Chinook

Extension Family Life Newsletter
University of Wyoming

November-December 1993 — ***Ben Silliman, Family Life Specialist, Editor***

WHAT'S UP IN WYOMING?

Unfortunately, the teen pregnancy rate. After the steepest drop in teen pregnancy during the 1980s (28%, 1980-89 according to Children's Defense Fund), the rate edged up in the past 8 years. Dramatic increases have occurred in Lincoln, Park, and Bighorn counties. Incidence rates are over 60 per 1000 females in Hot Springs, Fremont, Campbell, Laramie, Sweetwater, and Uinta counties. While Wyoming figures are still below the national average, the state had one of the sharpest increases in rate between 1985 and 1990. A hundred years ago, a teen birth might mean a quickie marriage or "long trip to Auntie's," and life went on much the same. Today's teens and families face an uphill struggle to complete school, pay bills, and juggle myriad responsibilities. Without education, single teen moms are likely to live under poverty level. Studies indicate that up to 85% of couples pregnant at marriage divorce in 3 years. Grandparents are primary supports, but parenting another generation often strains them physically, emotionally, and financially. Promiscuity, sexually transmitted disease, and date rape continue to place our youth at risk physically and emotionally.

This newsletter on youth-at-risk focuses on teen pregnancy because several of you have mentioned it as a critical issue. News and teaching items here offer a start in our education and dialogue on the issues. Hope this gives you a good start. You are all doing such great things with children, youth, and adults. Let me know how I can support you and your work.

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ROUNDING UP THIS EDITION

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FAMILY LIFE SPECIALIST CALENDAR

Nov. 7-9	**Ben in Baltimore for ES-USDA Grant Conf. on Resiliency**
Nov. 10-14	**Nat'l.Council on Family Relations -Duncan Perrote & Arapaho elders present on Strengths of Indian families; Drs. Bernita Quoss & David Carson, & Ben present**
Nov. 15-19	**EPIC, Rock Springs**
Nov. 30	**Ben in Casper**
Dec. 7-9	**Ben in Buffalo, Gillette (NE District)**
Dec. 10	**Ben in Cheyenne**

EXPECTATIONS: KEYS TO COMPATIBILITY

Making a transition to marriage is like landing a jet on the deck of an aircraft carrier: Not only do you need pilot skills to fly, but in returning you must adjust for up-and-down, back-and-forth rocking of the carrier and the ship's forward movement. With little support, you must land upright in an incredibly short distance or skid helplessly into the drink. Except that marriage pilots get little or no training.

The analogy might apply to transition to Family Life Specialist. As we adjust and move forward, these items might help clarify your and my expectations:

1. Availability: During this first 3-12 mo., I'm out visiting campus, state and national contacts, and you! Keep calling; use STRIDE. As yet I have no answering machine, but HE department (766-5376) will leave a note.
2. Travel and Programming. My budget is slim on travel (approx. 16 days) and limited to phone and copy costs on programs. I'll work with Youth and Aging Initiative Teams and seek grant support for your projects, given time.
3. Research Responsibilities. I am a tenure-track CFS faculty (25%). This requires some "research time," but my skills will also help support your research and grant job requirements.
4. Mindreading. I'm not very good at it, so share your requests, concerns, compliments, and complaints openly (as I will), and we'll have a more productive and mutually supportive relationship!

HUMAN DEV./FAMILY NEWS ITEMS

Demographers suspect the "baby boomlet" may be ending. Birth rates for women 30-34 rose from 1975-90, but dropped in 1991. Birth rates for women 35-39 increased slightly, but more 30s childless women are not planning on children.--USA Today, 10/10/93, p. A3

Wyoming lists 10 states as tops in graduation rates, proficiency test and college entrance scores in a study by the National Center for Education. High expectations for students, more academic courses, and resources directed to low-achievers were keys to success.
--USA Today, 9/10/93, p. D1

A Louis Harris survey of 1,000 teachers asked why they would quit teaching. Forty percent cited lack of parental help for students, 29% to earn more money, 29% due to lack of administrative support.
--USA Today, 9/3/93 p. A1.

A recent study of 83 women over 10 years following a coronary suggests that suppressing emotions and low sense of time pressure were related to repeated attacks. The opposite result has been found for men. Other risk factors included divorce and employment without a college degree.--USA Today, 9/17/93, D1

CDC figures for 1992 indicate a 20% increase in TB cases since 1985 (35% for children).
--USA Today, 9/17,93, p. D1

AARP has instituted a Grandparent Information Center, targeted to elders raising kids whose parents cannot care for them. Phone: (202) 434-2296.

A DOE National Adult Literacy Survey found 90 million (or 47% of) adults lacked functional literacy skills. Complexity of skills is correlated with poverty and ability to take advantage of economic opportunity.
--Laramie Daily Boomerang, 9/9/93, p.1

YOUTH-AND-FAMILY POTENTIAL: A STATE AGENDA

The state plan-of-work for youth emphasizes the possibilities rather than the problems of youth and families. The situation statement refers to risk behavior (STDs, pregnancies, alcohol abuse, violence, single parent families). The objectives span a wider, proactive spectrum:

*Life skills (problem solving, decision-making, conflict management)
*Parenting skills
*Youth involvement in community development and improvement
*Development of "Caring Community" support networks

Target audiences include children and adults; families, agencies, schools, businesses; 4-H and other community youth groups

Staff training targets evaluation techniques, informing Extension professionals, equipping volunteers

Key components of the implementation plan include:
*Introducing 4-H materials to schools
*4-H "Celebrate the Family" theme
*Expansion of P.A.C.T, CARES, Dreams & Realities, Youth-at-Risk grants
*Build collaborations with other organizations
*Expand leadership training, volunteerism statewide
*-Survey youth needs using Teen Assessment Project
*Develop plan to address child-care issues

Evaluation includes use of existing and development of new evaluation tools to assess programs.

PACT: BUILDING A COMMUNICATION BRIDGE BETWEEN PARENTS AND TEENS

by Lorna Johnson, PACT Coordinator

Parents and Adolescents Can Talk (PACT) is a program where youth and parents work together on communication skills and education. The goal is to encourage youth to postpone premature sexual behavior through positive family relationships.

PACT's purpose is to empower parents to be the primary educators of their children concerning sexuality. PACT provides a safe, non-confrontational, and confidential environment in which parents and teens together can explore sexuality and many other difficulty issues. Although the ultimate goal of PACT is reducing teenage pregnancies, it is not a typical sexual education course.

"Parents and Adolescents Can Talk" is a seven-to-nine-week workshop based on age and grade level. The workshops are designed to provide individual families with the tools needed to improve their communication skills. Specific topics include self-esteem and assertiveness, supporting family values, communication techniques, decision making, freedom and responsibilities, friendship, dating, and love, keeping sex in perspective, reproductive health, and sexually transmitted disease/HIV. PACT has been shown to be effective in enhancing teen self-esteem and decision-making skills.

The PACT program is currently available in six counties statewide and 13 counties have facilitators trained to teach the program. If you would like the name of the person in your county who is informed about PACT, write: PACT, P.O. Box 3354, Laramie, WY 82071, or call 766-3747. If there is no PACT facilitator in your area, information will be sent about PACT and how to organize a PACT class in your community.

Another state resource: Films and videos on communication, parenting, and sex can be borrowed from the WY State AV Library, Hathaway Building, Cheyenne, WY 82002 (777-7363, 8 AM to 2 PM).

YOUTH-AT-RISK PROJECTS IN WYOMING

HICAP: PREGNANCY PREVENTION AND INTERVENTION IN CHEYENNE

by Susan James, Laramie Co. Extension Educator

The Healthy Infant-Capable Adolescent Project (HICAP) was

developed to respond to the needs of at-risk youth in Laramie County. Seven community organizations or agencies participate in the coalition which planned the program, serve on the board, and oversee operation of the program.

HICAP's is to operate a comprehensive program that provides supportive services to high risk youth, focusing on pregnant teens and adolescent parents, enabling them to become capable and independent adults. The program provides high quality infant care, life skills training, counseling and case management, education and community outreach to prevent high risk behavior in pre-teen youth. The goals of the program are to increase the graduation rate of teen parents, reduce dependency on Public Assistance through reduction of adolescent parents having subsequent births and increased teen mothers becoming self-sufficient and employed.

After completing the second year of operation of the program, we have had seven girls graduate from high school. Five are attending college. Of the 20 participants in the program last year, two dropped out of school, but have re-enrolled this Fall. A requirement of the project is that participants be enrolled in school or return to school if they have dropped out.

Thirteen teen parents participated in weekly group counseling sessions. Many considered these the very best aspect of HICAP. HICAP participants are also matched with adult mentors to provide positive adult interaction.

The prevention-oriented outreach component has reached over 1400 Cheyenne youth, with programs on stress, realities of being teen parents, and extensive use of a video library available to schools and other organizations.

The project, which is partially funded through ES-USDA Youth-at-Risk funds, has received over $195,000 during the first three years. Gary Small and Susan James work jointly to apply for funds, report to ES-USDA, and oversee the project. Small serves as Chairman of the HICAP board, which is now a non-profit organization. James also serves on the board of directors.

YOUTH AT RISK PROJECTS IN WYOMING

WIND RIVER YOUTH & FAMILY COALITION
by Patti Griffith, Youth-at-Risk Coordinator

The Wind River Youth and Family Coalition is funded by a USDA Youth-at-Risk grant and consists of representatives from many of the agencies on the Reservation and schools on or adjacent to the Reservation. All agencies are concerned for the well-being of the children and families that live on the Reservation. The Coalition meets at noon on the third Thursday of each month to exchange information about their agencies and upcoming events they would like to obtain support for. The "SupportLine" newsletter is also published each month.

As a current project, the Coalition is printing a Youth Services Directory card that can be carried in the students' wallets for quick reference of key people they can reach for help, including the I-CARE-HOTLINE. This is expected to be distributed at the Nov. 18 meeting.

T.A.P. PROJECT

The Coalition, along with the Wind River Extension Service, are sponsoring the Teen Assessment Project (TAP). TAP is a collaborative, community-based process to help parents, schools, youth-serving agencies and community leaders better support youth development. It does this by "tapping in" to the concern of local teens and making this information available to those who can solve the problems revealed by their survey.

TAP was developed by Dr. Stephen Small at the University of Wisconsin. It is unique in that it uses a steering committee of local people to formulate the assessment, according to their concerns for the community. By making the local citizens partners in the research process, the responsibility for making policy and program decisions is "owned" by local citizens. Through participation, they gain power and expertise to make future decisions.

Arapahoe School in Arapahoe has agreed to conduct the first assessment survey. TAP will begin there in early Spring. We hope to add another school by Spring and have three or four schools participating by Fall 1994.

FACTS AND STATS: TEEN SEXUALITY

Psychologist David Elkind captured the spirit of the age in the title of his 1984 book, All Grown Up and No Place to Go. Children are introduced to makeup, making out, and "making it" at earlier and earlier. Acting like teenagers becomes the goal of schoolkids. Endlessly waiting for adulthood (or approximating it via teen pregnancy, drugs, gangs, and risky behavior) becomes the plague of adolescence.

Communities need to know the "facts of life" as their kids experience them. Communities also need to recognize that the consequences of sexual promiscuity are more severe today than ever before:

*Sexually transmitted disease is at epidemic levels among 15-19 year-olds nationally
*Teens are the most vulnerable age for acquiring AIDS
*Risk of sexually transmitted diseases, including AIDS grows exponentially with number of partners
*Early onset of sexual activity increases risks of pregnancy, urinary tract infection, cervical cancer
*Detachment of intimacy development from sexual activity, inevitable with multiple partners and casual sexual relationships, promotes negative outcomes:
-increased exploitation (date rape, molestation)
-decreased relationship skills (i.e., inability to talk, listen, solve problems, express affection in a variety of ways)
-higher risk of divorce, marital/relationship disruption (related to inadequate intimacy skills, today's expectations of partner skills, and conflicts over prior relationship activities/bonds)

Communities can address these issues through public health campaigns, school classes and services, community clinics, church and civic group efforts to inform, educate parents and teens, model and support healthy relationship patterns. PACT is just one CES effort in that direction. The Teen Assessment Program (TAP) developed at the University of Wisconsin, is another means of helping communities, including youth, identify priority/at-risk issues. TAP is getting underway this year at the Wind River Reservation. Counties are encouraged to examine its possibilities. Contact Ben for more information.

State and National Statistics on Teen Sexuality Teens

Reported sexual intercourse:
36.4% of all 9th graders; 70.7% of all 12th graders
*Of 52.9% sexually initiated, 66.8% had intercourse with more than one partner in the past three months; 46.6% of used drugs or alcohol before intercourse.
*One third of ever sexually active students reported no sexual intercourse for the previous 3 months.

Reported birth control:
*Of 52.9% sexually initiated, 22.1% of females and 20.1% of males reported no birth control method during last intercourse.

Methods most often used (and typical effectiveness):
None: 21% (This speaks for itself)
Birth Control Pills: 18% (99% effective, <u>when taken</u>)
Condom: 42% (20-95% effective, depending on accuracy of use <u>when it is used</u>)
Withdrawal: 14% (notoriously ineffective)
Some other method: 2% (IUD, cervical cap, NORPLANT, etc. generally 90-99% effective)
Not sure: 3% (Probably means inconsistent)

Nationally, teens are sexually active for a year, on average, before consistently using birth control
Consistency and accuracy of usage of all birth control methods is lowest among teens
Medical research suggests that persons in prime fertility years (15-35), engaging in regular intercourse have a 50% chance of pregnancy in 6 months, 75% in 12 months

Contracting sexually transmitted diseases:
Nationally, 2.5 million teens acquire an STD
*One-in-six sexually active teens acquires an STD
*One fifth of STD cases involves a teen (CDC, 1989)
*86% of 12 mil. new STD cases/yr. are 15-29 yr-olds
*6% of WY high school students interviewed indicated they had a confirmed case of an STD at some time.

Source: Wyoming Youth Risk Behavior and School Health Education surveys, 1991.

FACTS AND STATS: TEEN PREGNANCY

*Wyoming has the 27th highest pregnancy rate, with 98 pregnancies per 1,000 15-19 year-olds.
*Teen birthrate in Wyoming is 54 per 1,000 (18th)
*Of all births to teens in Wyoming in 1988, 80.4% were first births and 19.6% second or later births.
*In 1985, 9.8 percent of young Wyoming women 15-19 became pregnant; less than 11% nationally.
*Teen births are costly. Teen births cost emotionally and economically. They cost everyone (not just the teen, her partner, her family, and her child). Sample economic costs# have been calculated as follows:

Single Year Cost for All Families Started by

a Teen Birth and Potential Savings Associated
with Delaying These Births in Wyoming

Estimate for 1990
(in millions)

Source	Total Outlay for AFDC Recipients	Outlay Attrib. to Teenage Childbearing	Potential Savings
Aid to Families with Dependent Children	$21.70	$11.50	$ 4.60
Food Stamps	$15.22	$ 8.06	$ 3.22
Medicaid	$13.95	$ 7.39	$ 2.96
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TOTAL		$26.95	$10.78

a) Includes administrative costs
b) Based on the assumption that families begun by teen birth consume 53 percent of these funding sources
c) Calculated at 40 percent of full cost
d) AFDC and Food Stamp benefits as percent of poverty in 1990 in Wyoming: 65.3% (Center for the Study of Social Policy, Kids Count Data Book, (Washington, DC: 1992)

#Note: These costs do not cover all needs of a dependent mom and cutting these costs will increase the amount needed for eventual social, educational, and legal consequences of not funding listed costs.

*Medical costs for teens begin with physical rather than simply financial risks. Teen moms, especially those under 15 years, are more likely to experience:
-Medical complications (anemia, hypertension, toxemia, cervical trauma, and premature delivery)
-Mortality (under 15=sixty times greater than in 20s)
...yet 54% of teens who gave birth in 1989 received prenatal care in their first trimester (compared to 85% of 30-34 year-olds); 14% received late/no care.

*Medical consequences extend to the child:
-Infants whose mothers had no prenatal care are 40 times more likely to die in their first 1-3 months.
-Ten percent of teen births were of low birth weight (under 2,500 grams), increasing mortality risk as well as need for special medical and social services

*Educational consequences include:
-80% of teen moms drop out of school (56% graduate)
-50% of the lifetime income of a woman whose first child is born at 20.

*Prevention of teen pregnancy serves as an emotional/financial cost-effective alternative to teen birth or abortion. Alan Guttmacher Institute found that every for $1 spent on contraceptives for women of all ages, $4.40 is saved in potential medical, welfare, nutrition, etc. programs in just two years following a teen birth. Total federal and state spending for such programs has not kept pace with inflation since 1980.

Source: Center for Population Options. (1992). Teen pregnancy and too-early childbearing Public costs and personal consequences. Washington, DC: CPO.

County Teen Births (1989, 90, 91; Rate/1000 females)

Albany (35, 33, 40; 23.6); Big Horn (18, 20, 24; 52.6); Campbell (62, 83, 64; 65.5); Carbon (29, 33, 29; 53.1); Converse (21, 18, 26; 49.8); Crook (13, 9, 6; 51.0); Fremont (80, 90, 79; 72.9); Goshen (21, 20, 29; 47.5); Hot Sps. (14, 9, 13; 75.9); Johnson (8, 11, 10; 43.9); Laramie (157, 169, 136; 63.0); Lincoln (22, 34, 33; 59); Natrona (113, 114, 145; 56.9); Niobrara (5, 1, 5; 44.2); Park (33, 51, 40; 45.2); Platte (20, 12, 11; 50.8); Sheridan (33, 38, 39; 42.1); Sublette (4, 5, 8; 38.8); Sweetwater (86, 89, 114; 61.4); Uinta (37, 56, 47; 62.0) Washakie (14, 20, 15; 59.4); Weston (4, 18, 7; 43.0)

Source: Wyoming State Dep't. of Health

FAMILY FACTS: PARENTING TEENS

Adolescence a major individual & family stage
-Child's changing body, identity
-Parents' aging, need to support & control
-Peer/social pressures, temptations
Parenting often more stressful, although not often as antagonistic, tense as popularized
Adolescence difficult due to:
-Lengthening period of supervision, transition
-Cultural change & diversity make roles unclear
-More dangerous activities in teen environment
-Erosion of family & social support networks, creating a climate of isolation
-Increasing media "scares," parenting "experts" reduces parents' sense of competence

Functions of Families with Adolescents
-Execution of tasks will vary from one family structure

and culture to another

1. Meeting Basic Needs
   Food/Clothing/Shelter
   Access to Medical/Dental care
   #Parenting Keys: Education, income, priorities on consuming (i.e., milk vs. booze)
2. Protecting Adolescents
   Physical/Psychological/Spiritual/Ethnic/Cultural Integrity--> incr. basic roles to child; incr. complexity of parent roles
   #Parental Monitoring-(supervision, interest)
   --> related to preventing problem behavior (sexual promiscuity, drug abuse, delinquency)
   -More difficult due to fewer working parents, family, neighbors available to help, interact
   #Teaching Self-Protective Skills-(safety, peer pressure, cultural/media pressures)
3. Guiding and Supporting Development
   Authoritative Parenting:
   -Sharing info, setting limits, reinforcing, sanctioning, communicating, modeling (as their child's most important adult)

   #Warmth-<u>Building</u> trust, cohesion, closeness, attachment now viewed as more critical than severing ties and forcing separation
   #Demandingness-High, consistent, modeled expectations, enforced with fairness
   -Balance of Power-Gradually expanding child's choices, responsibilities
   #Communication-Openness, clarity, owning of ideas & feelings; adapting style to growth
   #Conflict Resolution-Using tension, differences to understand, affirm, solve problems
   #Positive Role Modeling-"Walking the talk"

4. Advocacy
   #Parenting keys: Linking child to resources, supporting teen in community
5. Relative Importance of Parenting Functions and Competencies (not fully researched to date)
   #Parenting keys: Sequence contributions beginning with basic needs through protection to guidance and advocacy

<u>Factors That Support/Undermine Parent Competence</u>
1. Personal and Psychological Resources of Parents (ex: sensitivity, patience, maturity, health, self-esteem, personal concerns, crises, finances)
2. Characteristics of the Adolescent (ex: temperament, health, age, gender, special needs, fit with parents)
3. Contextual Sources of Stress and Support
   -The Marital Relationship-
   -Informal Social Support-
   -Work-
   -Formal Social Resources-

Source: Stephen Small & Gay Eastman. (1991). Rearing adolescents in contemporary society. <u>Family Relations</u>, <u>40</u>, (4), 455-462.

"No one knows his true character until he has run out of gas, purchased something on the installment plan, and raised an adolescent."--Marcelene Cox

FAMILY FACTS: ADOLESCENT PREGNANCY AND PARENTING: MYTHS AND REALITIES

<u>Background Facts</u>
One million teen pregnancies/half a million births (about 500/day in mid '80s--amount rising today)
Teen birthrate, births decreased sharply since 1970

<u>Common Myths and Misconceptions</u>

1. Adolescent pregnancy is epidemic, spreading rapidly through the adolescent population.
   -Preg. rate rose in '70s, levelled off in '80s (1/10 girls in mid '80s)--> incr. to 1/8 now (1/4 women at 18 yrs)--> now > 1/4
   -Teen births a smaller % of total births in 1980s due to smaller number of teens
   -Teen preg. outcomes (1984): 47% births, 13% miscarriages, 40% abortions

2. Adolescent pregnancy is primarily a minority, urban, low-income problem.
   -2/3 births=white teens not in cities; non-poor
   -Minority groups are disproportionately represented:
   -Black teens=15% pop., 30% of teen births (due to views of non-marital sex, contraceptives, abortion, single parenting, extended family support)
   -Educational/income level=key to teen preg. (ethnic groups of equal income=similar rates)

3. The typical teen mother is single and under age 18.
   -Mid '80s: 1/3 teen births to married 18-19 yr.-olds, 1/3 to unmarried 18-19 yr.-olds, 1/3 to under 18 yrs. --> % under 18 yrs. (esp. under 15 yrs.) incr.

4. All adolescent boys are irresponsible sexual partners and fathers.
   -40% of teen girls report partner condom use
   -Marriage & legal paternity/support common --> 85% of teen marriages involving pregnancies end in divorce within 3 years

Why Adolescent Pregnancy is a Problem

Poverty--"...Two-thirds of the children younger than 3 years of age who lived in young families (with head of household younger than age 22) were poor."
Eroded earnings--dropouts increasingly less able to support; must take lower-paying work.

Abbreviated education--Approx. 1/2 of teen moms, 1/3 teen dads drop out, become less likely to support self.

Single parenthood--decreasing marriage rates, inability of teen males to support, limited options for work or marriage

Social costs--loss of productive parents/workers

What Should be Done to Prevent Early Parenthood and to Help Teen Parents?

1. Give teens capacity to delay sexual activity and prevent pregnancy
2. Give teens positive options to sexual indulgence (academic skills, health care, family support, education and employment opportunities, recreation programs)
3. Give pregnant/parenting teens services and support (education, employment training, parenting, physical and mental health)

Source: Adams, Gina; Sharon Adams-Taylor; & Karen Pittman. (1989). Adolescent pregnancy and parenthood: A review of the problem, solutions, and resources. Family Relations, 38, (2), 223-229.

"Oh, to be only half as my child thought when he was small, and only half as stupid as my teenager now thinks I am."--Rebecca Richards

The USA has the highest rates of adolescent pregnancy, abortion, and teen childbearing of any nation in the industrialized world.--WY Youth Risk Behavior & School Health surveys

FAMILY FACTS: TEEN PREGNANCY IN A LARGER PICTURE

The Carnegie Commission on Adolescence estimates one-half of teens at risk for substance abuse, school failure, delinquency, teen pregnancy.

Human development research suggests that:
*Risk factors appear on several levels: individual, family, school, community, national, and global
*Single risks are not nearly as significant as multiple risks (i.e., low social status & severe marital discord)
*Even when multiple risks exists, individual, family, and environmental protective factors buffer stress

Communities are the keys to healing and nurturing
Communities are critical to reducing individual and family stress since collective healing and protecting can do more than one unit's actions.
Every community is unique, thus needs to assess its own needs and solutions. The keys to assessing needs:
*Identifying factors that increase risk of youth problems; eliminating those factors or limiting effects
*Identifying factors that protect against youth problems and supporting or enhancing those factors

Stress and Coping are Real at Several Levels
The keys to identifying problems and opportunities is targeting several levels of an individual or family's setting. Program implementers need to ask, "What risk factors and protective factors will my program address?" Think of these factors on several levels:

Individual Level
Risk Factors:
- Anti-social Behavior and Hyperactivity
- Alienation or Rebelliousness

Protective Factors:
- Well-Developed Problem-solving Skills & Intellectual Abilities
- Self-Esteem, Self-Efficacy, & Personal Responsibility
- Well-Developed Social and Interpersonal Skills
- Religious Commitment

Family Level
Risk Factors:
- Poor Parental Monitoring
- Distant, Uninvolved, Inconsistent Parenting
- Unclear Family Rules, Expectations, Rewards

Protective Factors:
- Close Relationship with at Least One Person

Peer Level
Risk Factors:
- Peers Engaged in Similar Behaviors

Protective Factors:
- A Close Friend

School Level
Risk Factors:
- School Transitions
- Academic Failure
- Low Commitment to School

Protective Factors:
- Positive School Experiences

Work Setting
Risk Factors:
- Long Work Hours

Protective Factors:
- Required Helpfulness

Community Level
Risk Factors:
- Low Socio-economic Status
- Complacent or Permissive Community Norms
- Low Neighborhood Attachment, Community Disorganization, and High Mobility

Protective Factors:
- Belonging to a Supportive Community
- Bonding to Family, School, Other Institutions

Implications for Cooperative Extension Leadership
1. Realize complex problems need complex solutions.
2. Take a more ecological approach to programming.
3. Address real problems, not perceived problems.
4. Support research on youth-at-risk and human development issues.
5. Provide leadership for the cooperation, collaboration, and networking that is required to mount comprehensive youth-at-risk efforts.
6. Support new program delivery methods.
7. Strengthen links to the research base.

Source: Karen Bogenschneider, Stephen Small, & David Riley. (1992). An Ecological, Risk-focused Approach for Addressing Youth-at-Risk Issues. Madison, WI: University of Wisconsin.

Recommended Reading:
Howard, M. (1988). How to Help Your Teenager Postpone Sexual Involvement. New York: Continuum.

Steinberg, L.; & Levine, A. (1990). You and Your Adolescent: A Parent's Guide for Ages 10-20. New York: Harper and Row.

FAMILY FACTS:
PREVENTING TEEN PREGNANCY
by Curtis Hobbs
Child & Family Studies Graduate Student

Helping Teens Wait:
Abstinence Education

This article looks past the moral questions involving teen sexuality and advocates preventive measures that need to be taken to reduce teen pregnancy. The major benefits of FLE have been found to be the skills in communication and decision-making; the parent-child communication; and knowledge. A difficulty for adolescents is the ambivalence associated with sexuality by our society. Recent trends in FLE include: abstinence programs, multi-pronged models, the teaching of life skills, and peer education. The NRC has encouraged mentoring and other role model providers.
Studies have shown that the media has been a strong influence on teen sexuality. "Television, radio, films, videos, song lyrics and advertising give young people the notion that abstinence would place them in an unpopular minority group." Responsible sexuality or consequences are not depicted in these media forms. Implementation of a media campaign that utilized community-based organizations and advocacy groups, media representatives, and the policymakers and researchers were encouraged to balance the messages received by the teen through media.

Strategies for abstinence include: offering sex and FLE courses, integrating FLE into the education curriculum, implementing FLE programs. FLE programs should have a collaboration of policymakers and other funders. School districts and teachers can provide and develop several services.

When developing role model programs school and community agency staff, youth-serving voluntary associations and policymakers can do many things to to influence teens and encourage communities to reduce teen sexual activity.

"Efforts at encouraging abstinence should emphasize increasing concerns about adolescent's risk for AIDS and other STDs, as well as the risk of early pregnancy."

Source: "Helping Teens Wait: Abstinence Education", (1990). Family Life Educator. Vol. 9, No. 1, pp. 11-25

When Teens Don't Wait:
Encouraging Contraception

by Curtis Hobbs
Child & Family Studies Graduate Student

"The NRC panel believes that to reduce early unintended pregnancy, sexually active teenagers must be encouraged to diligently use contraception." Historically, family planning services have supported women of all ages. The NRC sees the need to renew these efforts and create new ones. An "active constituency is needed to work together to bring about necessary changes.

The state of service delivery was evaluated. Strategies and recommendations for national policy were discussed. NRC strategies include specific policy, research and funding strategies and increasing family planning methods used by sexually active teenagers.

Strategies for encouraging contraception include: public education, nonmedical distribution models, incorporation of contraception into sexuality education programming, using a variety of contraceptive models, and developing and refining of service models.

The public needs to be educated about contraceptives. Implementing this would take place through community health educators and health providers, and the media. Health providers, health educators, and policy makers are all seen as possible distributors and those who are in the position of making a difference.

Barriers to implementation and overcoming these barriers concluded the article. "Advocates for family planning services face major barriers in creating a climate of acceptance for responsible contraceptive behavior." Creating this climate will challenge policymakers and educators in the years to come.

"When Teens Don't Wait: Encouraging Contraception, (1990). Family Life Educator. Vol. 9, No. 1, pp. 36-42.

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For information on the status of teen pregnancy prevention in Wyoming, contact Nancy Neufeld, Governor's Council on Teen Pregnancy, 1100 S. Nebraska, Casper, WY 82609 (265-2523)
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"Whoever named it necking was a poor judge of anatomy."--Groucho Marx

FAMILY FACTS: PLANNING AIDS EDUCATION

Background and Significance

Dec.'91: 206,392 confirmed AIDS cases

AIDS--a syndrome of diseases resulting from deterioration of the immune system caused by human immunodeficiency virus (HIV)

Adolescents and the AIDS Virus

Adolescents=high risk group

-ex: 21% of AIDS cases (5 yr. incubation)=20-29 yrs.

Risk Behaviors

1. Developmental capacities and experience--identity dev. encourages role experimentation, illusion of invincibility; cognitive ego-centric, fatalistic, present-oriented
2. Lack of HIV knowledge--some increase recently, but continued misconceptions among teens
3. Heterosexual promiscuity--56% of 13-18 yr.-olds have had intercourse, 21% w/4+ partners; < 50% use of condoms by teen males (esp. under 15 yrs.) in spite of knowledge; incr. rates of other sexually-transmitted diseases
4. Homosexual activity--same-sex experimentation and fear of labeling as gay due to condom use
5. IV drug use--25% of AIDS cases; decr.use of protective measures in sex when using drugs

Adolescent Prevention Programs

Typical programs offer only
- biomedical information
- fear appeals to behavior change
- one, one-hour class
- no mention of condom use
- attitude, not behavior emphasis

Recommendations for Drug/AIDS Ed.

1. Include life skills training (decision-making, self-esteem, assertiveness, relationship, communication, resisting peer pressure
2. Increase perception of program usefulness via small groups, role plays, follow-up skill reinforcement.
3. Involve knowledgeable teen program professionals, participants in info delivery
4. Address ethnic differences via role models, small groups, role plays (esp. resisting date rape)
5. Combine lecture, group discussion, skill building adapted to cognitive and behavioral context of participants
6. Use schools to reach all children

Recommendations Specific to HIV Prevention

1. Present info on what AIDS is, how AIDS can/can't be transmitted, link between HIV & drugs, teen infections, risk associated with behaviors
2. Use positive approach, but address peer norms straight-on. Affirm normal teen sexual feelings, options, intimacy without risk, communication about safe sex practices, self-responsibility, anonymous questions
3. Teach compassion for persons with AIDS
4. Include AIDS or HIV infection in related programs
5. Emphasize low-key, non-preachy, updated, sophisticated

presentation

Source: Adams, Piercy, Jurich, & Lewis (1992). Components of a Model Adolescent AIDS/Drug Abuse Prevention Program: A Delphi Study. Family Relations, 41, (3), 312-317.
****

Facts About AIDS

AIDS--end stage of HIV retro-virus (blood-borne) characterized by "wasting" and weight loss, splotchy skin, inability to fight disease

HIV Infection--confirmed infection of human immunodeficiency virus (leading to AIDS/death in avg. 2-5 yrs., but may persist several years & not worsen)

HIV+--confirmed exposure to virus, in some cases not reconfirmed

ARC--AIDS-related complex; beyond initial infection, but less severe symptoms than fully-developed AIDS

Means of Transmission

-sex with an infected person (most common means)

-needles/syringes used by infected persons (incl. lab pipette by mouth)

-pregnancy, birth, breastfeeding if mother is affected

-transfusions of infected blood, blood products, organ transplants (esp. before 1985)

Source: Susan Taylor-Brown. (1991). AIDS: The Reality in All Our Lives. Family Resource Coalition Report, 10, (2), 12-13.
****

Info on AIDS Prevention: Terrance Foley, WY State Dep't. of Health, Preventive Medicine Division, 4th Floor, Hathaway Building, Cheyenne 82002 (777-5932)

"Young men have a passion for regarding their elders as senile."--Henry Adams

RESOURCE UPDATE: YOUTH-AT-RISK

The Alan Guttmacher Institute
111 Fifth Avenue, New York, NY 10003
(212) 254-5656): Reports on teen pregnancy and prenatal care for moderate cost.

Center for Population Options (CPO)
1025 Vermont Avenue, NW, Suite 210
Washington, DC 2005 (202) 347-5700
Book: Teenage Pregnancy and Too-Early Childbearing: Public Costs, Personal Consequences Report. ($8)

Child Welfare League of America, Inc.
P.O. Box 7816, 300 Raritan Center Parkway
Edison, NJ 08818-7816 (201) 225-1900
Book: Pregnant and Parenting Adolescents: A Study of Services

National AIDS Information Clearinghouse
P.O. Box 6003, Department HIC
Rockville, MD 20850 1-800-458-5231

SIECUS: Sex Info.&Ed. Council of the US
32 Washington Place, Room 52
New York, NY 10003 (212) 673-3850
Sex Education 2000: A Call to Action ($12 + 15% postage)
National Sex Education Guidelines
also, info materials on AIDS

National Organization on Adolescent Pregnancy and Parenting, Inc. (NOAPP)
P.O. Box 2365 Reston, VA 22090
(301) 913-0378 Write for: NOAPP newsletter

North Carolina Coalition on Adolescent Pregnancy
1300 Baxter Street, Suite 171, Charlotte, NC 28204
(707) 335-1313
Write for: Ideas for Prevention of Ado.Pregnancy ($3)

Parent HIV/AIDS Education Project
Department of Human Service Studies Cornell Univ.
Ithaca, NY 14853 (607) 255-1942
Write for: Talking with kids about AIDS resource manual & teaching guide at Cornell Univ. Resource Center, 7 Business and Technology Park, Itahca, NY 14850 ($9.50 book + $3 facilitator's guide)

YOUR VOTE: USES OF IDEAS

Last edition you said you could use most everything, but most interest was indicated for info on resources, Fact Sheets, and Implications. This month, check at left if you use that method of community education; at right to indicate times/month you do. Cut out and return to Ben at P.O. Box 3354, UW, Laramie, 82070.

___ *Newsletter* ___
___ *News column in paper* ___

___ *Radio spot* ___
___ *Public policy ed.* ___
___ *15-20 min. Info talks* ___
Audiences:
____

____
1-2 hr. Ed. Programs ___
Audiences:
____

____
Resourcing/training
___ *professional groups* ___
___ *community organizations* ___
___ *children's, youth groups* ___
___ *adult groups* ___

Prep. of info/ed.
materials on:
___ *children &/or youth* ___
___ *parents, families* ___
___ *older adults* ___

___ *Other (describe below)* ___

Note: Information in Chinook is intended as basic facts and figures, keys to locating resources, raw material for developing news releases, news columns and radio spots, presentations, and curricula. Items in this newsletter are also intended as catalysts to program development. If facts and figures, comments, or ideas sound like something you would like to develop into a presentation or informational piece, give me a call. --Ben

PARADOXES: A PARTING THOUGHT
Youth-at-Risk

Youth at Risk Comes Home...by Curfew?

The other night, fresh from an inspired day in the mountains and nagged by the "catch up" assignments which awaited my return home, I put the family to bed and poured over notes for a presentation. Trudging through new ideas was not enough to burn off my energy. After 30 minutes, I was out the back door, jogging down the dark, damp ruts between the alley fences in silence. A couple of blocks and the darkness gave way to techno-moonlight around the Albertson's grocery store. Along the front of the florescent-lit walkway a young boy waited on the curb. He sat on his mountain bike, staring into the night. I figured he was probably waiting for a friend. He disappeared for me as I headed for the newspaper boxes.

USA Today Weekend Update under my arm, it seemed like a good night to retrieve my own bike, left hostage to a rainstorm on the previous afternoon. Wisking across the parking lot, I was nearly flattened by the teen cyclist on the move. My first thoughts volleyed between fear of attack (am I being "hit on"...in Laramie?) and suspicion of trouble (a low-tech shoplifting team?) Picking up the pace, a furtive glance revealed only casual acrobatics.

I crossed a street illumined only by a green "go" light. Was there someone on the other side? On a bike? It was the same kid, I thought. Only waiting to get me in the dark. This insomnia or health-craze, or whatever-it-was would get me yet. A silent block. Two blocks, no speeding up or slowing down. A streetlight; no retreat. Another block and the bike edged toward the middle of the street. I recalled walking the streets of New York after dark and mastering the fear.

"What's up?" I heard myself saying to the shadowy figure. My voice sounded firm, confident. Didn't it?
"Nothing much," I was astonished to hear.
"What brings you out to ride in the dark," I ventured.

"Hanging out. Nothing to do. Curfew ends in ten minutes."
"So you've got to stay out 'til it's up."
"Yeah. Nothing to do."
I told myself there never had been anything to fear and went on. In the six blocks that followed I learned that the rider was 14 years old, had nothing to do at home, confessed to no fear of the night, had few friends, sported a history of school-yard fights since the Fifth Grade, confirmed that Laramie had no gangs but a few pretenders, liked science in school??, tried football, grieved the death of a sister for five years (and had talked it out with his folks), and liked to ride his bike right up to curfew.
He walked me through a "live" sprinkler and I was almost to the office. I signed off, reminding him that

I'd enjoyed the company, that his ten minutes were up, and that (I couldn't resist) as a parent I'd be worried if my boys were out past curfew. He agreed, asserting he still had 2 minutes to get home.

Walking on out of the streetlights, I found my wet-seated bicycle. Pedaling back, I reflected. The youth might be home or still be extending curfew, but the mystique of his entrance and exit remained with me. Adolescence is not a casual passage. Adult choices; child experience. Adult-deep emotions; child sensitivities. A child wanting to be at home; an adult wanting freedom. On the edge of adulthood…a risky passage.

My young friend was not shooting drugs or guns. He did not sound suicidal or sexually promiscuous. He just wanted company, something to do. Wanted it bad enough to talk to a total stranger. When we think about "Youth-at-Risk," his face should come to mind. Each of us who know his parents, his teacher, his friends is connected to his future. Without our support as a community, his risk grows. We reduce risk by developing youth: innovating useful things to do, caring relationships to build, meaningful ways to serve. As the circle expands, we all become part of the solution.

When the circle includes all youth, regardless of background or situation, we can focus our daytime energies and perhaps walk more confidently at night.

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