

Needs Assessment Survey for a Rural Women's Center:

A Practical
Methodology

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The rise of women's centers and women-to-women mental health/social services has been a trend which is congruent with the community psychology goals of: (1) empowering diverse groups (Rappaport, 1977), (2) employment of primary and secondary prevention rather than treatment strategies (Bloom, 1977), and (3) reliance upon volunteerism and local participation (Sarason, 1974). Women's services have, however, shared a flaw which is characteristic of most mental health research and service delivery systems: namely, the neglect of rural areas (cf. Murray & Keller, 1982). In fact, as late as the middle of the last decade, a survey by the Harvard University Women and Mental Health Project found "no visible women-to-women mental health services in rural areas" (Guttentag, Salasin, Bray, Baimas, Smolensky & Legge, 1976, p. 22, italics added).

Since women's centers are a potentially useful preventative mental health tool (cf. Davis, 1977), active, effective women's centers geared to the needs of the community could fill an important gap in rural health care

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delivery. In order to develop these effective, responsive women's centers, needs assessments first must be conducted. This report details a needs assessment conducted for a newly-opened women's center in a rural university community and illustrates a practical survey methodology.

The present study constitutes an initial sample of perceived needs and priorities of rural Midwestern women. It is felt to be useful for comparisons with urban and other rural samples, as well as for heuristic purposes in anticipating obstacles to initiation of women's services.

Method

Subjects

The sample consisted of 400 women chosen at random from the telephone directory of a rural, Midwestern university community (pop. < 15,000). Subjects were mailed a survey of 47 items tapping (1) areas of perceived need and priority and (2) areas of volunteerism in which respondents could offer assistance. Needs and priorities items were scaled on a 5-point Likert type scale (see Table 1). Respondents were given the opportunity to check volunteer items from a list provided with the survey (e.g., board membership, fund-raising, etc.). One hundred seventy-seven of the 400 women (44.25 %) completed and returned the survey. The respondents ages ranged from 18 to 76 years.

Results and Discussion

The results of the present survey were surprising in two major ways. First, volunteerism by the respondents was unexpectedly low. Over 70% of the respondents did not volunteer to help in any way, with slightly less than 10% volunteering for more than two areas of service. Second, the results were noteworthy in that the reported priorities and perceived needs differed markedly from those of a large national sample of primarily urban women associated with consciousness raising groups (Lieberman & Bond, 1976). In that study, *interest in women's issues* was the dominant priority followed by *help seeking* and *social needs* (Lieberman & Bond, 1976, pp. 369). In the present sample, however, issues of priority included legal rights, self-defense, financial management, and rape. Low-priority topics included rural life, being single, social services, and handicapped women. Especially interesting was the pattern of need rankings by the subjects for potential services (see Table 1). These women sought information and referral services, counseling, support groups, informal get-togethers, and career and vocational guidance. Needs which were ranked low in the present survey included consciousness-raising groups and a library of women's readings.

Table 1**Ranked Items and Mean Scores for Needs and Priorities
of a Rural Women's Center****FIVE-POINT SCALE:**

STRONGLY DISAGREE	DISAGREE	NOT SURE	AGREE	STRONGLY AGREE
1	2	3	4	5

Rank	Needs	Mean Score
1	Career and Vocational Counseling	4.22
2	Counseling	4.19
3	Information Programs (workshops, mini-courses, etc.)	4.12
4	Referral and Information Services	4.08
5	Support Groups (non-traditional students, single parents, unwed mothers, etc.)	4.06
6	Legal Aid	4.02
7	Help for Women Re-Entering the Work Force	3.92
8	Training Programs (assertiveness, auto-maintenance, etc.)	3.88
9	Child Care	3.76
10	Meeting Rooms	3.62
11	Informal Get-Togethers	3.51
12	Consciousness-Raising Groups	3.42
13	Library of Women's Readings	3.30

Rank	Priorities	Mean Score
1	Legal Rights	4.23
2	Self-Defense	4.16
3	Financial Management	4.16
4	Rape	4.16
5.5	Identity and Self-Esteem	4.15
5.5	Battered Spouse	4.15
7	Employment	4.09
8	Pregnancy	4.04
9	Exercise, Nutrition and Weight Control	3.98
10	Family Planning	3.97
11	Health	3.97
12	Parenting	3.46
13	Sexuality	3.85

Table 1 continued next page

Table 1

(continued)

**Ranked Items and Mean Scores for Needs and Priorities
of a Rural Women's Center****FIVE-POINT SCALE:**

STRONGLY DISAGREE	DISAGREE	NOT SURE	AGREE	STRONGLY AGREE
1	2	3	4	5

Rank	Priorities	Mean Score
14	Divorce	3.84
15	Widowhood	3.76
16	Relationships	3.72
17	Consumer Rights	3.71
18	Aging	3.69
19	Handicapped Women	3.64
20	Social Services	3.63
21	Being Single	3.58
22	Rural Life	2.97

Conclusions and Implications

The present data support a different set of emphases from the aforementioned urban sample. While help seeking (career and vocational counseling, legal rights) and social needs (information programs, support groups) were retained, interest in women's issues *per se* seems to have been supplanted by focus upon concrete practical issues of financial management, self-defense, rape information and referrals. Additional research is needed to further delineate possible explanations for the present surprising findings.

Two potential explanations may be operating separately or in combination to account for the apparent shift in areas emphasized by women as needs and priorities. First, there may be unique characteristics of the current sample, such as their specific Midwestern rural background, a slightly older composition, and possibly a more conservative political stance which may have contributed to the present pattern of results. A second hypothesis relates to historical factors. Perhaps a substantial cultural and media-related exposure to women's issues coupled with the current political/economic climate may have produced a substantial shift in the perceived priorities and needs of women over time. In any case, it seems clear that those currently interested in planning a successful women's

center must be cognizant of possible low levels of volunteerism as well as the need to tailor programs to correspond to the specialized needs and resources of the target community.

Another finding of note in the present survey involves the fact that services addressing rural life concerns were ranked much lower as a priority than any other issue by this predominantly rural sample. Seemingly, these rural women were disinterested in the rural element of the lives they lead. This apparent lack of interest should not preclude the presentation of rural specialty content, such as isolation effects, transportation problems, and *Boomtown stressors* (where applicable) in the programs of rural women's centers. Indeed, the present authors are of the opinion that such material may be particularly useful and desirable. The present survey may not have tapped this information. Future surveys should query specific components of rural living, rather than using one broad heading, *rural life*.

While materials are available to aid those interested in developing women's centers (see Girard, 1979), it seems clear that a needs assessment survey prior to implementation of planned programs can yield important data regarding specialized service delivery needs and priorities of the target population. The needs assessment survey was especially important in the present rural sample as it yielded results that were divergent from expectations based on previous, albeit not totally analogous, research findings.

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