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A Documented List of Critical Issues Facing American Families

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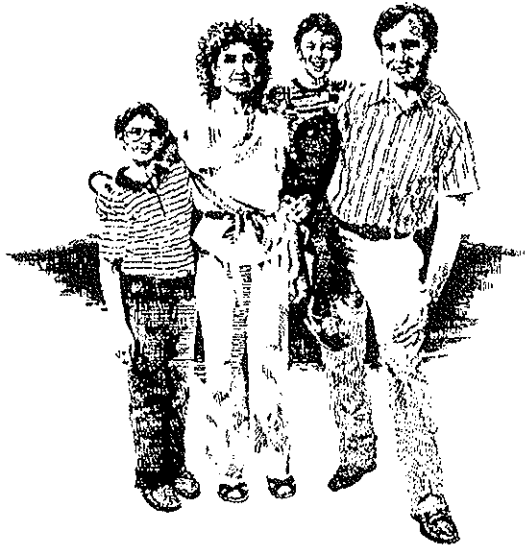
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UTAH STATE UNIVERSITY
COOPERATIVE EXTENSION SERVICE

A DOCUMENTED LIST OF CRITICAL ISSUES FACING AMERICAN FAMILIES

Glen O. Jenson, Ph. D., and Ted Warstadt

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**STRENGTHENING THE ROLE OF PARENTS
NEEDS TO BECOME A NATIONAL
PRIORITY**

Many problems related to individuals and society originate or are compounded by dysfunctional family relationships. In order to combat societal problems, there needs to be a national effort to prioritize and strengthen the family in its role (Olson, 1990).

Many individual problems are known to be related to dysfunctional families such as substance abuse, child abuse and neglect, family violence, childhood and adolescent depression, runaways, early teen sexual acting out, civil disobedience, and other family and social problems.

Attitudes expressed by people in the 1980s have shown an increased emphasis for meaningful, fulfilling, interpersonal relationships. This focus will likely continue in the following decade. This type of fulfillment is sought more within the family than in other societal institutions.

**SINGLE PARENTING IS A PRINCIPAL
CONTRIBUTOR TO THE GROWING
NUMBER OF CHILDREN AND WOMEN
LIVING IN POVERTY**

The divorce rate during the 1980s stabilized; however, the actual numbers of persons divorcing continue to increase due to size of the 18-45 age cohort which are the most prone to divorce. There is a direct relationship between female and children impoverishment and divorce (Day and Bahr, 1986).

The largest increase in any one family type is the single-parent household headed by the mother. The number of households headed by a female has doubled since 1970 and is expected to increase 23% to 25% of all families by the year 2000 (Federal Register, 1986; Evans, 1987).

Twenty-three percent of all children under age 18 now live with only one parent, illustrating the rapid growth of the single-parent household (U.S. Bureau of Census, 1987). Recent projections suggest that 60 percent of today's 3-year-olds will spend some time as a member of a single-parent household prior to their 18th birthday (Vobejda, 1987).

Another large contributor to those living in poverty is the swelling ranks of unmarried teenage females who become parents. The actual number of births to teens is declining, but the percentage of children born out-of-wedlock is increasing among women under age 20. The rate is considerably higher among black and Hispanic teens (Moore, 1986).

**THE MAJOR RISK FACTORS ASSOCIATED
WITH CHILD ABUSE, NEGLECT AND
FAMILY VIOLENCE ARE: POVERTY, UNEMPLOYMENT,
EARLY PARENTHOOD, SUBSTANCE ABUSE, INADEQUATE
HOUSING, INADEQUATE ROLE MODELING
AND HIGH LEVELS OF FAMILY STRESS**

Upwards of six million children and three million spouses are seriously assaulted annually in America. Individuals in families where abuse is present are more likely to have psychological problems--even in the absence of personal

abuse. Observing another family member being abused can cause emotional damage. (Straus, 1990).

Physical and sexual child abuse along with family violence have increased significantly in the past few years. Many of the existing local and state programs designed to repair the damage done by violent and abusive homes are overworked and inadequately funded (Children's Defense Fund, 1988).

The exact amount of abuse and violence is very difficult to measure since much of it occurs in the privacy of a home during the day-to-day activities of family relationships. Some experts suggest that while reported cases are still increasing, the actual rate of increase is declining. Further, in recent years, what has been defined as abusive behavior has been expanded to encompass a wider range of abuse. Hopefully, some of the sharp increase is due to better reporting and greater public awareness (United Way, 1987).

Runaway children and youth represent the majority of "missing children." Most common reasons for youth running away are abuse, neglect and other family problems. A national study indicated that more than a third of the children and youth on the run were running from physical or sexual abuse at home (Children's Defense Fund, 1988).

TEENAGE PREGNANCY AND CHILD-BEARING CONTINUES TO BE A SIGNIFICANT PROBLEM FOR YOUTH, THEIR FAMILIES, THEIR CHILDREN AND SOCIETY AS A WHOLE

The consequences of pregnancy for a teenager are very costly in terms of educational and emotional deprivation. Mothers who give birth during their teen years tend to be poor, less educated, and receive less prenatal care. Their children are more likely to be born at low-birth weight, grow up in disadvantaged neighborhoods, be involved in accidents, attend lower quality schools, and have a greater chance of growing up in a single-parent family (Children's Defense Fund, 1987).

Nearly one-half million teenagers give birth to a child each year. Four in 10 teenage females, 14 years of age, will have at least one pregnancy before their 20th birthday. Six out of every 10 women presently receiving public assistance had a child during their teenage years (Federal Register, 1986). Although the actual number of teenage births is declining, this decline results from fewer youth in the teenage years and a wider use of abortion as

a means to resolve the pregnancy. The rates of unmarried teenage births for both black and white teenage youth have shown substantial increases during the 1980s. The number of out-of-wedlock births to teenagers has increased by 270 percent since 1960. Approximately 42 percent of white teenagers and 89 percent of black teenagers who gave birth were unmarried (Moore, 1986).

Unmarried parents, many of which are teens, accounted for 21 percent of all births in 1986. These same trends hold true for child rearing. In 1986, 6 percent of all children under age 18 were being reared by mothers who had not married. The problem is greater in black families where 25 percent of all families are headed by a never-married mother. Children from never-married mothers face a multitude of problems. They are more likely to have parents with little education who are at high risk for unemployment or low income, and parents who depend on governmental assistance. The growth of unmarried parenthood has continued into the 1980s, but appears to be slowing (U.S. Children and Their Families, 1987).

One half of all teenage mothers will not complete high school nor marry before the birth of their child, and most teen mothers will live in poverty. Approximately three fourths of all teens who give birth will be on public welfare within a 4 year period. Teenage pregnancies cost the U. S. in welfare expenses alone over \$19 billion annually (Making the Grade: A Report Card on American Youth, 1989).

MAJORITY OF MOTHERS ARE IN THE WORKFORCE YET ADEQUATE CHILD CARE FOR CHILDREN OF WORKING PARENTS REMAINS A PROBLEM

Approximately three fourths of all women 18 to 44 years of age are involved in the labor force (U.S. Bureau of the Census, 1987). Eighty-two percent of the married women who are presently working indicate that they would continue to work even if finances were not an issue. Nearly 7 out of every 10 women who are not gainfully employed indicated they would prefer to be working if there were adequate child-care facilities near their home or place of work. About one-half of these nonworking women would prefer part-time work at home (Harris, 1987; U.S. Children and Their Families, 1987; United Way of America, 1989).

In 1983, 36 percent of mothers in families with incomes lower than \$15,000 indicated they would seek employment if child care were available at affordable costs. There are

many indications that this situation has not improved. In 1986, studies showed one-fourth of all California homemakers and unemployed parents (including one-half of all single parents) were unable to work and attend training meetings due to inadequate child care arrangements (California Governor's Task Force on Child Care, 1986). Many employees who have children report high levels of stress related to making suitable quality child care arrangements for their children (Galinsky and Freidman, 1986).

Nearly half of all women who bear children are involved in the labor force. Half of all children under the age of 6 and 60 percent of all children 6-17 years of age had mothers working full or part-time or looking for work in 1986. The proportions of mothers in the work force have markedly increased from 1970. The largest growth has been in the proportion of mothers with children under age three. About half of all married mothers with infants under age two were involved in the work place in 1986 (U.S. Bureau of Census, 1987).

Child care for many working parents is catch-as-catch-can. The working mother does most of the child-care selection (U.S. Children and Their Families, 1987). Twenty-five percent leave their children in the care of relatives, and 21 percent of the couples have flexible or differing work hours so they can trade with each other in caring for the children. Ten percent take their children to commercial day-care centers. Another 10 percent solicit the services of a friend or neighbor. Seven percent stay with older siblings, 6 percent tend themselves, and 5 percent attend a nursery school (Harris, 1987).

In recent years, for children under age five who have working mothers, the most common type of care has shifted from care in the child's own home, to care in the home of another, or to group care (U.S. Children and Their Families, 1987).

LATCHKEY YOUTH: MANY ARE NOT READY FOR SELF CARE, BUT FEW ALTERNATIVES EXIST

No one knows exactly how many children are currently termed "latchkey children." Conservative estimates indicate that from 2 to 6 million children between the ages of 6 and 13 leave home after their parents go to work and return before their parents. Many of these children also care for younger brothers or sisters.

Estimates suggest that by 1995 there may be over 35 million children in self care. Although it is difficult to determine adverse effects of self care, there is evidence

that some children who spend out-of-school hours without adult supervision are at a higher risk for delinquency, substance abuse, sexual misconduct and other personal and developmental difficulties. A study of latchkey youth shows 32 percent of male and 41 percent of female children were worried when they had to stay home alone (Zill, 1980). These children are also more susceptible to abusive treatment from older siblings (mainly brothers) and their friends (Coolson, Seligson, & Garbarino, 1985).

A statistical portrait of America's children who started in formal schooling in 1986 indicates that between one-fourth and one-third are defined as latchkey children (U. S. Department of Education, 1986). In 1987, a Louis Harris survey indicated that teachers say the number one problem in education is children returning home from school unsupervised (Project Home Safe, 1987).

POVERTY: FIFTEEN PERCENT OF THE TOTAL POPULATION ARE LIVING BELOW THE POVERTY LEVEL

The income poverty level in 1988 for a family of four was \$11,650. About 34 million Americans including 8 million families lived below this level. The poverty rate rose to a high of 15 percent in the 1980s compared to 11 percent in the 1970s. Of those in poverty, 40 percent are white, 34 percent black, and 26 percent are Hispanics. Of all black families, 30 percent live below the poverty line compared to 8 percent of all whites. Living below the poverty level places the individual at risk for malnutrition, inadequate health care, less educational opportunities and becoming a victim of crime along with many other social disadvantages (United Way, 1989).

MANY OF THE POOR ARE NOT INVOLVED IN THE MAINSTREAM OF SOCIETY

In the 1980s "the underclass" increased in size. The underclass are defined as "persistently poor" and live their lives largely out of the mainstream of society. It has been estimated that the underclass make up 31 percent of the poor population. They reside in urban ghettos and are predominantly black and Hispanic. Behavior and lifestyle rather than race are the distinguishing characteristics of this class. They are caught up in a cycle of poverty. Teenage pregnancy, homelessness, fatherless households, crime, chronic unemployment, substance abuse and long-term welfare dependence are characteristics of the underclass (United Way, 1989).

*RURAL INHABITANTS, LIVING IN POVERTY,
LACK NECESSARY RESOURCES TO CHANGE
THEIR POVERTY STATUS*

Rural poverty is becoming more of a problem as America's economic expansion tends to occur in urban areas. People living in smaller cities and rural areas account for almost 48 percent of the poor population. Between 1979 and 1986 rural median family income fell 10 percent compared to 1 percent in urban areas. Also in 1986 unemployment was 26 percent higher in rural areas than urban locations and rural poverty rates were comparable to poverty rates in urban ghettos (United Way of America, 1989). Resources available to assist persons in getting out of poverty are lacking in most rural areas.

*THE MAJORITY OF THOSE LIVING IN
POVERTY ARE CHILDREN*

Poverty is more likely to be present in families with children. Twenty percent of families with children under age 18 are living in poverty, contrasted to 5 percent of adults without children (Harris, 1987).

High poverty coincides with the high rate of single-parent households in minority racial groups (Children's Defense Fund, 1989; U.S. Bureau of Census, 1987; United Way of America, 1989). The childhood poverty rate has increased significantly within the past two decades. In 1970, 15 percent of all children were living in poverty compared to 21 percent of children under 18 and more than 22 percent of children under 6 in 1987. Poverty has a greater impact on black and Hispanic children (United Way, 1989).

One in four Hispanic families is poor today. Among Hispanic female headed families 51.8 percent are poor. Two in five Hispanic children live in poverty (Children's Defense Fund, July 1989).

The income of young families has declined over the past decade and a half. This income decline hit young families harder than any age group. Early financial strain is a predictable part of the life cycle of young families, but the gap between young versus other American families has widened by nearly one third in the last two decades. There seems to be an increasingly less likelihood of young families catching up to the generation that preceded them--resulting in most young families working more to take home less. This decline in take home income is reflected in the quality of housing they are able to purchase, the education they attain, and the health care they purchase.

The poverty rate in 1986 was 25 percent higher for all families but nearly doubled for young families. Minority and single parent families under 25 were being hit the hardest (The Forgotten Half, 1988).

*SINGLE ELDERLY WOMEN ARE AT
HIGH RISK FOR POVERTY*

Economic concerns for single, elderly persons are increasing. The added life expectancy has increased the numbers of people 65 years and older. This age group will make up 13 percent of the population in the year 2000 and will grow to 21 percent by 2030 (AARP, 1988). The poverty rate for elderly persons living alone is five times the rate of elderly couples. Poverty status most affects widowed women, increases with age and is highest among minorities. A spouse's death can lead to loss of pension and when combined with medical, funeral, and other expenses can lead to poverty for widowed women (Report of the Commonwealth Fund Commission on Elderly People Living Alone, 1987).

*HOMELESS FAMILIES ARE THE
FASTEST GROWING SEGMENT
OF THE HOMELESS POPULATION*

Families with children are the fastest growing homeless group in America making up one third of the homeless population. Millions of Americans experience hunger at some point monthly. Every night there are 100,000 children excluding runaways, throwaways, and abandoned children who have no home (National Academy of Sciences, 1988). Inadequate education, nutrition and medical care are among the many problems confronting the homeless family.

*MINORITIES FACE A DISPROPORTIONATELY
HIGH RATE OF ECONOMIC DIFFICULTY*

Minority groups will comprise 30 percent of the total U. S. youth population in the mid 1990s. That represents a 33 percent increase from 1980. Within 5 years over 15 percent of the youth population will be black, 12 percent Hispanic, and 4.5 percent Native American, Asian, and Pacific Islanders (Wetzel, 1989). During 1988, 24 percent of black youth and 14 percent of Hispanics were unemployed compared to just over 9 percent of white youth. Youth unemployment is currently 2.6 times the rate for prime-age (ages 25 or older) workers (Bureau of Labor Statistics, 1989).

Most minorities experience higher unemployment, receive lower pay, attain lower levels of education, experience higher levels of teen pregnancies and single parenthood. Societal cost for repair of family dysfunction is higher for minority groups (Wetzel, 1989).

*CONSUMER DEBT BECOMES AN INCREASING
BURDEN TO AMERICAN FAMILIES*

In 1985, the ratio of debt to disposable personal income in American families was near 24 percent. That reflects nearly a 3 percent increase over 1984 (U.S. Bureau of Census, 1987). Financial resource specialists indicate that anything over 20 percent puts the family at high risk for financial stress.

The rate of savings as a percent of the annual family income has dropped to a low of 3 percent. The average from the previous 8 years has ranged from a high of 7.5 to 4.3 percent (Economic Indicators, September 1987).

The consumer debt load has grown faster than the general economy. The family credit card debt level is at an all-time high, with a dependence upon credit steadily growing (United Way, 1987).

While parents are spending on credit and deepening their family debt, our nation's children are observing if not internalizing these spending tendencies. A recent study showed that the average 12-year-old has a weekly income of \$5.50 but manages to save 25 cents a week. Children's spending habits are learned from experience and often a child is unaware of personal money mismanagement (Forecast, April 89).

*HOME OWNERSHIP IS BECOMING DIFFICULT
FOR FAMILIES AND A NEAR IMPOSSIBILITY
FOR SINGLE PARENT FAMILIES*

The American dream of owning a home is becoming more difficult to achieve. From 1973-1987, the home ownership rate for young married couple families dropped from nearly 40 percent to just over 29 percent. For families with a single parent, rates dropped from 13.7 percent to 6.3 percent. Both rent and house payments continue to take a higher percentage of monthly income (Joint Center on Housing Studies, Harvard University, 1989).

*FUNCTIONAL ILLITERACY IS PLACING
AMERICA'S YOUTH AT RISK*

Inadequate reading, writing, and math skills limit employment for approximately 60 percent of the nation's 17 year olds. Seven of 10 high school students have difficulty writing a letter, seeking employment or requesting information. Three of five 20 year olds are unable to read a map or total their lunch bill. One of eight 17 year olds has reading-writing skills below the 6th grade level (functionally illiterate). Illiteracy places youth at risk for other social problems: 68 percent of arrested youth, 85 percent of unwed mothers, 75 percent of welfare dependents, 85 percent of dropouts, and 72 percent of the unemployed are functionally illiterate (Making the Grade: A Report Card on American Youth, 1989).

*MANY OF OUR NATION'S SCHOOL AGE
CHILDREN ARE AT RISK FOR EITHER
FAILING OR DROPPING OUT OF SCHOOL
BEFORE GRADUATING FROM HIGH SCHOOL*

Educators warn that nearly a third of our Nation's school-age children, based on their life's circumstances, are at risk of failing or dropping out of school. School dropouts are much more prone to be participants in crime, substance abuse, teenage pregnancy, or being chronically unemployed during their working years (Vobejda, 1987).

In 1986 the dropout rate for schools in Washington, D. C. was 43.2 percent. Nine other states located mostly in the South to Southeast, but including New York, Nevada, District of Columbia and Arizona, had dropout rates between 34.8 percent and 38 percent. The high school dropout rates in some of America's larger cities approach 50 percent. Those rates can be improved as evidenced by such places as Minnesota who had a graduation rate in 1986 of 91.4 percent. Nine other states located mostly in the North to Northeast had graduation rates between 81.2 percent and 91.4 percent (World Almanac, 1989).

The proportion of the population completing high school and college continues to rise. The proportions finishing high school have increased more rapidly for blacks than whites (U.S. Bureau of Census, 1987; Lyke, 1987). The percentage of Americans with at least a high school education has greatly increased within the last 40 years. Currently one American in five holds a college degree (U.S. Bureau of Census, 1987).

Despite the trend to get more education, 25 percent of youth do not complete high school. Less than three fourths of all students graduated from high school on time with their age cohorts in 1986. Most of the non-graduating youth are from households that are living below the poverty level, are members of a minority group, or have parents who have not graduated from high school. Hispanics, followed by blacks, have the highest dropout rate (Federal Register, 1986; Making the Grade, A Report Card on American Youth, 1989).

*OUR NATION'S SCHOOL SYSTEMS ARE FAILING
TO PREPARE STUDENTS TO INTERFACE
WITH THE LABOR MARKET*

Many high schools are failing to prepare students to interface with the labor market. Surveys show that high school counselors place securing a job for students low on their priority list. Often high schools are unaccustomed to cooperating with employers (Washington Post, 1989).

One half of America's young adults have no college education. In the next ten years, America will depend on this population for future leadership. However, a majority of those young people do not possess the basic reading-writing-arithmetic skills that are necessary for the more complicated jobs of the future. Major companies spend millions of dollars on training courses for their educated executive and managerial positions; but due to the surplus of unskilled workers, corporate America offers little or no upgrade training programs for them (U.S. News and World Report, 1989).

Many future jobs will require college or trade school training, and that training is becoming increasingly more expensive, barring many from participation. Federal funds for college assistance are becoming less available. By the year 2000, 75 percent of all jobs will require some college education. However, the past decade has shown college costs to outstrip the rate of inflation. The U. S. is moving toward a two-layered education system where children of higher income families will be able to meet the financial challenges of education and lower income families will continue to be less prepared for future jobs.

Federal grant money has declined within the past few years while student loan volume has risen significantly. Between 1978-1983 college participation rate declined among students from families with income under \$20,000 while participation increased for students with families earning over \$30,000 (Children and Families - Key Trends in the 1980s, 1989).

When secondary educations' misgivings are combined with the economic troubles and forecasts for non-college bound youth, family survival for this forgotten half seems bleak (U.S. News & World Report, June 26, 1989).

*EMPLOYEE BENEFITS IN THE WORKPLACE
ARE ERODING--CREATING A WAGE LOSS
FOR MANY FAMILIES*

Families are losing an estimated \$607 million annually as a result of U. S. employers decreasing their benefit package or providing inadequate family and medical leave benefits. Taxpayers pick up the tab on \$108 million annually for government aid to families with no access to family and medical leave protection. These figures released in a recent study indicate a significant wage loss suffered by many families. (Consumer Union News Digest, 1989).

*HEALTH CARE COSTS CONTINUE TO RISE
FASTER THAN THE FAMILY INCOME*

Medical care spending by individuals is rising faster than the general economy and the national inflation rate. In 1986, health-care costs rose 8 1/2 percent above the previous year. If these increases continue, the battle between labor and management over employee health-care benefits will intensify and possibly bankrupt the current Medicare system. Millions of Americans, especially lower income and unemployed families, go without necessary health care. These families have no public or private health insurance (United Way, 1987 and 1989). Fewer children are covered by health care policies (Children's Defense Fund, 1988). In 1965, health-care spending accounted for nearly 6 percent of the gross national product. In 1986, it was almost 11 percent and predicted to be 15 percent by the year 2000 (Rich, 1987).

*THE QUALITY OF HEALTH CARE FOR
THE ELDERLY DOES NOT KEEP UP
WITH THE NEED FOR SERVICES*

The elderly use more health care services than other age groupings. The costs for health care for the elderly have shown marked increases. Various strategies have been tried to contain increasing costs. Medicare programs have been credited with the greatest cost containment; however some feel the new cost containment practices are discharging elderly people from hospitals "quicker and sicker." This early discharge program has created the need

for more in-home care or day care for the elderly; yet, in-home and day care are only minimal assistance programs from Medicare. Because of the high costs, Americans are not getting the care they need to enjoy good health. As the proportion of elderly grows in society, this problem will become worse (United Way, 1987 & 1989).

*PUBLIC RESOURCES FOR CHILDREN AND
YOUTH ARE DECLINING WHILE
PROBLEMS ARE GROWING*

Seventy-four percent of Americans feel the problems facing today's children are worse than those faced by the previous generation. The resources and attention given to the problems of children and youth have declined. Sizable numbers of Americans feel that the problems of children and youth have not been adequately addressed by local, state, and national governments; nor have parents, religions, and other community resources addressed the problems to the extent they should. Examples cited include: educational institutions being unable to attract quality teachers, increases in school dropout rates, child kidnapping, child pornography, and substance abuse, declining emphasis in government-sponsored child care, cuts in the funding of school lunch programs, campaigns against sex education in the schools, failure to provide birth control services for sexually active teenagers, and declining budgets for immunizations for children. The public is asking for dynamic leadership in addressing the needs of children and youth (Harris, 1987).

*HIGH LEVELS OF STRESS AFFECTS THE HEALTH
AND WELL-BEING OF MANY AMERICANS*

Stress has been identified as one of the most frequently occurring maladies of the century. Eighty-nine percent of Americans report feeling high levels of stress on a regular basis. Fifty-nine percent of that group report feeling "high levels of stress" as often as once or twice a week.

Situational stress is present in the lives of many who experience difficulties because of adverse circumstances in their lives; for example, farm families who risk losing the farm, the unemployed worker, the new single parent, and others. Children, youth and adults all face more stress than previous generations (Harris, 1987).

*AIDS: THE DISEASE WITH RAMIFICATIONS FOR
INDIVIDUALS, FAMILIES & SOCIETY AS A WHOLE*

AIDS is a disease of the 1980s and 90s with far reaching ramifications for individuals, families and society as a whole. The facts and figures regarding AIDS change almost daily. The implications for individuals and families are changing as well. Most cases of AIDS disease have occurred to persons who voluntarily place themselves at risk for being infected. The distribution of those who have the disease is as follows:

- sexually active homosexual and bisexual males = 61%
- present and past abusers of intravenous drugs = 21%
- homosexual and bisexual men who are also drugs users = 7%
- heterosexual contact with someone infected with AIDS virus = 5%
- persons who have received infected blood or blood products = 2%
- persons with hemophilia or other similar disorders = 1%
- Undetermined = 3%

(Center for Disease Control, 1990).

For the black AIDS population, approximately 37 percent are in the male homosexual and bisexual category and 38 percent are in the category of intravenous drug users, and for Hispanics the rate is 42 percent and 40 percent respectively.

The number of persons diagnosed as having AIDS in the United States has gone from 183 in 1981 to 121,645 by March 2, 1990. Sixty percent of those who have been diagnosed as having the AIDS disease have died. The remaining 40 percent are expected to die within the next few years. Fourteen states and territories now have AIDS rates over 10 per 100,000. Seventeen metropolitan areas currently have an annual rate of 20 or more per 100,000 compared to 13 areas last year. Larger cities are more susceptible to AIDS. Metropolitan areas with over one million population make up 41 percent of the U. S. population but contain three-fourths of the AIDS cases. The World Health Organization speculates that 10-30 million people have been exposed to the AIDS virus, all of whom are contagious. Ninety percent of those who have been exposed are not aware of their exposure. Between 20 and 30 percent of those exposed will develop AIDS; most will die within a 2-year period (Center for Disease Control, 1990; Facts About AIDS, 1987; Nation's Health, 1989; Surgeon General's Report, undated).

In January of 1990 the Center for Disease Control indicates that 1,947 AIDS cases have been confirmed in children 13 years of age and younger. Approximately 2 percent of the total confirmed AIDS cases are infants born with AIDS. Half of these infants are black and a fourth are Hispanic (Lehman and Russel, 1987). AIDS may be transmitted to children in-utero during the birth process or by breast feeding.

Children with AIDS are predominantly from poor families. Financial assistance is needed to assist these families with the staggering cost of treatment (Urwin, 1988).

Increase of crack-cocaine use has been identified by health professionals to accelerate AIDS rates in teenagers. Crack houses, which sometimes involve a tradeoff of drugs for sex, lead to a higher likelihood of virus transmission. Crack use alone has been correlated with increased promiscuity (U.S. News and World Report, Oct. 23, 1989).

TOBACCO USE IS ADDICTING AND IS A LEADING CAUSE OF DEATH

Cancer is the number three leading cause of death in the United States. Lung cancer and various other lung and heart diseases are frequently associated with smoking. The majority of smokers began smoking while in their teens. One half of eighth graders have tried smoking and 70 percent have done so by the 10th grade (Wetzel, 1989). One in ten high school seniors are smoking on a daily basis. While society in general has made some progress with "kicking the habit," the nation's youth have progressed very little since 1980 (University of Michigan, News and Information Services, 1989).

Ten times more people die from tobacco use than illegal drugs and AIDS combined. One out of every six packages of cigarettes manufactured in United States are sold abroad (Pillow, 1988). As a nation we have declared war on those who export illegal drugs to our country while we export nicotine to other countries. The Surgeon General has determined nicotine to be just as addicting as the illegal drugs we are trying to combat from coming into our country (Koop, 1989).

ILLEGAL SUBSTANCE ABUSE CAUSES DEATH, RAISES THE CRIME RATE, AND DESTROYS FAMILIES

The nature, extent and control of illegal drug use in America has been a topic of much debate. Drug use rates tend to vary by time and location. Obtaining an accurate

reading of the extent of use at any one point of time is very difficult.

According to a Harris Poll, marijuana is the most widely used illicit drug, and white males aged 12-17 are the most prone to use it. Although overall drug abuse has increased, marijuana use has decreased slightly. Most high school seniors have tried alcohol and half of college students have experienced heavy drinking bouts. The use of cocaine among youth has gone up in the last 10 years. An encouraging note, however, is that over 90 percent of youth surveyed indicated a disapproval of regular use of illicit drugs, along with alcohol and cigarette smoking (Harris, 1987).

There are only a small number of employers who use drug screening tests. The following percentages of employees tested positive to drug use: retail = 24 percent, wholesale = 17 percent, mining = 13 percent, construction = 12 percent, manufacturing = 12 percent, service = 10 percent, transportation = 10 percent, financial = 7 percent, and communication and utility = 6 percent. More and more employers are just saying "no" to drug screening due to widespread casual drug use. Overlooking the transgression is becoming more common among employers due to widespread drug familiarity. Thirty eight percent of adults admit using drugs at least once (U.S. News and World Report, October 30, 1989).

A recent survey of issues illustrated that substance abuse, followed by AIDS, wages, then benefits as being the rank order of major areas of concern to corporate executives (USA Today, December 6, 1989).

One out of 35 Americans has been a victim of an attempted or completed violent crime in the following categories: Assault, robbery, and rape. In 1987 the victim rate for 16-24 year-olds was about 1 in 15, which is triple that of the 35-49 year-old age group. Youth are more likely to take self protective measures in violent crimes and are more likely to sustain physical injury. Much of the increase in crime is attributed to drug trafficking (Wetzel, 1989).

ALCOHOLISM--A DISEASE FOUND IN ONE OF THREE AMERICAN FAMILIES

Approximately 32 percent of America's households have someone with a drinking problem. People living in the West are the heaviest drinkers, followed by the South, Midwest, then the East. Persons under the age of 30 experience the most problems with alcohol, followed by the 50 to 64 age group. The highest users of any age

group are the 18 to 20 year olds. Men have higher rates than do females in all categories; and more women than men report their lives being impacted negatively by a family member who is drinking excessively. Approximately 21 percent of all youth 14 to 17 years old have a problem with uncontrolled alcohol use (Federal Register, 1986).

Alcoholism has the most impact on young, middle-income families. It destroys health, individual productivity, and families. Wider public support for corrective measures to curb the abuse of alcohol provides some hope. This is evidenced in raising the age for consumption and stiffer penalties for offenders who drink and drive (Harris, 1987).

There are 28 million children of alcoholics in the United States. Research has shown children of alcoholic parents have a greater risk of becoming alcoholics themselves. However, most children of alcoholics do not become alcoholics, but are at an increased risk of many other health problems. Children of alcoholics use medical and hospital facilities more than other children. They are also more likely to have school problems and become involved in substance abuse. Their mental health problems follow them into adulthood (Public Health Reports, 1988).

In 1988, 92 percent of high school seniors had tried alcohol. Nearly two thirds of seniors had taken a drink within the past 30 days and 4 percent had done so each day for the past 30 days. In 1988 nearly 90 percent of college students had used alcohol within the previous year. Heavy drinking bouts (5 or more drinks on one occasion) were reported by about half of college men and one third of college women. (National Institute on Drug Abuse, 1988). Although youth consumption of alcohol is high, there has been a modest decrease since the late 70s (Wetzel, 1989).

YOUTH SUICIDE RATES ARE THREE TIMES HIGHER THAN IN 1970

Reported youth suicides have increased by 300 percent in the past 20 years and is the second leading cause of death among youth in the 15 to 24 year-old age bracket. Male youth commit suicide five times more frequently than females; but females attempt suicide five times more frequently than males. The differences are attributed to the more lethal methods used by males. Thirty to 50 percent of high school students have considered suicide during their high school years, going as far as planning how they would commit the act (Suicide Prevention Program, 1987).

Suicide rates for youth have slowly but progressively increased since the 1950s. Experts and lay persons associate increased suicide rates with competitive pressure for success, decline of the nuclear family, and an increased sense of aloneness and depression in our society (Wetzel, 1989). Reports from medical examiners indicate a strong correlation between substance abuse and suicide. Nearly a third of the deaths and 37 percent of the emergency room treatments for drug problems in 1986 involved suicide attempts. Frequently these attempts involved the mixing of alcohol and drugs (National Institute on Drug Abuse, 1986).

ELDERLY SUICIDE IS INCREASING FASTER THAN THE OVERALL NATIONAL SUICIDE RATE

According to federal statistics the suicide rate of people 65 years of age and older has risen 25 percent between 1981 and 1986 in the United States. The suicide rate for elderly had been steadily declining in previous decades but began to rise in the 80s (Consumer Union News Digest, 1989). An increase between 1981-1986 brought the elderly suicide rate up to 21.5 per 100,000 people according to the National Center for Health Statistics in Hyattsville, MD. The overall national suicide rate rose 5 percent in this time period (Science News 1989). The elderly population in our country is growing, as are the problems of growing old. The suicide rate is expected to continue to increase unless the problems of loneliness and ill health can be addressed.

ELDER CARE: AN INCREASING STRESSOR FOR ADULT CHILDREN AND GRANDCHILDREN

The population of the elderly continues to rise and stress on family caregivers is inevitable. Long-term retirement locations are expensive and many elderly are financially incapable of meeting expenditures for these types of residences. This leaves the family members with the responsibility of providing care for many of the elderly. Increasing longevity comes simultaneously with an increased female labor force participation. Historically women have been the primary caregivers of the elderly. They are becoming increasingly unavailable because of workplace responsibilities. Education, training and counseling are needed for family care givers (Force, 1990).

In 1987 about one in eight Americans were in the elderly category (29.8 million). The sex ratio was 14.6 women to every 10 men. Seventy-seven percent of older men and 41

percent of older women were married. Forty-nine percent of older women were widows. There was a ratio of 5 to 1 of widows to widowers. Eighty-two percent of older men and 57 percent of older women lived in families. About 30 percent of all non-institutionalized elderly lived alone in 1987. Ninety percent of the elderly were whites, 8 percent black, and 2 percent were other races. Eight states: California, New York, Florida, Pennsylvania, Texas, Illinois, Ohio, and Michigan represented 49 percent of all elderly population. The poverty rate for the elderly in 1987 was 12.2 percent. Ten percent of whites, 39 percent of black and 27 percent of Hispanic elderly were poor (AARP, 1988; Bureau of the Census 1987). This raises the question: "As the population continues to grow, how will America address the increasing number and concerns of the elderly?"

**AN ESTIMATED ONE IN TWENTY-FIVE
ELDERLY PERSONS ARE BEING ABUSED**

In a sample survey in a Boston metropolitan area, Pillemer and Finkelhor (1988) found that there were 32 maltreated elderly per 1000. If a similar survey were issued nationwide, this would reflect that almost 1,000,000 of U.S. elderly have been or are currently being abused. It is estimated that one out of every 25 elderly Americans are abused each year. This abuse knows no economic, racial or geographical boundaries (United Way, 1987). Males showed a stronger likelihood of being abused. Those living with a spouse and at least one other person seemed more vulnerable to maltreatment. Most of the perpetrators were spouses, followed by adult children (58 percent and 24 percent). Abuse is three times more common for those living with someone than for those living alone (Pillemer & Finkelhor, 1988).

**ACCESS TO HEALTH INSURANCE IS A CRITICAL
NEED FOR MANY YOUNG ADULTS**

One-fourth of young adults (age 19-24) in the U.S. have no health insurance coverage, according to the Institute of Health Policy Studies at the University of California in San Francisco (McManus, Greaney, and Newacheck, 1989). Analysis of data from the National Health Interview Survey, conducted by the Census Bureau in 1984, gives the first national look at the health insurance status of this age group.

When asked why they had no health insurance, 60 percent said they could not afford it. Many young adults work in low-paying jobs where employers do not offer insurance

benefits. Buying private insurance is not top priority in an already-pinched budget; yet, the employee's income is too high to qualify for Medicaid.

Young adult women were 9 percent more likely than men to have some form of insurance coverage. It is expected this is due to the availability of Medicaid to women with children. White young adults were more likely than Blacks and Hispanics to have insurance. Only 50 percent of young adults with a grade school education were insured, compared to 88 percent with a college education.

Young adults living in the Northeast or Midwest were more likely to have some type of coverage than those living in the South or West. This is probably due to the availability of broader public health insurance in the Northeast and Midwest and more unionized jobs requiring health insurance benefits (McManus, Greaney, and Newacheck, 1989).

**LACK OF ACCESS TO AFFORDABLE BANKING SERVICES
IS A SERIOUS PROBLEM FOR MANY LOW INCOME
CONSUMERS**

Consumers without checking accounts encounter additional costs, inconvenience and risk in getting checks cashed, paying bills and keeping cash safe. This was one finding from the Basic Banking Consumer Survey conducted by the Virginia Citizens Consumer Council. Individual interviews were conducted with 308 consumers in the summer of 1989 at 29 Virginia sites (Fox, 1989).

Twenty-seven percent of the sample reported they sometimes or frequently have trouble cashing their checks. Bills are often paid in cash. Money orders, the other option for paying bills, cost about \$2.50 each.

The study showed families without checking accounts are more likely to receive public benefits, and be larger, younger, less educated and slightly poorer than those who have accounts. Consumers without checking accounts (58 percent of the sample) gave these reasons for not opening one: inability to save enough money to open one, unaffordable fees, difficulty in managing the checkbook, and fear of bounced check charges.

Only 13 percent of the consumers without checking accounts said they did not need one. Sixty-five percent said they definitely or maybe would open a free or low-cost account if available (Fox, 1989).

References

- American Association of Retired Persons. 1988. *A Profile of Older Americans*. Long Beach, CA.
- Bureau of Labor Statistics, Employment and Earnings, U.S. Department of Labor. January 1989. Volume 36, Number 1, U.S.G.P.O. Washington, DC.
- California Governor's Task Force on Child Care. 1986. Sacramento, CA.
- Center for Disease Control. January 19, 1990. *AIDS Telephone Hotline Report*. Atlanta, GA.
- Children and Families: Key Trends in the 1980's. 1989. U. S. Government Printing Office. Washington, DC.
- Children's Defense Fund. May 1987. *Fact Sheet: Consequences of Early Childbearing for Teen Parents*. Washington, DC.
- Children's Defense Fund. FY 1988. *A Children's Defense Budget. An Analysis of our Nations Investment in Children*. Washington, DC.
- Children's Defense Fund Reports. July 1989. *For Your Reference*. Washington, DC.
- Consumers Union News Digest. October 7, 1989. *Insurance: Leave Benefits Gap Hurts Families*. Mt. Vernon, NY.
- Coolsen, P., Selignson, M., and Garbarino, J. 1985. *When School's Out and Nobody's Home*. National Committee for Prevention of Child Abuse. Chicago, IL.
- Day, R. D., Bahr, S. J. 1986. *Income Changes Following Divorce and Remarriage*. Journal of Divorce, Vol. 9(3), p. 75-88.
- Economic Indicators. September 1987. Prepared by the Joint Economic Committee, U. S. Government Printing Office. Washington, DC.
- Evans, A. 1987. *Families at Risk*. Education and Public Welfare Division, Congressional Research Service. IB87017. Washington, DC.
- Facts About Aids. 1987. U.S. Department of Health and Human Services; Public Health Service. Centers for Disease Control. Washington, DC.
- Federal Register. September 30, 1986. U.S. Government Printing Office, Vol. 51, 189. Washington, DC.
- Force, E. S. 1990. *NCFR Presidential Report*. Bolger Publications/Creative Printing, Inc. Minneapolis, MN.
- Forecast For the Home Economist. April 1989. *High Priority Issues: Notable programs that help meet community needs*. Scholastic, Inc. New York, NY.

- Fox, Jean Ann. 1989. *VCCC Basic Banking Consumer Survey*. Unpublished report of the Virginia Citizens Consumer Council, Arlington, Virginia.
- Galinsky and Friedman. 1986. *Investing in Quality Child Care*. A Report for A T & T.
- Harris, L. 1987. *Inside America*. Vintage Books, New York.
- Joint Center for Housing Studies. 1989. Harvard University. Cambridge, MA.
- Koop, C. E. *Addictive Nature of Nicotine*. Speech given by U.S. Surgeon General. 1989.
- Lehman, V., & Russel, N. 1987. *Psychological and Social Issues of AIDS and Strategies for Survival*. In V. Gong & N. Rudnick Eds. *AIDS: Facts and Issues* (pp. 246-263). New Brunswick: Rutgers University Press.
- Lyke, R. F. 1987. *High School Dropouts*. Education and Public Welfare Division. Congressional Research Service. IB87167. Washington, DC.
- Making the Grade: A Report Card on American Youth. September 1989. National Collaboration for Youth. Washington, DC.
- McManus, P., Greaney A., and Newacheck, P. 1989. "Profile of young adults with and without health insurance coverage," *Pediatrics*. Vol. 84., No. 4.
- Moore, K. A. 1986. *Facts at a Glance*, Child Trends, Inc. Washington, DC
- National Academy of Sciences. 1988. Washington, DC.
- National Institute on Drug Abuse. 1986. *Data from the Drug Abuse Warning Network*. 1989. Series 1, Number 6. (Adm) 88-1. Washington, DC.
- Olson, D. 1990. *NCFR Presidential Report*. Bolger Publications/Creative Printing, Inc. Minneapolis, MN.
- Pillemer, K. & Finkelhor, D. 1988. *The Prevalence of Elder Abuse: A Random Sample Survey*. The Gerontologist. Vol. 28, No. 1.
- Pillow, D. *Family Life in Tennessee*. University of Tennessee Extension Newsletter. December 1988.
- Project Home Safe. 1987. *Project Home Safe - Children in Self-Care*. American Home Economics Association in Cooperation with Whirlpool Foundation. Washington, DC.
- Public Health Reports. November-December 1988. *Children of Alcoholics: Helping a Vulnerable Group*. U. S. Government Printing Office. Washington, DC.
- Report of the Commonwealth Fund Commission on Elderly People Living Alone. 1987. *Americans and the Arts, V. Old, Alone and Poor: A Plan For Reducing Poverty Among Elderly People Living Alone*.

Rich, S. 1987. *U. S. Health Costs Continue Steep Rise*. Washington Post Newspaper, 310. October 11, A8. Washington, DC.

Science News. August 5, 1989. Washington, DC.

Straus, M. 1990. *NCFR Presidential Report*. Bolger Publications/Creative Printing, Inc. Minneapolis, MN.

Suicide Prevention Program. 1987. Prepared by the Suicide Prevention and Crisis Center of San Mateo County under a grant awarded by U. S. Department of Health and Human Services, Youth Development Bureau, Administration for Children, Youth and Families. Washington, DC.

Surgeon General's Report. Undated. *Surgeon General's Report on Acquired Immune Deficiency Syndrome*. U. S. Department of Health and Human Services. Washington, DC.

The Forgotten Half: Pathways to Success For America's Youth and Young Families. November 1988. *America's Future: The William T. Grant Commission on Work, Family and Citizenship*. Washington, DC.

The Nations Health. May-June, 1989. *AIDS Epidemic Approaching 100,000 Cases Recorded*. Washington, DC.

USA Today. December 6, 1989. *USA Snapshots*.

U. S. Bureau of The Census. 1987. *Population Profile of the United States: 1984-85*. Current Population Reports, Series P-23, No. 150. Washington, DC.

U. S. Bureau of the Census. 1989. *Changes in American Family Life*. Current Population Reports, Series P-23, No. 163. U. S. Government Printing Office. Washington, DC.

U. S. Children and Their Families. 1987. *U. S. Children and Their Families: Current Conditions and Recent Trends*. Unpublished Report Prepared by Child Trends for The House Select Committee on Children, Youth and Families. February 10. Washington, DC.

U. S. Department of Education. 1986. *The Family: Preserving America's Future*. A Report to the President from The White House Working Group on the Family. December 2, 1986. Washington, DC.

U. S. News and World Report. June 26, 1989. *Jobs: Skills Young Americans Need to Succeed. Why Schools and Companies are Failing Them*.

U. S. News and World Report. October 23, 1989. *The Aids Threat to Teenagers*.

U. S. News and World Report. October 30, 1989. *Vital Statistics: News You Can Use*.

United Way of America. 1987. *What Lies Ahead: Looking Toward the '90's*. Washington, DC.

United Way of America. 1989. *What Lies Ahead, Countdown to the 21st Century*. Washington, DC.

University of Michigan, News and Information Services. February 28, 1989. *Teen Drug Use Continues to Decline*. Press release. Ann Arbor, MI.

Urwin, C. A. 1988. *AIDS in Children: A Family Concern*, Family Relations 37, 154-159.

Vobejda, B. 1987. *Fewer Students May Make the Grade*. Washington Post Newspaper, 310. October 11: A1, A22, and A23. Washington, DC.

Washington Post. July 19, 1989. *Our Schools Aren't Teaching What Tomorrow's Workers Need to Know*.

Wetzel, J. R. August 1989. *American Youth: A Statistical Snapshot*. Youth and America's Future: The William T. Grant Commission on Work, Family and Citizenship. Washington, DC.

World Almanac and Book of Facts. 1989. *High School Graduation and Dropout Rates*. 1986. Pharos Books, A Scripps Howard Company. New York, NY.

Zill, N. 1980. *American Children: Happy, Healthy, and Insecure*. Doubleday Anchor. New York, NY.



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