sniffers were all poor academic achievers, below average in intelligence, and from a minority background. The results from the first year study indicated that glue sniffing is a form of delinquent behavior and a symptom of large social problems. The young offenders showed anxiety, passivity, withdrawal from social situations, disorganization, limited capacity for learning, and fragmented or brittle personalities which tend to fall apart in stressful situations.

Willie S. Ellison, "Portrait of a Glue Sniffer," Crime and Delinquency 11 (4) (October 1965): pp. 394-399.

Characteristics of Drug Repeaters

Excerpts from the Second Report of the National Commission on Marihuana and Drug Abuse⁵ indicate that most drug-dependent (primarily heroin-dependent) persons known to some official agency are young; the majority being under thirty years of age. Substantial segments of this population report onset of drug use to have occurred by midteens, heroin use to have occurred by about eighteen to twenty years of age, the stage of drug dependence to have been reached within a few years thereafter, and public notice to have followed about five years after the onset of dependence.

Very few of the heroin-dependent persons, included in the studies, completed high school. Many dropped out between the tenth and eleventh grades, or as soon as they reached the legal age to do so. Even while they were in school, however, and despite normal intelligence, most of these drug users exhibited behavioral problems in the class-room situation.

Because of their rather low educational achievement and their general absence of occupational skills, most heroin-dependent individuals remain at the bottom of the

⁵National Commission on Marihuana and Drug Abuse, "Drug Use in America: Problem in Perspective," Second Report (March 1973): pp. 140-170.

socioeconomic ladder. Most described their job as unskilled with low earning capacity. Others admitted to supplementing their income through illegal activities, in order to support their habits.

For the most part, known heroin-dependent persons were raised and still reside in the inner city areas close to their drug sources, in an environment often characterized by economic deprivation and family instability.

Excessive drinking and criminal involvement among both family members and friends were common. A substantial segment of those who had married had already terminated their marital relationships through separation or divorce. In essence, the preoccupation with drug use, the self-imposed isolation from stable social relationships and the general inability to assume personal and economic responsibilities collectively, contributed to unstable home and family situations.

Pescor⁶ reported results from a general statistical analysis of the clinical records of 1,036 drug addicted patients admitted to the United States Public Health Service Hospital at Lexington, Kentucky. He described the "typical" addict as a white male prisoner, thirty-eight years old,

⁶Michael J. Pescor, "A Statistical Analysis of the Clinical Records of Hospitalized Drug Addicts," <u>Public Health Reports</u>, Supplement 143 (1938): pp. 1-29.

given a two year sentence for illegal narcotic sale by a federal court. Familial background includes high incidence of organic diseases and low socioeconomic status. Low level education and occupational status, life in a deteriorated metropolitan section, and a negative marital and family life are also characteristic after addiction.

Chopra did a study, over a six-year period, of 300 Indian addicts. Results showed that 53 percent of the cases were associated with character disorders and personality problems as etiological factors. Disease and quasimedical use of narcotics were responsible for the formation of addiction in 30 percent of the cases, while environmental factors, poverty, strain, and stress, accounted for the remaining 16.6 percent.

Summary

Studies of characteristics of patients that are first-time patients or repeater patients in venereal disease and drug abuse clinics have been reviewed in this chapter. In general, the literature supports the fact that similarities exist in first-time patients and in repeater patients in venereal disease and drug abuse clinics.

⁷G. S. Chopra, "Studies on 300 Indian Drug Addicts with Special Reference to Psychosociological Aspects, Etiology and Treatment, <u>Bulletin on Narcotics</u>, 17 (2) (1965): pp. 1-9.

The similar characteristics among the patients studied were: the patients demonstrated low educational achievements, had a general absence of occupational skill, and were, in general, from a low socioeconomic bracket. The patients came from the inner city area. The environment in the lower socioeconomic level was often characterized by economic deprivation and family instability.

The procedures for the study are reported in Chapter III. The administration of the survey is also reported.

CHAPTER III

PROCEDURES OF THE STUDY

The purpose of the study was to determine and compare the basic personal and social values of first-time patients in the Dallas City Health Department Venereal Disease Clinic and those who were repeater patients. Sixty Negro females, nineteen to twenty-four, participated in the study. All sixty females attended the clinic and completed the survey between June 2 and June 27, 1975.

Selection of Dallas City Health Department Clinic

The investigator had a conference with Dr. Russell Wilson, Program Director of Venereal Disease, Dallas City Health Department, to discuss the possibility of working with patients at the venereal disease clinic. Dr. Wilson assured the investigator there would be over one hundred patients a day, with either syphilis or gonorrhea, at the clinic. The investigator decided to choose the Dallas City Health Department Venereal Disease Clinic as the place to conduct the value survey because she believed there would be a larger representative population in a large metropolitan center clinic. The clinic is within easy walking distance of the bus service, and the investigator lives in Dallas.

Dr. Wilson secured permission from the City Health Director and the Assistant City Health Director for the investigator to do the survey. The following people at the clinic were introduced to the investigator and were available as resource people: the epidemiologists, the nurse in charge of the clinic, the treatment room personnel and the clerical staff.

Selection of Survey Instrument

The investigator decided to use a survey instrument for determining the values of the patient instead of using the interview technique. It was believed that the value survey instrument would yield more objective results than an interview.

An extensive review of value system survey instruments was made to determine which instrument would be most appropriate. The instruments reviewed were the Minnesota Multi-phasic Personality Inventory, Seider's Values Inventory of Behavior Responses, the Wisconsin Jaycees Attitude-Opinion Test, and the Rokeach Value Survey. The Rokeach Value Survey Form D¹ was selected because it best met the following established criteria:

1. Reliability²

¹ See Appendix A for copy.

²Rokeach, The Nature of Human Values, p. 33.

- 2. Validity³
- Availability -- the surveys were delivered within two weeks after they were ordered
- 4. Reasonably priced -- each survey cost thirty cents
- 5. Readability -- easily read by people from eleven to ninety years of age
- 6. Suitability -- to objectives of the study
- 7. Easily administered -- ten to twenty minutes was the amount of time required for the majority; however, there is no time limitation

Description of the Survey

Form D of the Rokeach Value Survey was the instrument used to determine the value system of the participants in this study. Form D, the gummed label version, was chosen because it makes the ranking of the values easier than the traditional ranking normally made with pen or pencil.

The ranking with the use of gummed labels has a game-like quality; the respondent is doing something with her hands and does not require pen or pencil. The respondent can remove and repaste labels without having to become anxious about one's hands and fingers becoming messy. From a measurement standpoint, the respondent's task becomes progressively easier with every gummed label that she ranks.

³Ibid, pp. 55-94.

As she proceeds with the rankings, she does not hunt through or "stumble over" those already ranked in order to find the next most important one.

Permission from the University's Human Research Review Committee

After permission to use the Dallas City Health
Department Venereal Disease Clinic was secured, the investigator submitted copies of the form "Research and Investigation Involving Humans" containing a brief description of the proposed study to the Human Research Review Committee of Texas Woman's University. This Committee reviewed and approved the protocol of the proposed study. In these copies were the Consent to Investigational Procedure Form that each patient was asked to sign if she agreed to participate.

Clinical Procedure Followed in the Study

The investigator and Dr. Russell Wilson, physician at the clinic, discussed procedures to be used in the selection of patients to participate in the study. The following is a list of the clinic procedures used:

 The patient filled out a registration form when she first arrived at the clinic

⁴ See Appendix B for copy.

- 2. The patient was called by a clinic staff nurse to go into an examination room for treatment
- 3. The patient was told by the nurse that there was a lady doing an educational survey who would like to talk to her before she left the clinic
- 4. If the epidemiologist needed to interview the patient, and was available, this was done next; if not, the investigator saw the patient
- 5. The treatment room nurse or epidemiologist introduced the patient to the investigator by her first name
- 6. Each patient was seen individually and was told that she was being asked to participate in a special educational survey being done this month with patients in her age group who came to a venereal disease clinic
- 7. If the patient declined to participate in the study, she was thanked for her time and directed to the waiting room, or she could go home if no one else needed to interview her
- 8. If the patient was willing to participate in the survey, she was asked to sign the Consent to Investigational Procedure Form used by the Health Department
- 9. The investigator coded on the Consent to Investigational Procedure Form and Value Survey with a green pencil for the first-time patient and with a red pencil for the

repeater patient. This coding was done so that any additional information could be collected if needed.

Selection of the Patients

Sixty Negro females in the nineteen to twenty-four age group were selected from the seventy-two who completed the survey, to participate in the study. Thirty were first-time patients and thirty were repeater patients.

Twelve additional patients completed the survey but these were not used. Four said that they had been treated for a venereal disease previously, but this could not be verified; five had questionable histories of a first-time infection; and three had a positive culture check after treatment and it could not be determined if this was a second infection, or a penicillin resistant strain of gon-orrhea.

Administration of the Survey

The following procedures were used in the administration of the Rokeach Value Form D Survey:

- 1. The subject sat at a table in the room with the investi-
- Each subject was given the survey form and was asked to put her age on the first page

- 3. Before the survey was read, the participant was told that she could ask any question she wanted to about the meaning of any word that she did not understand
- 4. The investigator had a list of synonyms for any words that might be difficult for the participant to understand⁵
- 5. The following instructions were read and discussed together:

On the next page are 18 values listed in alphabetical order. Your task is to arrange them in order of their importance to YOU, as guiding principles in YOUR life. Each value is printed on a gummed label which can be easily peeled off and pasted in boxes on the left-hand side of the page.

Study the list carefully and pick out the one value which is the most important for you. Peel it off and paste it in Box 1 on the left.

Then pick out the value which is second most important for you. Peel it off and paste it in Box 2. Then do the same for each of the remaining values. The value which is least important goes in Box 18.

Work slowly and think carefully. If you change your mind, feel free to change your answers. The labels peel off easily and can be moved from place to place. The end result should truly show how you really feel.⁶

6. The participant was assured that there was no time limit, that there were no right or wrong answers, and that her

⁵See Appendix C for copy.

⁶Milton Rokeach, <u>Value Survey</u>, (Sunnyvale, California) Halgren Tests, 1967.

opinion was important. She was told that if there were any words that were difficult for her to understand, she could ask the investigator. She was then encouraged to begin the survey

Statistical Analysis

in the survey had ranked them. This was done for the two groups. The value rankings are the score in the survey. The Median test was used to determine if there was a statistically significant difference in the value rankings between the two groups. This data analysis was selected to determine if the null hypothesis could be supported or rejected. The null hypothesis was that there is no statistically significant difference in the values, as determined by the Rokeach Value Survey, of first-time and repeater nineteen to twenty-four year old Negro female patients at the Dallas City Health Department Venereal Disease Clinic. The .05 level of significance was utilized.

Summary

The values of sixty Negro female patients at the Dallas City Health Department Venereal Disease Clinic were determined by the use of the Rokeach Value Survey. The participants in the study were thirty first-time patients

and thirty repeater patients in the nineteen to twenty-four age bracket who came to the Dallas City Health Department Venereal Disease Clinic during June, 1975. A representative sample of the patients were selected by availability order; when the investigator finished with one patient she saw the next patient available.

Each participant was seen individually and the instructions for doing the survey were read by the investigator and participant together. The gummed label version of the Rokeach Value Survey was used, because it best met the criteria of availability, reliability, validity, readability, cost, applicability, feasibility, and ease of administration.

After the survey was completed, a data analysis was done using the Median test to determine if there was a statistical significant difference in the values of the two groups.

Chapter IV is a report of the findings of the survey. Included, also, is a discussion of these findings.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

A study comparing the values of sixty Negro female patients between ages nineteen and twenty-four, who attended the Dallas City Health Department Venereal Disease Clinic was made, using the Rokeach Value Survey. The purpose of this chapter is to present an analysis of the data collected as measured by this survey instrument during June, 1975. The null hypothesis in this study stated that there is no statistically significant difference in the values, as determined by the Rokeach Value Survey, of first-time and repeater nineteen to twenty-four year old Negro female patients at the Dallas City Health Department Venereal Disease Clinic. Data was collected and the Median test was the statistical test used to measure the significance of the results.

Description of the Group in the Study

Thirty Negro females in the nineteen to twenty-four age group who were first-time patients were participants in the study. Thirty Negro females in the same age group who were repeater patients also participated in the study.

Analysis of Data

Four tables were prepared listing alphabetically the eighteen terminal and instrumental values as indicated on the Rokeach Value Survey. Table 3, Raw Data Obtained from First-Time Patients for Terminal Values from the Rokeach Value Survey, and Table 4, Raw Data Obtained from Repeater Patients for Terminal Values from the Rokeach Value Survey, presents the rank order of scores for the terminal values of first-time patients and repeater patients. Table 5, Raw Data Obtained from First-Time Patients for Instrumental Values from the Rokeach Value Survey, and Table 6, Raw Data Obtained from Repeater Patients for Instrumental Values from the Rokeach Value Survey, presents the rank order of scores for the instrumental values of first-time patients and repeater patients.

Frequency distribution tables were set up and the median score was determined for first-time patients and repeater patients for both terminal and instrumental values. Then combined frequency tables were set up to determine the median for terminal values and instrumental values of both first-time and repeater patients.

After the median for each value was determined, the Median test was done. The following table shows the form used:

¹ See Appendix D for copy.

No. of scores above combined median
No. of scores below combined median
Total

Group I	Group II	Total
A	В	A + B
С	D	C + D
A + C	B + D	N=n ₁ +n ₂

With the data information about each value chi square (χ^2) was determined. The formula used was:

$$\chi^{2} = \frac{N\left(|AD - BC| - \frac{N}{2}\right)^{2}}{(A+B)(C+D)(A+C)(B+D)}$$

with one degree of freedom. From a chi square table the probability was determined. Probability means the likeli-hood of an event occuring by chance.

Table 1, Data Analysis for Terminal Values for First-Time and Repeater Patients, represents a summary of the analysis of the data for the terminal values. The combined median for both groups; the median for the first-time patients; the median for the repeater patients; and results of the Median test, including χ^2 and probability, are listed. The probability listed in the table can be interpreted as the level of significance when comparing the first-time and repeater patients for the respective values.

Terminal values "A World of Beauty" and "Social Recognition" indicate a .10 level of significance. This means that in ten chances out of one hundred this could have happened by chance. The value "A World of Beauty"

was ranked higher by repeater patients, while "Social Recognition" was ranked more highly by first-time patients.

"Equality" and "Self-Respect" also terminal values, indicate a .20 level of significance. This means that in twenty chances out of one hundred this could have happened by chance. The value "Equality" ranked higher with repeater patients, while the value "Self-Respect" ranked higher with first-time patients.

Table 2, Data Analysis for Instrumental Values for First-Time and Repeater Patients, represents a summary of the analysis of the data for the instrumental values. The combined median for both groups; the median for first time patients; the median for repeaters; and the results of the Median test, including χ^2 and the probability, are listed. Probability listed on these tables can also be interpreted as the level of significance.

The instrumental value "Honest" was the one which demonstrated the highest degree of significance. This value had a .05 level of significance. A result which is significant at this level indicates a real difference exists.

The repeaters ranked this value higher than the first-time patients.

The instrumental value "Independent" indicated a .10 level of significance. This means that in ten chances

TABLE 1

DATA ANALYSIS FOR TERMINAL VALUES FOR
FIRST-TIME AND REPEATER PATIENTS

Terminal	Combined	Median for	Median for	Medi	an Test	
rerminal	Median	First-Time Patients	Repeater - Patients	X ²	Probability	
A Comfortable Life	8.50	8.50	8.50	.07	. 80	•
An Exciting Life	12.10	11.33	13.00	.60	.50	
A Sense of Accomplishment	10.75	11.50	10.00	1.07	.30	31
A World at Peace	7.25	8.75	5.83	1.07	.30	
A World of Beauty	10.70	12.50	9.50	2.40	.10	
Equality	7.10	8.00	6.00	1.67	.20	
Family Security	3.23	3.17	3.25	0	.99	
Freedom	5.79	5.25	6.50	.60	.50	
Happiness	4.20	3.83	4.70	1.08	.30	
Inner Harmony	13.50	13.90	12.83	.60	.50	
Mature Love	13.17	13.50	12.83	.07	. 80	

TABLE 1--Continued

	Combined	Median for	Median for	Median Test					
Terminal	Median	First-Time Patients	Repeater - Patients	χ^2	Probability				
National Security	13.50	13.17	14.00	.07	. 80				
Pleasure	13.17	11.83	14.75	1.07	.30				
Salvation	11.00	11.50	10.50	0	.99				
Self-Respect	6.94	6.25	7.13	1.70	.20	32			
Social Recognition	12.30	11.50	14.17	2.40	.10				
True Friendship	10.90	10.50	11.17	.07	. 80				
Wisdom	7.50	7.50	7.50	.07	. 80				

TABLE 2

DATA ANALYSIS FOR INSTRUMENTAL VALUES FOR
FIRST-TIME AND REPEATER PATIENTS

Instrumental	Combined Median	Median for First-Time	Median for	Median Test				
Institutertal	Median	Patients	Repeater _ Patients	χ^2	Probability	•		
Ambitious	5.17	4.50	6.50	1.67	.20			
Broadminded	8.17	7.50	8.83	.27	.70			
Capable	12.67	12.25	13.17	.27	.70	U		
Cheerful	9.10	6.50	10.83	1.67	.20	C		
Clean	2.75	2.21	4.00	1.07	.30			
Courageous	10.67	9.30	11.50	1.07	.30			
Forgiving	7.75	8.00	7.50	.07	.80			
Helpful	6.38	6.30	6.50	0	.99			
Honest	5.13	6.10	4.17	4.30	.05			
Imaginative	15.72	15.17	16.10	.60	.50			
Independent	7.50	6.10	9.00	3.27	.10			

TABLE 2--Continued

	Combined Median	Median for First-Time	Median for	Median Test						
Instrumental	Median	Patients	Repeater Patients	χ^2	Probability					
Intellectual	13.67	13.00	13.93	.60	.50					
Logical	16.38	16.33	16.50	0	.99					
Loving	7.50	8.50	6.50	.07	.80					
Obedient	11.17	12.70	10.25	.60	.50	ſω				
Polite	9.50	10.50	8.50	.07	. 80	ω 4				
Responsible	8.75	9.50	8.17	. 27	.70					
Self-Controlled	10.50	11.83	9.50	.60	.50					

out of one hundred that this could have happened by chance.

The first-time patients ranked this value higher than the repeater patients.

The values "Cheerful" and "Ambitious" were the instrumental values that indicated a .20 level of significance. This means that in twenty chances out of one hundred this could have happened by chance. Both of these ranked higher with first-time patients than they did with repeater patients.

Summary

In this chapter, the investigator presented an analysis of the data collected, as measured by the Rokeach Value Survey. This survey was administered to sixty Negro female patients between ages nineteen and twenty-four, who attended the Dallas City Health Department Venereal Disease Clinic during June, 1975. Table 1 represents the results of the analysis for terminal values and Table 2 represents the results of the analysis for instrumental values. The Median test was the statistical test used to measure the significance of the results.

Comparisons revealed one statistically significant difference at the .05 level. The instrumental value "Honest" did reveal a difference between the two groups of patients at this level. Terminal values "A World of

Beauty" and "Social Recognition" and instrumental value
"Independence" revealed a difference at the .10 level.

Terminal values "Equality" and "Self-Respect" and instrumental values "Ambitious" and "Cheerful" revealed a

difference at the .20 level.

Repeater patients had a higher ranking for the terminal values "A World of Beauty" and "Equality" and a lower ranking for the values "Self-Respect" and "Social Recognition" than the first-time patients.

Instrumental values "Ambitious," "Cheerful," and
"Independent" ranked higher with first-time patients and
the value "Honest" ranked higher with repeaters.

Chapter V includes the summary, discussion and conclusion of the study. Recommendations for further studies are also included.

CHAPTER V

SUMMARY, DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

Summary

The present study was conducted to determine and compare the basic personal and social values of thirty Negro female patients between nineteen and twenty-four years of age who were first-time patients and thirty Negro female patients between nineteen and twenty-four years of age who were repeater patients in the Dallas City Health Department Venereal Disease Clinic in June, 1975. The Rokeach Value Survey was the instrument used to determine the values.

In the related literature, characteristics of firsttime patients and repeater patients in venereal disease and
drug abuse clincs were given. Characteristics that were
similar among the patients were: the patients demonstrated
low educational achievements, had a genereal absence of
occupational skills, and were in general from a low socioeconomic bracket. However, the literature did not reveal
any studies of value similarities of first-time patients and
repeater patients with venereal disease.

The data collected from the administration of the Rokeach Value Survey was analyzed. The Median test was used to determine the statistical difference in value rankings of the two groups. The .05 level of significance was utilized.

The findings of the study showed that first-time patients and repeater patients exhibit an agreement in general ranking of the values. The instrumental value "Honest" was the one value that revealed a statistically significant difference at the .05 level. On some specific values there were differences at the .10 and .20 level of significance.

Terminal values "A World of Beauty" and "Social Recognition" and instrumental value "Independence" revealed a difference at the .10 level. Terminal values "Equality" and "Self-Respect" and instrumental values "Ambitious" and "Cheerful" revealed a difference at the .20 level.

Discussion

Upon the basis of having done this study, the investigator makes the following observations:

The study indicated that the terminal values "Family Security," "Happiness," and "Freedom" ranked high in the value systems of both first-time and repeater patients.
"Inner Harmony," "Mature Love," "National Security," and "Pleasure" ranked low with both groups

- 2. The study also indicated that instrumental values "Ambitious," "Clean," and "Honest" ranked high in the value systems of both first-time and repeater patients. "Capable," "Imaginative," "Intellectual," and "Logical" ranked low with both groups
- 3. Some of the words on the survey proved difficult for the participants to understand
- 4. Expressed values may not be the same as the individual's internalized values
- 5. The fact that the investigator was a stranger may have influenced the responses of the patients
- 6. A different measuring instrument that would be prepared by the investigator might utilize different values
- 7. A different procedure, such as an interview, might prove more meaningful and yield different results
- 8. Perhaps other factors such as educational background, marital status, and occupational skills should have been known and considered
- 9. Interaction among factors not considered by the investigator might prove statistically significant when analyzed
- 10. At the end of each survey, opportunities to do health education were utilized when interest could be stimulated

Conclusion

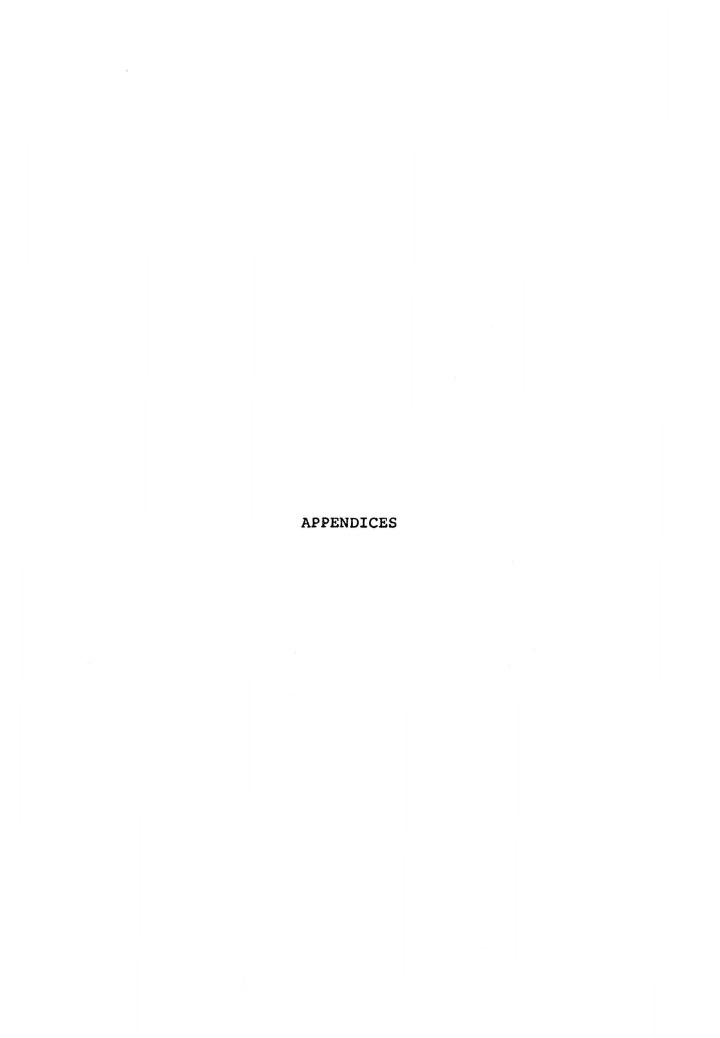
The restricted population measured in this study permits a limited conclusion at the .05 level of significance. "Honest" was the only instrumental or terminal value that indicated a statistically significant difference between first-time and repeater patients. The investigator can not negate the null hypothesis of this study; therefore, the null hypothesis that there is no statistically significant difference in the values, as determined by the Rokeach Value Survey, of first-time and repeater nineteen to twenty-four year old Negro female patients at the Dallas City Health Department Venereal Disease Clinic must be accepted.

Recommendations for Further Studies

As a result of this study, the investigator makes the following recommendations:

- 1. A study, using the Rokeach Value Survey, should be done to determine the values of thirty Negro females between the ages of nineteen and twenty-four that have no history of a venereal disease infection. The results of such a study could be compared to the results found in this study
- A study, using the Rokeach Value Survey, should be done to determine the values of Caucasian females between nineteen and twenty-four

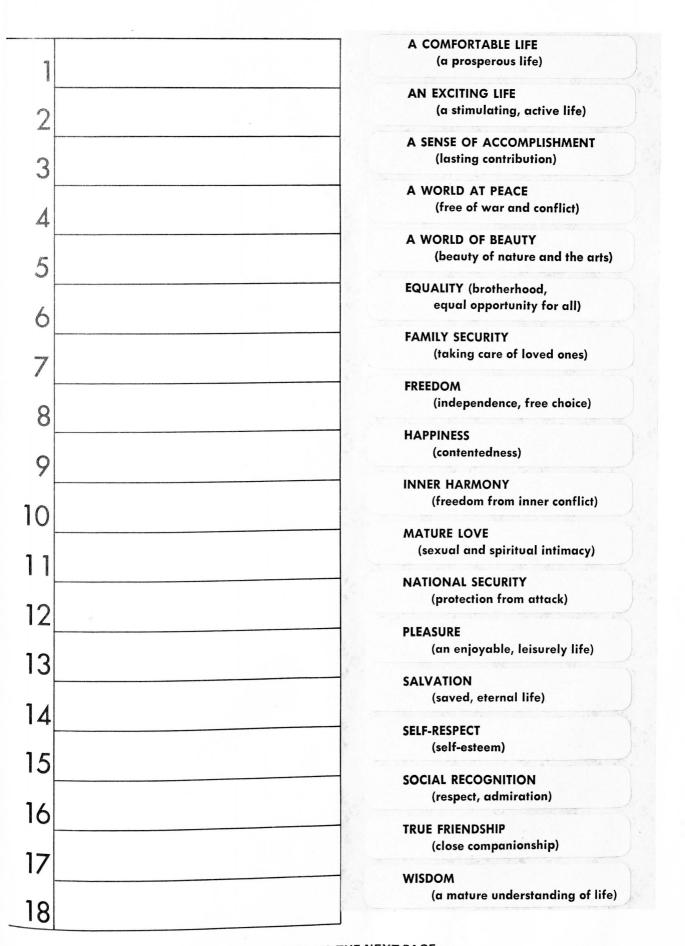
- 3. A study, using the Rokeach Value Survey, should be done to determine the values of younger Negro females
- 4. A study, using the Rokeach Value Survey, should be done to determine the values of Mexican-American females
- 5. A study, using the Rokeach Value Survey, should be done to determine the values of Negro males
- 6. A study, using the Rokeach Value Survey, should be done to determine the values of Caucasian males
- 7. A study, using the Rokeach Value Survey, should be done to determine the values of Mexican-American males
- 8. A study similar to this should be done, using a larger representative sampling of patients at the Dallas City Health Department Venereal Disease Clinic
- 9. A study similar to this should be done using other metropolitan cities' venereal disease clinics
- 10. A study, using the Rokeach Value Survey, should be done to determine the values of patients of the same ethnic group, sex, and near age groups as the investigator doing the study
 - 11 Another value survey instrument should be developed to be used in similar studies



APPENDIX A

VALUE SURVEY

BIRTH DATE	SEX: MALE	FEMALE	
CITY and STATE OF BIRTH			
NAME (FILL IN ONLY IF BEOLIESTED)			



	the state of the s
1	AMBITIOUS (hard-working, aspiring)
2	BROADMINDED (open-minded)
3	CAPABLE (competent, effective)
1	CHEERFUL (lighthearted, joyful)
5	CLEAN (neat, tidy)
6	COURAGEOUS (standing up for your beliefs)
7	FORGIVING (willing to pardon others)
8	HELPFUL (working for the welfare of others)
9	HONEST (sincere, truthful)
10	IMAGINATIVE (daring, creative)
1 1	INDEPENDENT (self-reliant, self-sufficient)
10	INTELLECTUAL (intelligent, reflective)
12	LOGICAL (consistent, rational)
13	LOVING (affectionate, tender)
14	OBEDIENT (dutiful, respectful)
15	POLITE (courteous, well-mannered)
16	RESPONSIBLE (dependable, reliable)
17	SELF-CONTROLLED
18	(restrained, self-disciplined)

APPENDIX B

! OF DALLAS RTMENT OF PUBLIC HEALTH 5 AMELIA COURT AS, TEXAS 75235

CONSENT TO INVESTIGATIONAL PROCEDURE OR TREATMENT

If subject is a patient, his attending physician must be consulted and this completed form placed in the patient's medical records.

JECT	UNIT NO.
I hereby give my consent to	to perform or supervise
	on
	NAME OF SUBJECT
atment, the risks involved, and the by	dure or treatment, possible alternative methods of possibility of complications have been explained to I understand that the procedure or treatment that I may withdraw my consent for my (his,her) furtime without affecting my (his,her) status as a , having received this information and satisfactory I voluntarily consent to the procedure or treatment
NAME OF SUBJECT	TIME
	date
TNESS:	SIGNED
101200	SUBJECT OR PERSON RESPONSIBLE
TNESS:	RELATIONSHIP
rification of explanation and patient the medical record.	consent should be recorded in the progress notes
structions as to persons authorized t the subject is not competent, the pe ardian or the nearest of kin.	co sign: erson responsible shall be the legal appointed

der the Revised Minor's Consent to Treatment Law of 1973.

the subject is unable to write his name, the following is legally acceptable:

the subject is a minor under 21 years of age, the subject will be diagnosed and treated

John H. (His X Mark) Doe and two (2) witnesses



SYNONYMS FOR TERMINAL VALUES

<u>Values</u> Synonyms

A Comfortable Life Living good

An Exciting Life A busy life

A Sense of Doing something people will

Accomplishment remember

A World at Peace No war

A World of Beauty It's good looking

Equality They are together

Family Security Family is together--close

Freedom I do my thing

Happiness Peaceful, happy

Inner Harmony Everything is all right

Mature Love Sex

National Security Nothing to worry about

Pleasure Fun

Salvation Born again

Self-Respect Self-approval

Social Recognition Appreciation

True Friendship Close friends

Wisdom Know what it is all about

SYNONYMS FOR INSTRUMENTAL VALUES

Values Synonyms

Ambitious Willing to work

Broadminded Understands other's viewpoint

Capable Able to do it

Cheerful Pleasant

Clean Not dirty

Courageous Gotta be brave

Forgiving Will understand and forgive

Helpful Do good for others

Honest Telling the truth

Imaginative Use imagination

Independent Can take care of self

Intellectual Smart

Logical Use your head; think it through

Loving Warm hearted

Obedient Obey

Polite Behave yourself

Responsible Will be trusted

Self-Controlled Control over yourself

APPENDIX D

TABLE 3

RAW DATA OBTAINED FROM FIRST-TIME PATIENTS FOR

TERMINAL VALUES FROM THE ROKEACH VALUE SURVEY

-		. Comfortable Life	n Exciting Life	Sense of Accomplishment	World at Peace	World of Beauty	Equality	Family Security	Freedom	Happiness	Inner Harmony	Mature Love	National Security	Pleasure	Salvation	Self-Respect	Social Recognition	le Friendship	Wisdom	
		4 1	An	AA	K d	A B	Ed	मु	H	Ha	H	Ma	Na	PI	S	Se	No.	True	Wi.	
	1	7	11	4	10	18	5	1	15	3	16	14	6	17	13	12	9	2	8	54
	2	18	6	5	8	10	11	7	16	3	12	14	9	1	4	15	13	17	2	
	3	10	7	1	5	11	8	6	2	9	17	18	14	16	15	4	12	3	13	
	4	2	5	14	9	18	15	3	1	4	16	17	12	10	8	6	13	7	11	
	5	8	2	10	3	7	13	9	5	1	14	18	15	17	16	6	12	4	11	
	6	17	18	6	11	13	8	2	10	1	3	5	12	15	4	14	9	16	7	
	7	8	18	7	12	13	11	1	6	2	15	17	3	14	9	4	16	5	10	
	8	6	15	13	14	12	4	2	7	11	5	18	16	8	10	1	3	17	9	
	9	6	10	11	1	8	2	9	7	3	14	15	13	12	18	16	17	4	5	
	10	11	14	13	6	15	5	1	3	10	16	18	7	17	4	2	8	12	9	

_																							
=		A Comfortable Life	An Exciting Life	A Sense of Accomplishment	A World at Peace	A World of Beauty	Equality	Family Security	Freedom	Happiness	Inner Harmony	Mature Love	National Security	Pleasure	Salvation	Self-Respect	Social Recognition	True Friendship	Wisdom				
	11	9	11	18	16	10	7	5	1	4	15	3	14	8	6	2	13	17	12				
	12	9	17	16	12	18	3	1	2	4	10	5	13	14	15	6	8	11	7				
	13	12	14	1	2	16	18	5	6	9	11	13	3	15	7	10	8	17	4	55			
	14	10	14	17	7	8	16	1	3	12	18	15	9	11	13	4	6	5	2				
	15	5	7	16	13	8	10	4	6	1	14	9	18	11	15	12	17	2	3				
	16	3	11	16	9	14	7	2	6	1	18	12	17	5	8	10	15	4	13				
	17	12	13	6	7	10	2	8	9	4	5	3	15	18	14	11	16	1	17				
	18	7	12	5	4	11	6	1	10	8	14	2	16	9	15	13	3	17	18				
	19	6	12	14	7	11	13	9	1	2	8	10	17	5	4	15	18	16	3				
	20	14	6	15	1	16	18	2	3	4	13	12	9	17	8	7	10	11	5				

	A Comfortable Life	An Exciting Life	A Sense of Accomplishment	A World at Peace	A World of Beauty	Equality	Family Security	Freedom	Happiness	Inner Harmony	Mature Love	National Security	Pleasure	Salvation	Self-Respect	Social Recognition	True Friendship	Wisdom	
21	1	13	7	18	16	6	4	9	5	8	15	17	12	3	10	11	14	2	
22	10	11	15	12	17	3	8	2	1	14	13	9	5	18	4	6	7	16	(1)
23	3	2	4	5	17	16	6	8	7	9	18	10	11	12	1	13	14	15	56
24	13	5	14	17	16	18	2	1	4	15	9	12	6	11	3	8	10	7	
25	2	16	11	4	9	3	1	5	6	17	18	15	10	13	14	12	7	8	
26	9	10	12	13	15	2	5	4	7	3	11	18	14	16	1	8	17	6	
2 7	1	17	11	5	7	16	4	2	3	15	14	13	9	8	18	12	6	10	
28	10	16	14	9	18	8	2	5	7	12	17	11	15	1	4	6	13	3	
29	18	11	7	9	10	8	3	5	1	2	13	14	12	15	6	16	17	4	
30	7	11	16	10	4	17	3	18	2	15	9	14	13	12	1	8	5	6	

TABLE 4

RAW DATA OBTAINED FROM REPEATER PATIENTS FOR

TERMINAL VALUES FROM THE ROKEACH VALUE SURVEY

-					-					k-09000	-	-	again a series and enteres and a series and				-		
		A Comfortable Life	An Exciting Life	A Sense of Accomplishment	A World at Peace	A World of Beauty	Equality	Family Security	Freedom	Happiness	Inner Harmony	Mature Love	National Security	Pleasure	Salvation	Self-Respect	Social Recognition	True Friendship	Wisdom
	1	11	12	17	1	10	3	6	4	5	15	14	2	8	9	7	18	16	13
	2	10	12	14	9	1	8	2	7	3	18	13	16	11	17	5	15	4	6
	3	5	18	12	9	14	3	15	2	4	10	11	8	17	13	1	16	6	7
	4	12	18	13	2	17	4	3	6	5	10	11	16	15	1	9	8	14	7
	5	4	9	8	10	11	18	5	6	3	17	2	15	13	1	12	14	7	16
	6	15	18	13	11	6	4	8	1	5	14	17	10	2	12	7	16	3	9
	7	6	18	5	4	14	11	3	7	2	9	12	13	16	1	10	15	17	8
	8	10	18	9	2	17	5	1	3	4	6	12	14	15	11	7	8	16	13
	9	13	15	3	2	8	9	6	1	5	17	14	10	16	12	4	7	11	18
	10	5	15	3	6	9	7	1	17	12	14	10	4	16	13	8	11	18	2

-															-	-			
	A Comfortable Life	An Exciting Life	A Sense of Accomplishment	A World at Peace	A World of Beauty	Equality	Family Security	Freedom	Happiness	Inner Harmony	Mature Love	National Security	Pleasure	Salvation	Self-Respect	Social Recognition	True Friendship	Wisdom	_
11	14	6	2	17	18	1	3	12	4	13	16	8	15	5	7	11	9	10	
12	5	11	13	2	9	6	3	1	7	16	8	17	15	10	12	18	4	14	
13	5	11	10	4	14	2	1	3	8	12	13	9	6	15	7	17	18	16	58
14	2	18	13	15	10	7	12	11	6	5	8	16	9	1	14	17	3	4	
15	8	17	10	6	7	18	11	5	1	15	9	16	2	12	4	13	3	14	
16	13	12	6	2	8	1	3	7	14	16	17	9	11	4	15	18	10	5	
17	15	13	9	18	10	4	5	14	3	6	7	17	16	8	1	12	11	2	
18	9	18	8	10	11	7	4	12	6	13	16	15	17	1	2	14	5	3	
19	4	6	3	17	14	10	18	2	5	13	12	15	7	16	1	8	9	11	
20	14	13	10	7	18	4	5	6	1	11	12	8	17	2	3	9	16	15	

_			~	***						-	-									
_		A Comfortable Life	An Exciting Life	A Sense of Accomplishment	A World at Peace	A World of Beauty	Equality	Family Security	Freedom	Happiness	Inner Harmony	Mature Love	National Security	Pleasure	Salvation	Self-Respect	Social Recognition	True Friendship	Wisdom	•
	21	2	18	7	6	15	9	1	5	3	12	16	14	17	10	8	11	13	4	
	22	6	10	13	5	9	3	1	7	2	8	17	16	18	12	11	14	15	4	
	23	3	14	11	4	2	6	1	13	15	12	16	5	17	9	7	10	18	8	
	24	1	7	10	11	12	13	2	14	6	15	5	17	8	18	3	16	4	9	
	25	11	9	12	1	8	4	3	15	10	14	17	18	13	5	7	16	6	2	
	26	11	16	15	1	2	3	7	4	13	6	17	5	14	18	10	9	12	8	
	27	2	7	6	9	5	13	3	14	4	16	10	18	8	17	11	15	12	1	
	28	6	18	9	1	3	12	10	7	2	14	13	8	17	16	4	15	11	5	
	29	12	1	13	10	5	9	3	8	2	11	15	16	6	18	14	7	17	4	
	30	11	10	14	4	. 9	5	2	3	13	8	15	12	17	1	7	16	18	6	

TABLE 5

RAW DATA OBTAINED FROM FIRST-TIME PATIENTS FOR

INSTRUMENTAL VALUES FROM THE ROKEACH VALUE SURVEY

-				-				-		-				-	The state of the s		-		Manufacture.
	Ambitious	Broadminded	Capable	Cheerful	Clean	Courageous	Forgiving	Helpful	Honest	Imaginative	Independent	Intellectual	Logical	Loving	Obedient	Polite	Responsible	Self-Controlled	
1	1	15	11	10	3	16	9	2	12 1	8	4	6	17	5	8	7	14	13	
2	10	7	8	2	1	12	11	9	4 1	6	5	3	15	17	13	6	14	18	
3	5	15	18	3	1	7	9	2	8 1	0	4	11	16	12	14	6	13	17	
4	3	13	7	4	1	9	5	2	8 1	6 1	.2	11	17	14	10	15	6	18	
5	18	10	13	3	2	11	5	17	6 1	6	1	7	14	4	12	15	8	9	
6	6	4	12	10	7	16	8	18	5 1	5	2	9	3	13	17	14	11	1	
7	5	17	12	3	1	15	11	13	6 1	.6	4	14	18	2	7	8	10	9	
8	11	12	15	10	3	4	5	6	1 1	3	7	16	17	18	14	8	9	2	
9	3	7	11	12	1	8	4	5	16 1	0	6	13	17	2	9	18	15	14	
10	2	8	15	14	1	9	12	4	5 1	7	3	16	18	10	13	11	6	7	

-					-							-								_
		Ambitious	Broadminded	Capable	Cheerful	Clean	Courageous	Forgiving	Helpful	Honest	Imaginative	Independent	Intellectual	Logical	Loving	Obedient	Polite	Responsible	Self-Controlled	
	11	15	5	12	9	4	18	11	6	10	17	2	7	16	13	14	3	1	8	
	12	3	10	15	17	2	13	11	14	6	18	12	8	9	16	7	4	5	1	
	13	4	2	8	16	7	14	1	11	15	18	3	5	10	12	17	13	9	6	
	14	5	2	11	8	7	3	1	4	10	13	6	16	17	9	12	15	14	18	
	15	11	12	18	3	1	9	5	4	6	15	7	16	14	2	17	13	8	10	
	16	12	3	15	4	5	10	2	13	9	17	1	6	18	8	16	7	11	14	
	17	3	5	8	2	1	4	7	6	10	11	12	14	15	9	13	16	17	18	
	18	3	5	8	6	10	11	9	1	4	13	16	18	14	2	17	7	12	15	
	19	1	3	16	6	2	4	8	13	9	10	15	14	17	7	11	18	5	12	
	20	11	15	14	9	4	3	5	6	1	18	8	17	16	.2	13	10	7	12	

-						-				and the same of th			Division of the last of the la					EXTRACTOR STATEMENT PROCESS		_
-		Ambitious	Broadminded	Capable	Cheerful	Clean	Courageous	Forgiving	Helpful	Honest	Imaginative	Independant	Intellectual	Logical	Loving	Obedient	Polite	Responsible	Self-Controlled	
	21	12	6	11	16	2	7	8	13	1	17	9	14	18	4	3	15	10	5	
	22	7	8	9	2	16	17	18	12	5	14	6	1	11	3	10	4	13	15	
	23	1	15	11	3	2	4	5	6	7	14	13	12	17	16	8	9	10	18	
	24	4	15	13	5	10	9	8	7	1	17	12	14	18	6	16	11	2	3	
	25	1	2	11	8	3	4	9	12	14	13	15	10	18	17	7	5	6	16	
	26	4	15	12	3	2	5	17	10	6	18	1	9	16	7	13	8	11	14	
	27	3	2	16	14	4	9	7	1	8	15	5	17	13	11	10	12	18	6	
	28	1	9	18	10	2	11	4	5	3	14	8	13	17	6	15	16	7	12	
	29	5	4	15	14	1	12	13	11	3	7	6	17	16	18	10	8	2	9	
	30	14	4	13	2	1	15	9	5	3	10	6	18	16	7	17	12	8	11	

TABLE 6

RAW DATA OBTAINED FROM REPEATER PATIENTS FOR

INSTRUMENTAL VALUES FROM THE ROKEACH VALUE SURVEY

	THE PARTY OF THE P		***************************************	-	-		-									CONTRACTOR OF THE PARTY OF THE	-	m-shepudologicopicopico
	Ambitious	Broadminded	Capable	Cheerful	Clean	Courageous	Forgiving	Helpful	Honest	Imaginative	Independent	Intellectual	Logical	Loving	Obedient	Polite	Responsible	Self-Controlled
1	3	9	7	11	12	15	8	4	1	17	13	14	18	10	16	5	2	6
2	13	11	18	8	2	15	6	7	12	16	3	14	17	1	9	5	4	10
3	14	6	7	12	1	16	11	9	2	18	4	5	13	17	15	8	10	3
4	8	12	10	18	11	13	2	5	3	17	9	16	15	4	6	7	1	14
5	9	8	14	11	5	13	4	6	3	17	12	7	18	2	10	15	16	1
6	6	11	18	10	3	12	14	4	13	2	9	16	7	1	17	15	8	5
7	3	7	10	18	13	9	8	1	2	11	4	15	17	16	6	14	5	12
8	6	7	13	12	1	14	5	3	2	17	8	9	18	11	10	15	4	16
9	15	14	8	18	6	7	9	16	1	13	10	11	2	17	5	12	4	3
10	3	2	4	9	6	10	7	13	11	18	1	5	12	8	16	14	17	15

-					_				-	-	-								
	Ambitious	Broadminded	Capable	Cheerful	Clean	Courageous	Forgiving	Helpful	Honest	Imaginative	Independent	Intellectual	Logical	Loving	Obedient	Polite	Responsible	Self-Controlled	
11	12	11	18	5	4	2	10	6	9	17	13	16	15	7	8	1	3	14	
12	11	12	5	3	1.7	6	13	1	4	16	7	18	14	2	15	8	9	10	
13	2	3	10	16	15	7	4	14	5	12	1	8	18	6	17	11	13	9	
14	3	1	17	15	4	14	7	11	8	9	16	13	2	5	18	10	12	6	
15	18	7	13	5	4	15	8	3	6	11	9	14	17	1	16	12	10	2	
16	3	14	15	6	1	11	2	4	5	13	12	16	17	8	10	7	9	18	
17	13	6	16	9	5	2	7	11	1	10	15	14	12	17	18	8	3	4	
18	9	14	16	11	12	17	4	13	5	15	6	7	18	10	3	1	8	2	
19	5	4	6	9	1	3	18	16	2	17	8	14	11	15	12	10	13	7	
20	8	7	9	15	1	11	12	10	2	17	3	14	18	16	5	4	6	13	

				-			a Liberty and the second					Name and Address of the Owner, where the	Parent Co. Chapter Co.			*************	- Mary and a second		-
	Ambitious	Broadminded	Capable	Cheerful	Clean	Courageous	Forgiving	Helpful	Honest	Imaginative	Independent	Intellectual	Logical	Loving	Obedient	Polite	Responsible	Self-Controlled	
21	1	2	3	4	9	12	5	6	8	16	7	15	17	18	10	13	11	14	
22	9	18	14	1	2	11	4	5	3	17	15	12	16	6	7	10	8	13	
23	8	9	16	18	1	13	12	14	6	17	11	7	15 ⁻	10	2	4	3	5	
24	15	10	14	8	1	6	3	4	5	16	12	17	11	2	7	9	18	13	
25	2	4	14	12	10	13	11	9	5	17	6	15	16	, 1	8	3	7	18	
26	5	9	12	13	4	6	14	10	2	16	1	7	15	3	17	8	18	11	
2 7	1	12	13	18	2	9	8	10	3	14	11	5	17	6	7	4	16	15	
28	2	11	18	12	1	10	3	9	4	15	13	14	17	5	16	7	6	8	
29	3	7	5	1	11	14	9	4	8	18	12	16	17	2	13	15	10	6	
30	11	10	17	7	1	13	3	5	4	2	9	16	18	15	14	12	6	8	

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