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This thesis is dedicated to my mother and father,
Charlene and Leonard Warstadt, of Cross Timbers, Missouri.

DEMOGRAPHIC INFLUENCES ON PERCEIVED URGENCY
OF FAMILY LIFE ISSUES IN UTAH

by

Ted W. Warstadt

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family and Human Development

This thesis is dedicated to my mother and father,
Sharlene and Leonard Warstadt, of Cross Timbers, Missouri.

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ABSTRACT

Demographic Influences on Perceived Urgency
of Family Life Issues in Utah

by

Ted W. Warstadt, Master of Science
Utah State University, 1992Major Professor: Glen O. Jenson
Department: Family and Human Development

This study recognizes the need to identify and prioritize critical issues facing families. The literature review identifies and documents a number of critical issues facing families in American society. Survey questionnaires, which contained an abstract version of 33 previously identified issues, were sent to a sample of 2,000 people in Utah. The sample was randomly selected from resident listings in Utah telephone books. The survey asked respondents to rate each of 33 issues on a scale of 1 to 10, 1 being the least urgent and 10 being the most urgent. These issues include childhood, economic, health, and elderly concerns. Mean scores and variances of individual issues and factor-analyzed issue categories were utilized in this study. It was hypothesized that there would be no significant difference with regard to urgency between categories of six demographic variables for each

issue. Hypotheses were tested on each issue and eight major issue categories identified by a factor analysis. The six demographic variables utilized in the analyses of variance were: rural/urban status, gender, family income, marital status, age, and education level. When viewing results from the issues, results show that the hypothesis of no difference between gender, income, and education categories was rejected. Testing this same hypothesis of issue categories resulted in rejection for gender and education. In looking at the variance of all 33 issues combined, results show that individuals in Utah most likely to view issues with a higher sense of urgency were: female, low income, and residents with a lower level of educational attainment. A ranking of the 33 issues, as provided, could assist policy makers and professionals in knowing what issues Utah residents perceive as being the most pressing. Information gained from this study may assist policy makers in the allocation of funding for the variety of family-related difficulties that Utah faces. The results from the analyses of variance may help explain public concern and interest relative to specific counties or communities. The study also identifies a method of identifying and prioritizing family-related issues. This method may be beneficial to other states in the nation. (86 pages)

CHAPTER I

INTRODUCTION

Value of Family Study

Jerome Kagan (1978), in describing the unique characteristics of family life, stated, "the family has a mysterious power, which is perhaps one reason it has been the basic and most stable social unit in this and other societies for so long a time" (p. 100). The family institution has a direct impact, not only on individual development, but societal functioning as well. It is also obvious that events which occur in the larger societal setting can have a direct impact on individual and family functioning.

Bronfenbrenner and Crouter (1983) discussed individual and societal development as occurring at four nested levels, with each level affecting other levels. The microsystem is the individual's immediate family or other close social network such as the classroom. The mesosystem is the interaction of microsystems, such as parent/teacher discussions or job practices, which affect family functioning and connect one microsystem to others. The exosystem is the social system which impinges upon the previous system. For example, television and other media or local government can affect the smaller systems such as families and classroom situations. The macrosystem would be the larger sociocultural, governmental, and economic circumstances of an individual society. Bronfenbrenner's

(1979, 1986) systems or ecological approach can be quite helpful in describing how family and society are intertwined. By understanding the family to be both affected by and an affector of society, we can have a better comprehension of the changing family in American society.

Statement of the Problem

With the wide variety of difficulties that our society faces and the limited funding available to address these issues, it is important to identify and prioritize the more critical issues. Whereas the family is a major contributor to individual and societal developments, it is important to focus attention toward issues which have a direct impact on family functioning. In identifying issues it is also helpful to understand demographic influences which may contribute to an individual's perceived urgency of a given issue. This can assist policy makers in their efforts to appropriately allocate limited funds to the best suited and more needed areas.

Purpose of the Study

This study helps to identify, define, and substantiate important issues facing American families and discusses demographic variables which affect the Utah citizen's perception of importance regarding these issues. The literature review discusses facts and figures related to

various family life issues. These issues are discussed under the following categories: divorce and the changing family, single parenting, the family and politics, childhood, adolescent and youth issues, economic issues, health issues, and elderly issues. After these topics are discussed, the top 10 issues from a recent ranking of issues facing Utah families are documented. A brief sketch of Utah's demographic and family characteristics is presented, followed by the methodology section. The results of the study are then examined and followed by a summary section.

CHAPTER II
LITERATURE REVIEW

Divorce and the Changing Family

American family life has changed dramatically within the past century (Schwartz, 1987). Much of that change has occurred within recent decades. One particular change that has been on the horizon for the past 25 years, and which has had a serious impact on family functioning, is the rapid decline in the nuclear family, consisting of mother, father, and their biological offspring (Edwards, 1988).

In the 100 years previous to the mid 1960s, the divorce rate had remained fairly steady. But from the mid-1960s to the beginning of the 1980s the rate of increase doubled in comparison to the previous 100 years (Thornton & Freedman, 1983). Estimates suggest that about one half of first marriages occurring in 1990 will end in divorce and 60% of second marriages will also collapse (Footlick, 1990).

Coupled with the increased divorce rate has been a considerable increase in out-of-marriage births, increasing the number of single-parent families (Hacker, 1983). With the nuclear family structure indicated as the best organization to nurture and socialize children, it is understandable that a significant portion of American children and youth may be at risk socially and psychologically (Edwards, 1988).

Various studies indicate that family disruption is related to inhibited intellectual development of school-age children (Blanchard & Biller, 1971; Kurdek, 1981). There is also an indication that male children of divorced parents are less self-controlled, more aggressive, and more likely to experience difficulty in gender role development (Biller & Davids, 1973).

Wallerstein and Blakeslee (1989) indicate that divorce has negative effects on children 9 to 12 years old in that their inner anger is often directed toward parents, which may cause them to "turn" on a parent during or following the divorce. Their research also states the various negative effects for adolescents who may develop fears that their own relationships may break up in the future.

Also alarming, with respect to divorce, is the correlation between father absence and juvenile delinquency (Glueck & Glueck, 1962). Divorce has various other implications, but from what has been mentioned, and in keeping with Bronfenbrenner's (1979) ecological approach, divorce in the family can be seen to encroach on three other social systems: education, law enforcement, and the overall society.

Single Parenting

Single parenting contributes to children and women impoverishment (Jenson & Warstadt, 1990a). In the mid-1980s, the largest growth in any one particular type of

family arrangement was found in the single-parent household headed by a female (Federal Register, 1989). In 1987, one fifth to one fourth of children under 18 lived with one parent (U.S. Bureau of Census, 1987). It was also estimated in 1987 that 60% of America's three-year-olds would spend a portion of their formative family years in a one-parent home before they reached the age of 18 (Vobejda, 1987).

From this brief sketch of divorce and single parenting, it can be seen how these two family-related issues influence individual and societal development. Regardless of the pros and cons of the changed divorce laws beginning in the middle 1960s and early 1970s and without pointing the philosophical finger of blame at any supposed origin for the high divorce rate, divorce and single parenting are serious concerns to existing American families.

Family and Politics

In the Presidential Proclamation of National Family Week, Ronald Reagan (1984) said:

Strong families are the foundation of society. Through them we pass on our traditions, rituals, and values. From them we receive the love, encouragement, and education needed to meet human challenges. Family life provides opportunities

and time for the spiritual growth that fosters generosity of spirit and responsible citizenship.

Although the decade of the 1980s did not mark the beginning of politicians focusing on the family, this period does seem to exhibit somewhat of an acceleration of merging the topic of family life into the nation's political arena. As the 1980s marked a beginning of conservative national leadership, liberal views on family and intimate relationships from the late 1960s and 1970s were challenged.

In December of 1986, the White House Working Group on the Family issued a report to President Reagan discussing how government at various levels might provide support to the American family. The suggestions for a "pro-family" policy contained in this report included addressing issues such as the following: latchkey youth, child care, childhood and family poverty, illegitimacy, adoption, education, family economics, and taxes (Domestic Policy Council, 1986). At the core of this report, which suggested guidelines for public policy, is the axiom, "What strengthens the family strengthens society" (p. 8).

In the 1988 Presidential election, the Republican Party used family life concerns as a springboard into public popularity. One example of this was the speech given by Elizabeth Dole wherein she identified George Bush as the candidate more capable of addressing the economic

security of women in the work force. Dole also indicated in her speech that Bush would be committed to the protection and preservation of traditional American family values (Prentice, 1989).

The 1992 presidential battle in some ways resembles the 1988 race. Democrats now attempt to point out holes in President Bush's domestic and family policies while offering cures to the perceived maladies. Bush, on the other hand, focuses on family policy which may be viewed as progressive during his last four years as President, and makes efforts to enhance his domestic agenda. Bush's "kinder, gentler" projection, which reinforces his views on family values, may also play to his advantage (Nelson, 1989).

Regardless of what angles the two parties work from, there will continue to be public clamoring for general family policy as well as specific domestic issues which are major concerns for American families. One of the specific issues with which families identify, which is sure to be a topic of heated debate in the future, is health care and medical insurance. This topic will be addressed later in this writing.

Childhood, Adolescent, and Youth Issues

Changing circumstances for children. The changes in recent decades have had a marked effect on children. As

demographic, social, and economic shifts have taken place, families and, particularly, children have felt the brunt of difficult adjustments (National Commission on Children, 1991). Divorce, for example, is correlated with childhood emotional stress, including anxiety, depression, poor peer relations, anger, and decreased performance in school (Baltes, Featherman, & Lerner, 1990). It may also be helpful to note that divorce per se may not be the direct cause of childhood maladies as these childhood woes often stem from family and marital discord, which are antecedents to marital disruption. In looking at divorce, research shows that domestic tranquility, as opposed to the mere presence or absence of both parents, may be a better predictor of childhood adjustment (Warstadt, 1990a). Family problems and divorce, however, are strongly related to childhood difficulties.

Not only are children affected by internal (family) sources of strain, but they are increasingly impinged upon by growing external sources of stress. For example, increased labor force participation of mothers, peer pressures, destructive cultural messages, economic strain, social isolation, and dangerous street and neighborhood settings are found in today's society and all have consequences for children (National Commission on Children, 1991).

Inadequate child care and working mothers. About 75% of women age 18 to 44 were in the labor force in the late 1980s (U. S. Bureau of the Census, 1987). During this same time period, 82% of married working women found work rewarding and indicated they would continue to work if money was not an issue. About 7 out of 10 nonemployed women indicated they would prefer to work if adequate child-care facilities were available to them. About 50% of these nonworking women would favor part-time work in their home (Harris, 1987; U.S. Children and Their Families, 1987; United Way of America, 1989).

Adequate child care is often difficult to obtain, and, in many cases, this situation has conflicted with employment schedules, forcing some employees to miss work and employment-related meetings (Jenson & Warstadt, 1990a). High levels of stress have been reported by many parents relative to child care arrangements (Jenson & Warstadt, 1990a).

The number of mothers in the labor market has increased significantly since 1970. The most noticeable increase is found in mothers with children under age three. About 50% of married mothers with infants under 24 months old were involved in the labor market in 1986 (U. S. Bureau of Census, 1987).

Child care for many working parents is catch-as-catch-can. Of working parents who seek child care, one out of

four couples (or single parents) leave their children with relatives, and one out of five couples have adaptable or changing work hours which allow them to trade off child care with one another. About 10% of parents rely on commercial day-care situations and 10% seek the assistance of friends or neighbors. About 7% of children of working parents are cared for by older siblings, 6% care for themselves, and 5% go to a nursery school (Harris, 1987). Of children under age five who have employed mothers, the most customary type of care has changed from care in the home of the child to care in someone else's home or to group care (U. S. Children and Their Families, 1987).

Latchkey youth. It would be difficult to determine just exactly how many children are in the "latchkey" category. Moderate approximations indicate that from 2 to 6 million children ages 6 to 13 leave home after their parents have gone to work and return home before their parents. A sizable number of these children also care for younger siblings (Jenson & Warstadt, 1990a).

Estimates indicate that by 1995 as many as 35 million children may be in self-care. Adverse consequences of self-care are difficult to determine. However, there are indications that some children who are left without adult supervision during out-of-school hours are at risk for delinquency, substance abuse, sexual misconduct, and other personal and developmental difficulties. These children

are also more susceptible to abuse from older siblings (mainly brothers) and their friends (Coolsen, Selignson, & Garbarino, 1985). Children may also feel anxious when left home alone. In 1980, Zill estimated that 32% of male and 41% of female children were worried when they were left home alone (Zill, 1980).

A statistical picture of America's children who began formal education in 1986 shows that between one fourth and one third were defined as latchkey children (U. S. Department of Education, 1986). A 1987 Louis Harris survey stated that teachers indicate the number one problem in education is children returning home from school unsupervised (Project Home Safe, 1987).

Teen pregnancy. The results of teen pregnancy to females and their partners are quite costly in that educational opportunities are hindered and emotional stress and deprivation are likely. Women in their teens who have a child appear more likely than older mothers to experience poverty, inadequate prenatal attention, and hindered educational attainment (Jenson & Warstadt, 1990a).

Children of teenage mothers are more likely to experience low birth weight, restricted or disadvantaged neighborhoods, accidents, diminished school quality, and single-parent childhood than children of older mothers (Children's Defense Fund, 1987).

The number of out-of-wedlock births to teens increased 61% between the years 1970 and 1988, with the latter year showing that nearly one fourth of all first births were to teens (State Facts at a Glance, 1991). In 1989, two thirds of all teenage births occurred outside of wedlock, compared to just under one third in 1970 (Facts at a Glance, 1992). It was predicted that 40% of teens over the age of 14 in 1986 would become pregnant at least once prior to their 20th birthday (Federal Register, 1989).

Just over one fifth of all births in 1986 were to unwed mothers, which contain a sizable portion of teens. Unwed motherhood is a more prominent concern for blacks. In 1986, one fourth of all black families were led by a never-married parent (Moore, 1986). In 1989, 55% of white teens and 92% of black teens who gave birth were not married (Facts at a Glance, 1992).

Problems faced by children of unwed mothers may include poorly educated or frequently unemployed parents, and low family income. Families of unwed mothers are also more likely to depend on financial assistance from the government (U. S. Children and Their Families; 1987). Nearly 75% of teen mothers will be assisted by public welfare within four years of the birth of their child. Welfare expenses for teenage motherhood in the U. S. run over \$19 billion annually (National Collaboration for Youth, 1989). Sixty percent of women receiving public

financial aid in 1986 had had a child while they were in their teens (Federal Register, 1989).

Youth suicide. Reports of youth suicides increased threefold in the two decades previous to 1987 (Elderly, 1989). The youth suicide rate has slowly but gradually risen since the 1950s. Authorities and lay persons relate this increase to: competitive pressure for success, decline of nuclear family, and an increased sense of aloneness and depression in our society (Wetzel, 1989). Suicide is the second chief explanation of death among persons age 15 to 24. Female youth attempt suicide five times more often than males, but male youth actually commit suicide five times more frequently than females. The contrasts between attempts and completions for males and females are ascribed to more deadly methods employed by males (Elderly, 1989).

Estimates suggest that as many as 50% of high schoolers have contemplated suicide, going as far as designing a method of taking their life (Elderly, 1989). Reports from medical examiners indicate a strong correlation between substance abuse and suicide. Approximately 66% of the deaths and 37% of the emergency room procedures for drug problems in 1986 implicated suicide attempts. Often these attempts involved combining alcohol and drugs (National Institute on Drug Abuse, 1989).

Economic Issues

Poverty. In the late 1980s the poverty rate was 15%, up from 11% in the 1970s. Breaking down the impoverished population into race categories shows that: 40% are white, 34% are black, and 26% are Hispanics. This shows a disproportionate representation of minority population. Thirty percent of U. S. black families live below the poverty line compared to 8% of white families. Living in poverty puts individuals at risk for malnutrition, insufficient health care, less educational opportunities, becoming victims of crime, and many other social disadvantages (United Way of America, 1989).

In the 1980s the population of "the underclass" expanded. This group is defined as "persistently poor" and lives largely out of society's mainstream. Estimates suggest that the underclass comprise 31% of the poor population. The underclass reside in urban ghettos and are primarily black or Hispanic. Behavior and lifestyle are the distinguishing aspects in identifying this class (Jenson & Warstadt, 1990a). They are caught up in a seemingly unbreakable 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 of America, 1989).

Childhood poverty and homeless families. One consequence of America's changing family has been a steady increase of children living in poverty (Huston, 1989). Many single mothers have to pay child care while they work to support the family. The gap between wages and child care expenses is too wide to support the family budget.

In 1987, approximately one in five American families with children under the age of 18 lived in poverty. This contrasts with 1 in 20 childless adults who lived in poverty in 1987 (Harris, 1987). As was indicated earlier, high poverty rates go hand-in-hand with single parenthood, and this is particularly true with minorities (Children's Defense Fund, 1989). Minority status is highly correlated with poverty (Duncan, 1988). Poverty has a larger effect on black and Hispanic children (United Way of America, 1989).

Childhood poverty seems to be no respecter of geographic location. Rates tend to be equally high in rural areas as they are in urban areas (Greenstein, 1988; Jensen, 1988).

Although poverty rates for rural and urban areas are similar, racial and environmental factors which mediate childhood safety differ. Neighborhood violence in city slums and ghettos, for example, may lead to parental confinement of play spaces for black children in urban areas (Huston, 1989).

Closely related to childhood poverty is the subject of homeless families. Families with children are the most rapidly growing segment of America's homeless population (Jenson & Warstadt, 1990a). Millions of Americans experience hunger at some point monthly. Nightly in the U. S., 100,000 children, excluding runaways, throwaways, and the abandoned, have no home (Jenson & Warstadt, 1990a). Deficient education, nutrition, and health care are among the myriad of difficulties facing homeless families (Jenson & Warstadt, 1990a).

Employee benefits. Recent years have shown decreased employee benefits. Families lose an estimated \$607 million yearly as employers decrease their benefit packages and provide inadequate family and medical leave benefits. Taxpayers pay approximately \$108 million annually for government assistance to families with no family and medical leave security. The above figures released in a 1989 study indicate a significant wage loss suffered by many families (Insurance, 1989).

Family consumer debt. In the mid-1980s, the ratio of debt to spendable income in American families was close to 24%, with 1985 reflecting nearly a 3% increase over 1984. Financial resource authorities indicate that a figure over 20% places a family at an elevated danger for monetary strain (U. S. Bureau of Census, 1987).

The proportion of savings as a percentage of annual family earnings had plummeted to a low of 3% in 1987. The norm for the preceding eight years had fluctuated from 7.5% to 4.3% (Joint Economic Committee, 1987).

Consumer debt grew faster in the mid-1980s than did the general economy. Family credit card debt levels were at an all-time high in 1987, with a reliance on credit steadily increasing (United Way of America, 1987).

With parents spending on credit and widening the family debt, America's children may be observing and possibly internalizing their parents' spending habits. One research effort indicated that a typical 12-year-old has weekly earnings of \$5.50 but saves only 25 cents a week (High Priority Issues, 1989). Children's spending behaviors are generally developed from their own experience, and usually a child is not aware of personal money misuse.

Home ownership. The American dream of home ownership is increasingly difficult to realize. From 1973-1987, home ownership rates for young families fell from approximately 40% to just above 29%. The ownership rates for single-parent families fell from 13.7% to 6.3%. Rent and house payments will continue to usurp an elevated proportion of monthly earnings (Joint Center on Housing Studies, 1989).

Health Issues

AIDS. AIDS has far-reaching consequences for individuals, families, and society. Facts and figures regarding this disease change almost on a daily basis. The implications for individuals and families are changing as well. Data from one 1990 study indicate that the majority of AIDS cases occur to individuals who voluntarily place themselves at risk for being infected. Among those with the disease, the major proportion were sexually active homosexual and bisexual males (61%). Other percentages from this study include: present and past abusers of intravenous drugs (21%), homosexual and bisexual men who abuse drugs (7%), persons having heterosexual contact with an infected person (5%), individuals who had received infected blood or blood products (2%), and persons with hemophilia or similar disorders comprised 1% of AIDS victims (Center for Disease Control, 1990).

The number of individuals determined to have AIDS in the United States increased from 183 in 1981 to 115,158 by January 19, 1990. Seventeen metropolitan areas had a rate of 20 or more AIDS victims per 100,000 in 1990. People in larger cities are more susceptible to AIDS. Metropolitan areas with over one million population comprise 41% of the U. S. population but contain 75% of the AIDS cases.

The World Health Organization surmises that 10 to 30 million people have been subjected to the AIDS virus. Nine

out of ten individuals exposed are unaware that a danger exists. Between 20% and 30% of those exposed will develop AIDS, and many of those will die within 24 months (Center for Disease Control, 1990; U. S. Department of Health and Human Services, 1987; Surgeon General's Report, undated).

The Center for Disease Control indicates that 1,947 AIDS cases have been verified in children under 13 years of age (Center for Disease Control, 1990). Children with AIDS come primarily from impoverished families (Urwin, 1988). About 2% of total confirmed AIDS cases are infants born with AIDS. Fifty percent of these infants are black and 25% are Hispanic (Lehman & Russel, 1987). AIDS may be relayed to children in-utero during birth or by breastfeeding.

The increased use of crack-cocaine has been indicated by health professionals to increase AIDS rates in teenagers. Crack houses, which may involve a tradeoff of drugs for sex, induce a higher likelihood of infection. Crack use in and of itself is correlated with increased promiscuity (The AIDS Threat to Teenagers, 1989).

Tobacco and cancer. Cancer is the third principal cause of death in the United States. Lung cancer and numerous other respiratory and coronary ailments are often related to smoking. A majority of smokers started smoking when they were teenagers. About 50% of 8th graders and 70% of 10th graders have tried smoking (Wetzel, 1989). One in

ten high school seniors is smoking on a daily basis. There are indications that American society as a whole has made some progress in its effort to "kick the habit," but the nation's youth have improved very little since 1980 (University of Michigan, News and Information Services, 1989).

There are ten times more deaths from tobacco use than illicit drugs and AIDS combined. One of six packets of cigarettes produced in United States is sold abroad (Pillow, 1988). This could be perceived as somewhat of an ethical dilemma as the United States has declared war on imports of illicit drugs while exporting tobacco to other countries. The Surgeon General has concluded that nicotine is as addicting as the illicit drugs that we are trying to prevent from entering our borders (Jenson & Warstadt, 1990a).

Elderly Issues

Elder care. In 1987, approximately one in eight Americans were in the elderly population. The gender ratio was 1.46 to 1, females to males. Seventy-seven percent of elderly men and 41% of elderly women were married. Nearly one half of elderly women were widows. The ratio of widows to widowers was 5 to 1 in 1987 (American Association of Retired Persons, 1988).

Eighty-two percent of elderly men and 57% of elderly women lived with families in 1987, and approximately 30% of

all noninstitutionalized elderly lived alone. Ethnic breakdowns for this same year show that 90% of the elderly were whites, 8% were black, and 2% were other races (American Association of Retired Persons, 1988).

Eight states--California, New York, Florida, Texas, Pennsylvania, Illinois, Ohio, and Michigan--represented nearly one half of all the elderly population in the U. S. The elderly poverty rate in 1987 was 12.2%. Ten percent of whites, 39% of blacks, and 27% of Hispanic elderly were poor (American Association of Retired Persons, 1988; U. S. Bureau of the Census, 1987).

Advancements in medical technology have assisted in increasing life expectancy. With the elderly population growing, strain on family caregivers is unavoidable. Long-term retirement locations are costly, and many of the elderly are not monetarily capable of confronting the expenses for this type of residence (Jenson & Warstadt, 1990a). This often leaves family members with responsibilities for providing care for many of the elderly. The increase in longevity has occurred concurrently with increased female work force participation. Traditionally, women have been the principal caregivers of the elderly. Women are becoming more unavailable for this task because of workplace obligations. Knowledge, training, and guidance are needed

for families to meet the challenges of elder care (Force, 1990).

Elderly abuse. Pillemer and Finkelhor (1988) surveyed a Boston metropolitan area and found that there were 32 maltreated elderly per 1,000 elderly population. If a similar study were replicated on a national basis, it would indicate that nearly one million elderly have been or are being abused. Estimations suggest that 1 out of every 25 elderly Americans is abused annually. Elderly abuse appears to have no economic, racial, or geographical boundaries (United Way of America, 1987). Men show a stronger likelihood than women of being mistreated. Most perpetrators of this abuse are spouses (58%), followed by adult children (24%). Elderly abuse occurs three times more frequently for those living with someone than for those living alone (Pillemer & Finkelhor, 1988).

Single elderly women and poverty. Monetary considerations for single, elderly people are growing (American Association of Retired Persons, 1988). Poverty rates for elderly individuals who live alone are five times higher than the rate for elderly couples.

Widowed women are most affected by poverty. Poverty status in this age group appears to increase with age and is highest among minorities. The death of a spouse may result in loss of pension and, when connected with medical,

funeral, and other payments, can place widowed women at a higher risk for poverty status (Jenson & Warstadt, 1990a).

Elderly suicide. According to U. S. statistics the suicide rate of persons over age 65 increased 25% between 1981 and 1986 (Insurance, 1989). The overall national suicide rate rose 5% in this same time period (Elderly, 1989). Elderly suicide rates had steadily declined in previous decades but started to rise in the 1980s (Insurance, 1989).

Issues Facing Utah Families

In 1990, researchers at Utah State University compiled data from a national survey which rank-ordered a list of issues facing America's families (Jenson & Warstadt, 1990b). The following 10 issues are in ranked order as perceived by a sample of Utah residents. These issues were previously recognized as critical issues facing American families (Jenson & Warstadt, 1990a).

Health care costs. The high cost of health care for American families has impacted many. One area strongly affected is prenatal care. Research indicates high health care expense has contributed to a noticeable number of low birth weight infants (King, 1988).

When looking at all medical expenses combined, individuals are spending at an increasing rate--much more of a rate of increase than any general economic gain or the

nation's rate of inflation. In 1986, medical expenses had risen 8.5% above 1985's expenses (United Way of America, 1987, 1989). This gain in the rate of health care cost has been on the upsurge for some time now.

Substance abuse. Drug abuse, which is the intentional intake of a controlled substance that impairs physical, cognitive, or social well-being, is a concern for individuals in all walks of life. Drug abusers are more likely to have been reared in a dysfunctional family and to have low self-esteem than a nonabuser (Berger, 1988). Drug use also perpetuates family dysfunctions (Jenson & Warstadt, 1990a).

The decade of the 1980s marked a significant increase in cocaine use (Harris, 1987). Also in the 1980s, cocaine became more accessible in less expensive forms to youth. Crack cocaine has brought about a younger cocaine user and carries with it a unique set of problems (Jenson & Warstadt, 1990a).

One of every 35 U. S. citizens has been a victim of a violent crime or violent crime attempt. The high crime rate is attributed to increased drug use and the trafficking of these controlled substances (Wetzel, 1989). Increased drug use and drug-related crimes have also affected grade and high school systems across the nation, contributing to an atmosphere of fear and uncertainty in many schools (Aubrey, 1985).

Family role. Numerous social problems in the United States are known to be correlated with inadequate family adjustment. Included among societal woes which are related to family dysfunction are the following: adolescent involvement in satanism (Warstadt, 1990b), drug use, abuse of children and/or spouse, depression in childhood and adolescence, familial violence, runaway youth, early teenage sexual behavior, and juvenile delinquency (Olson, 1990).

America views the family as an important force which has as one of its main functions the task of nurturing and providing happiness and intimacy to children (Kagan, 1978). With such an important role, there needs to be a national emphasis on strengthening the family unit (Jenson & Warstadt, 1990a).

Child abuse, neglect, and family violence. Serious psychological impairment can result from physical and sexual abuse from within the family. Even when an individual is not the personal victim of the abuse, emotional damage can be incurred from observing or knowing that a close family member is being misused.

Approximately six million children and three million marital partners are victims of physical assault on an annual basis in the United States (Straus, 1990). Recent years have shown an increase in physical/sexual abuse of children and family violence. There is also an indication

that local and state facilities, whose purpose is to repair the wounds of abusive and violent home situations, have stressful work loads and are poorly funded (Children's Defense Fund, 1988).

Although there are many and varying estimates of violence and abuse, an accurate measure is nearly impossible to obtain as this type of misuse occurs within daily family activities. Some family life researchers believe that the increase in reported abuse (compared to previous years) is due to more appropriate reporting techniques coupled with improved public awareness (United Way of America, 1987). The gap between reported cases of abuse and the actual number of assaults taking place is largely unknown.

High school failure and dropouts. There are indications that approximately one third of the nation's school-age children, due to various life situations, are at risk of failing or dropping out of high school. Being a high school dropout places a youth at a higher risk for criminal involvement, drug use, teen pregnancy, and unemployment (Vobejda, 1987). In 1986, over 50% of high school dropouts were either unemployed (18%) or are out of labor force participation all together (34%). On the other hand, three fourths of young adult high school graduates not in college were earning paychecks in 1986 (U. S. Bureau of the Census, 1987).

Census information suggests that the proportion of youth achieving high school graduation as well as college completion is on the rise, with one in five American citizens holding a college degree in 1987 (U.S. Bureau of Census, 1987; Lyke, 1987). However, nearly one fourth of youth drop out of high school.

Most dropouts come from homes where income is below the poverty level or have parents who did not complete high school. Many dropouts are minorities. Hispanics have the highest dropout rates, followed by the black population (Federal Register, 1989; National Collaboration for Youth, 1989).

High school labor market preparation. As technology increases, so does the demand for individuals skilled within given specialties. Youth who come out of high school and desire to enter the labor market face a different set of challenges than did cohorts 20 or 30 years ago. With technology advancing at the current pace, it is logical to assume that what is learned in terms of procedures and science today could well be obsolete in the immediate future.

With an expanding, specialized, and diverse labor force, it is important that high school curricula prepare the right mix of academic coursework to fit, inasmuch as it can, the broad opportunities that are facing high school graduates today. The work of Hotchkiss, Kang, and Bishop

(1984) addressed this concern as they discussed and researched the effects of high school curriculum and performance on employment after high school. Their research involved surveying a group of high school graduates who had elected not to attend college full time. They found that taking vocational courses, which some schools offer concurrently with academic curricula, was strongly associated with labor market success following high school. For noncollege-bound youth, the taking of additional academic coursework in high school did not show an association with increased income shortly after high school. Vocational coursework was only one aspect which was found to assist schools in preparing youth for the labor market. Employment during high school was also helpful to labor force preparation after high school (Hotchkiss et al., 1984).

What may be more alarming than the fact that many youths graduate ill-equipped for employment is that school counseling systems may be overlooking labor market preparation altogether. According to survey results discussed in the Washington Post (Our Schools Aren't Teaching, 1989), school counselors place a low priority on securing a job for students. There are also indications from this survey that high schools are largely unaccustomed to cooperating with employers.

Elderly health care. With the current population of the elderly growing, and portions of this population growing rapidly, health care for this age group has suffered in terms of quality and availability (Warstadt, 1991). America's elderly access more health care facilities than other age groups, and health care costs for this age group have increased markedly in recent years (United Way of America, 1987, 1989). There are indications that hospitals sometimes discharge elderly people prematurely in an effort to achieve cost containment (Warstadt, 1991).

With the elderly population growing at a rapid rate, baby boomers soon facing retirement, and medical advancements increasing longevity, it is predicted that by the year 2025, as much as one third of the population will be over age 60 (Berger, 1988). Quality elderly health care is likely to become more of a pressing concern in the future.

Functionally illiterate youth. According to a 1989 study on functional illiteracy, 6 out of 10 17-year-olds in America are likely to experience limitations in their employability due to poorly developed reading, writing, and mathematic skills (National Collaboration for Youth, 1989). This report also suggests that illiteracy places youth at the risk of a variety of social problems. Sixty-eight percent of youth arrests, 85% of unwed mothers, 75% of

welfare recipients, 85% of dropouts, and 72% of the unemployed are functionally illiterate. This outlook has ramifications for families as well as many other social systems in our society.

Young adult health insurance. Accessibility to affordable health care is difficult to obtain for young adults between the ages of 19 and 24. Twenty-five percent of this age group have no health insurance as indicated by the Institute of Health Policy Studies at the University of California, San Francisco (McManus, Greaney, & Newacheck, 1989). A 1984 health study conducted by the U.S. Census Bureau indicated that 60% of young adults with no health insurance could not afford it. With many young adults just getting started in the labor force, health insurance would not appear to be a major priority when they are likely already living on a limited income (McManus et al., 1989).

Alcoholism. Nearly one third of American homes have a family member with an alcohol problem. Men, more than women, are likely to have a drinking problem (Federal Register, 1989). Within the United States there are 28 million children of alcoholics, and these children are more likely to be abused physically, emotionally, and sexually than are children of nonalcoholic parents. Children of alcoholics use more hospital and medical facilities than other children (Public Health Reports, 1988; Finkelhor, 1984).

Utah's Demographic and Family Characteristics

Utah citizens place a high value on family life. Most Utah residents indicate that children and family are their highest priority (Eyre, 1989). Utah also has a unique set of demographic and family characteristics that distinguish it from many other states.

Utah has a population of approximately 1,722,850. Well over 80% of Utah's population is comprised of urban residents (Eyre, 1989). About 94% of Utah's residents are white, 0.7% are black, 4.9% are Hispanic, and the remaining percentage is comprised of native Americans, Asians, and Pacific islanders (Utah Data Guide, 1991).

Having a low proportion of minority population is only one of Utah's unique characteristics. In 1989, 37% of Utah's residents were under 18 years old, making Utah the youngest population state in the nation. No other state has a higher percentage of its population being represented by children and youth (Children's Defense Fund, 1991).

With such a large portion of youthful population, education is a concern and a source of frustration for many Utah residents. When looking at the 50 states and comparing their educational expenditures in the 1985-1986 school year, Utah spent less per pupil than any other state. Utah also had the highest student-teacher ratio of any state in 1989 (Children's Defense Fund, 1991). It appears that with such a large population of school-age

children, Utah has suffered somewhat in terms of educational expenses.

With so many residents under the age of 18, it appears logical that Utah would have a variety of childhood and adolescent difficulties. A look at various statistics on family, childhood, and adolescent issues, however, shows that Utah is doing remarkably well in a variety of areas.

In looking at data between 1985 and 1986, Utah ranked third lowest in the nation, in comparison to other states and the District of Columbia, in percentage of children living in poverty. This is fairly respectable considering Utah's per capita income is fourth from the lowest in the nation (State Profiles of Child Well Being, 1991).

One area where Utah shows the lowest rate of any state for a specific family life problem is in the percentage of unwed births. Also, when looking at births to unmarried teenagers, Utah has the second lowest percentage in the nation. Idaho has the lowest percentage rate of births to unwed teens (Children's Defense Fund, 1991). Utah also ranks second lowest in the nation on its abortion rate (Eyre, 1989).

CHAPTER III

METHODOLOGY

Identifying the Issues

In September of 1989 researchers at Utah State University's Department of Family and Human Development commenced research aimed at identifying the most crucial issues facing American families. The issue identification process involved a modified environmental scanning technique (Jensen, 1988) which built upon the work of Renfro and Morrison (1984). Many resources were utilized in this effort including the following: professional journals; state, regional, and national media services; national health organizations; economic projections; Congressional reports; public opinion polls; panel reviews from a wide variety of occupations; and organizations dealing with childhood, youth, adolescence, and the elderly. From this review emerged an unpublished manuscript identifying and documenting over 100 issues impacting the physical, economic, and emotional well-being of the American family. Using a panel of experts, this inventory of issues was reduced to a list of 33 critical issues facing American families (Jenson & Warstadt, 1990a).

Survey Questionnaire and Sample

A survey questionnaire was sent to a sample of 2,000 persons in Utah. The questionnaire identified each issue

and asked respondents to rate each issue on a Likert type scale from 1 to 10--1 being the least important and 10 being the most important (see Appendix).

The sample was obtained from telephone listings. After obtaining a list of all telephone companies in Utah, along with the respective number of lines which each carrier serviced, it was determined that U S West and Contel telephone companies serviced approximately 95% of Utah's resident telephone lines. The phone books (12) from these two companies were utilized for the sampling procedure.

The approximate resident population from each of these directories was then used to identify each phone book's proportion of state population. These 12 proportions were then multiplied by the sample size (2,000) to determine the number of residences to select from each respective directory.

Each mailed questionnaire was accompanied by a letter of introduction to the survey. One half of the introductory letters encouraged the survey to be completed by a male adult and one half to be completed by a female adult. Each survey received a six-digit code which identified the respondent as being from a rural or an urban area. This code also identified county location. A community population of 2,500 was used as the separation point from rural to urban. With the exception of the Salt

Lake City directory, which was sampled 100% urban, the sampling method surveyed 70% rural and 30% urban residences. It was thought that rural residents would have a lower response rate than urban residents and that this oversampling of rural residents would compensate for this phenomenon. The rural oversampling, however, turned out to be somewhat unnecessary as the respective response rates for rural and urban residents were 57% and 44%, respectively.

There were 985 responses resulting in a 61% return rate. Although 2,000 was chosen as the sample size, the actual number of people surveyed was smaller (1,631) due to individuals who had moved and left no forwarding address--moved to another county, moved out of state, etc.

Weighting Procedure

For the most part, responses within individual counties were fairly representative of the respective county's proportion of state population. However, to ensure a more accurate representation of each county's perceptions on issues, responses were weighted at two levels.

First, each county was weighted to represent correct rural and urban proportions of total county population. Then the total county responses were weighted to reflect each county's proportion of state population. Both of these weighting procedures, as well as the original

assignment of a rural or urban code, were derived from population figures contained in 1989 and 1990 Utah Census reports.

Hypotheses

Hypotheses were tested on the 33 issues and eight factored issue categories (a detailed description and definition of the issue categories will be discussed in the Results section of this study). The following hypotheses were tested:

1. There are no differences in perceptions of urgency when comparing rural citizens to urban citizens.
2. There are no differences in perceptions of urgency when comparing genders.
3. There are no differences in perceptions of urgency with regard to family income.
4. There are no differences in perceptions of urgency with regard to marital status.
5. There are no differences in perceptions of urgency across categories of age.
6. There are no differences in perceptions of urgency across levels of educational attainment.

CHAPTER IV

RESULTS

Characteristics of the Sample

As previously indicated, the survey responses were weighted to represent rural, urban, and county proportions of state population. The following descriptions of the sample characteristics are taken from the weighted data.

Urban residents comprised 77.8% of the sample with 22.2% representing rural residents. Fifty-two percent of the responses came from males and 45.4% from females. The mean age of the sample is 49.5, the median age is 47, and the standard deviation is 15.74 years.

Tables 1 through 3 show the following characteristics of the sample: family income levels, marital status categories, and educational attainment. Respective sample percentages for each subcategory of these demographic variables are provided.

Because the "never married" category represents such a small portion of the sample (3%), individuals in this category were omitted from the analyses. When viewing the analyses of variance between the two marital status categories, a comparison is being made between individuals who have an intimate partner and individuals who have lost their intimate partner.

Table 1

Family Income Levels of the Sample with Respective Percentages

<u>Family income</u>	<u>% of sample</u>
"Under \$20,000"	21.0
"\$20,000--\$29,999"	19.8
"\$30,000--\$39,000"	19.5
"\$40,000--\$49,999"	12.3
"\$50,000--\$59,999"	9.1
"\$60,000--\$69,999"	5.1
"\$70,000--\$79,000"	2.0
"\$80,00 plus"	5.8

Table 2

Categories of Marital Status within the Sample with Respective Percentages

<u>Marital status</u>	<u>% of sample</u>
"never married"	3.0
"currently married"	77.2
"widow or widower"	6.6
"divorced"	7.1
"separated"	0.5
"living with partner"	3.2

Table 3

Educational Attainment Levels of the Sample with
Respective Percentages

<u>Education level</u>	<u>% of sample</u>
"high school or less"	37.5
"two year college degree"	17.3
"trade school"	10.4
"four year college degree"	19.9
"Masters degree"	8.2
"Doctoral or terminal degree"	4.2

Other collapsed demographic variable categories assist in obtaining a simplified understanding of the data. See Table 4 for demographic variable categories utilized in this study.

Findings

Both descriptive and inferential analyses were used. Weighted and unweighted frequencies are given for the demographic variables used in the study (see Table 4). This assists in achieving a simplified understanding of Utah's demographic characteristics.

Rankings and mean scores of the issues, along with computer code words and definitions for the issues, are provided in Table 5. This assists in understanding which issues were perceived as the most pressing. This also helps in knowing which issues were not a major concern to Utah residents.

Table 4

Demographic Variables Utilized in the Study

	<u>Unweighted</u>	<u>Weighted</u>
Rural/urban status		
1. Rural	n = 444	n = 143
2. Urban	n = 541	n = 501
Gender		
1. Male	n = 514	n = 335
2. Female	n = 448	n = 293
Family income		
1. Below \$30 K annually	n = 429	n = 263
2. Above \$30 K annually	n = 507	n = 346
Marital status		
1. Currently married or living with partner	n = 810	n = 518
2. Widow/widower, divorced, or separated	n = 128	n = 92
Age categories		
1. Age 18-30	n = 109	n = 68
2. Age 31-60	n = 602	n = 390
3. Age 61 and older	n = 274	n = 187
Educational attainment categories		
1. High school or less	n = 383	n = 242
2. Some post high school Education	n = 277	n = 178
3. Four year college degree	n = 197	n = 128
4. Graduate degree	n = 105	n = 79
Total size of the sample	N = 985	N = 644

Table 5

Ranking and Mean Scores of Issues Facing Utah Families

Mean	Code word	Issue description
8.28	HLTHCOST	= health care costs continue to rise faster than the family income
7.87	SUBABUSE	= illegal substance abuse kills people, raises the crime rate, and destroys families
7.79	FAMPRIOR	= strengthening the role of families needs to become a national priority
7.44	CHIABUSE	= the major risk factors associated with child abuse, neglect, and family violence are: unemployment, early parenthood, substance abuse, inadequate housing, inadequate role modeling, and high levels of family stress
7.42	SCHLABOR	= our nation's school systems are failing to prepare students to interface with the labor market
7.39	QLHTHELD	= quality of health care for the elderly does not keep up with need for services
7.34	DROPOUTS	= many of our nation's school-age children are at risk for either failing or dropping out of school before graduating from high school
7.27	ILLITER	= functional illiteracy is placing America's youth at risk
7.21	HTHINSUR	= access to health insurance is a problem for many young adults
7.08	ALCOHOL	= alcoholism--a disease found in one in three American families

(table continues)

- 7.03 YTHSUIC = youth suicide rates are three times higher than in 1970
- 7.02 AIDS = AIDS: the disease with ramifications for individuals, families and society as a whole
- 6.95 CHILDPOV = the majority of those living in poverty are children
- 6.94 TEENPREG = teenage pregnancy and childbearing continues to be a significant problem for youth, their families, their offspring and society as a whole
- 6.84 ELDABUSE = an estimated 1 in 25 elderly persons are being abused
- 6.72 POVERTY = poverty: 15% of the total population are living below the poverty level
- 6.55 BENEFITS = employee benefits in the workplace are eroding--creating a wage loss for many families
- 6.53 SPARENT = single parenting is a significant contributor to the growing number of children and women living in poverty
- 6.52 HOMELESS = homeless families with children are the fastest growing segment of the homeless population
- 6.52 HOMEOWN = home ownership is becoming difficult for families and a near impossibility for single-parent families
- 6.50 ELDCARE = elder care: an increasing stressor for adult children and grandchildren
- 6.47 SINGELDW = single elderly women are at high risk for poverty

(table continues)

- 6.30 CHILDCARE = the majority of mothers are in the workforce yet adequate child care for children of working parents remains a problem
- 6.28 TOBACCO = tobacco use is addicting and is a leading cause of death
- 6.22 CHLDRESR = public resources for children and youth are declining while problems are growing
- 6.22 DEBT = consumer debt becomes an increasing burden to American families
- 6.21 STRESS = high levels of stress affect the health and well-being of many Americans
- 6.13 LATCHKEY = latchkey youth: many are not ready for self-care but few alternatives exist
- 6.03 ELDSUIC = elderly suicide is increasing faster than the overall national suicide rate
- 5.65 RURALPOV = rural inhabitants living in poverty lack necessary support services to change their poverty status
- 5.65 POORMAIN = many of the poor are not involved in the mainstream of society
- 5.09 MINORITY = minorities face a disproportionately high rate of economic difficulty
- 4.67 BANKING = lack of access to affordable banking services is a serious problem for many low-income consumers
-

Testing of the Hypotheses for
Individual Issues

Hypothesis 1 states that there are no differences in perceptions of urgency when comparing rural and urban citizens. Of the 33 issues tested, only three show a significant difference between rural and urban residents, resulting in the acceptance of hypothesis 1. Table 6 identifies issues with significant rural/urban differences.

Table 6

Issues and Mean Scores Which Show Significant Difference
Between Rural and Urban Residents*

Issue	Group 1		Group 2	
	Rural	Urban	Rural	Urban
CHILDPOV	6.4	*7.1		p = .006
HOMELESS	6.0	*6.7		p = .005
DROPOUTS	6.9	*7.5		p = .034

*Indicates group with significantly higher mean score.

Hypothesis 2 states that there are no differences in perceptions of urgency when comparing males and females. Of the 33 issues tested, 22 show a significant difference between males and females, resulting in the rejection of hypothesis 2. Table 7 identifies issues with significant male/female differences.

Table 7

Issues and Mean Scores Which Show Significant Difference
Between Males and Females

Issue	Group 1	Group 2	Significance level
	Males	Females	
SPARENT	6.3	*6.9	p = .001
CHIABUSE	7.2	*7.9	p < .000
TEENPREG	6.8	*7.3	p = .033
CHILDCARE	6.0	*6.7	p < .000
LATCHKEY	5.7	*6.7	p < .000
POVERTY	6.3	*7.1	p < .000
POORMAIN	5.4	*6.0	p = .004
RURALPOV	5.3	*6.1	p < .000
CHILDPDV	6.5	*7.5	p < .000
SINGLEDW	6.2	*6.8	p = .003
HOMELESS	6.2	*7.0	p < .000
MINORITY	4.8	*5.4	p = .001
DROPOUTS	7.1	*7.6	p = .024
BENEFITS	6.4	*6.8	p = .044
QHLTHELD	7.2	*7.6	p = .029
CHLDRES	5.9	*6.6	p = .001
STRESS	5.9	*6.7	p < .000
AIDS	6.7	*7.4	p = .003
ALCOHOL	6.9	*7.3	p = .031
YTHSUIC	6.8	*7.3	p = .011
ELDCARE	6.3	*6.8	p = .019
ELDABUSE	6.6	*7.1	p = .009

*Indicates group with significantly higher mean score.

Hypothesis 3 states that there are no differences in perceptions of urgency when comparing income levels. Of the 33 issues tested, 20 show a significant difference between individuals with a family income below \$30,000 per year and individuals with family income above \$30,000 per year, resulting in the rejection of hypothesis 3. Table 8 identifies issues with significant income level differences.

Hypothesis 4 states that there are no differences in perceptions of urgency regarding issues when comparing marital status. Of the 33 issues tested, only two show a significant difference between the two marital statuses, resulting in the acceptance of hypothesis 4. Table 9 identifies issues with significant marital status differences.

Hypothesis 5 states that there are no differences in perceptions of urgency when comparing age groups. Of the 33 issues tested, 16 show a significant difference between age groupings. Based on these findings, hypothesis 5 can neither be fully accepted nor rejected. Table 10 identifies issues with significant differences between age groups.

Hypothesis 6 states that there are no differences in perceptions of urgency when comparing levels of educational attainment. Of the 33 issues tested, 23 show a significant difference between education levels, resulting in the rejection of hypothesis 6. Table 11 identifies issues with significant differences between education levels.

Table 8

Issues and Mean Scores Which Show Significant Difference
Between Income Groups

Issue	Group 1	Group 2	Significance level
	Under \$30,000	Above \$30,000	
HLTHCOST	*8.6	8.1	p = .001
CHIABUSE	*7.7	7.3	p = .041
CHLDCARE	*6.6	6.1	p = .016
LATCHKEY	*6.4	6.0	p = .017
POVERTY	*7.2	5.3	p < .000
POORMAIN	*6.1	5.3	p < .000
RURALPOV	*6.1	5.3	p < .000
SINGELDW	*6.9	6.2	p < .000
HOMELESS	*6.9	6.3	p = .002
MINORITY	*5.4	4.9	p = .015
DEBT	*6.7	5.8	p = .000
HOMEOWN	*7.2	6.0	p < .000
BENEFITS	*7.1	6.2	p < .000
QHLTHELD	*7.9	7.0	p = .000
CHLDRESR	*6.7	6.0	p = .001
STRESS	*6.6	6.0	p = .003
AIDS	*7.6	6.6	p < .000
TOBACCO	*6.6	6.1	p = .027
SUBABUSE	*8.2	7.7	p = .005
HTHINSUR	*7.7	6.9	p = .000

*Indicates group with significantly higher mean score.

Table 9

Issues and Mean Scores Which Show Significant Difference
Between Marital Status Groups

Issue	Group 1	Group 2	Significance level
	Currently married/living with partner	Widow/widower separated or divorced	
FAMPRIOR	*7.9	7.1	p = .006
AIDS	6.9	*7.6	p = .018

*Indicates group with significantly higher mean score

Factoring the Issues

A principal components method of factor analysis was utilized to simplify the 33 issues into "issue categories." Issue categories were selected by looking at issues within factors and arbitrarily selecting issues within each factor that loaded at .52 or higher. This selection process reduced the number of issues in the model from 33 to 26, contained in eight issue categories.

One of the factors in the model contained only one issue, HLTHCOST. Although this issue, with its respective demographic differences, is discussed and tabulated in the individual issue portion of the results, it is also included and tabulated as an issue category. Of all the issues contained in the questionnaire, this particular issue received the highest urgency rating.

Table 10

Issues and Mean Scores Which Show Significant Difference
Between Age Groups*

Issue	Group 1	Group 2	Group 3
	Age 18-30	Age 31-60	Age 61 and up
HLTHCOST	8.0 ab	8.2 a	8.6 b
POVERTY	6.9 ab	6.6 a	7.0 b
POORMAIN	5.6 ab	5.5 a	6.0 b
RURALPOV	5.9 ab	5.4 a	6.0 b
DEBT	6.4 ab	6.0 a	6.6 b
HOMEOWN	7.1 a	6.3 b	6.8 a
BENEFITS	7.1 a	6.5 ab	6.3 b
QHLTHELD	7.6 ab	7.2 a	7.7 b
AIDS	7.7 a	6.8 b	7.3 a
TOBACCO	5.9 a	6.0 a	7.0 b
SUBABUSE	7.8 ab	7.7 a	8.3 b
YTHSUIC	7.6 a	7.0 ab	6.8 b
ELDSUIC	6.7 a	6.0 ab	5.7 b
ELDCARE	7.2 a	6.3 b	6.7 ab
ELDABUSE	7.7 a	6.7 b	6.8 b
BANKING	5.6 a	4.4 b	4.8 b

*Issue mean scores followed by at least one common letter indicate no significant difference between these two groups.

Table 11

Issues and Mean Scores Which Show Significant Difference
Between Levels of Educational Attainment*

Issue	Group 1	Group 2	Group 3	Group 4
	H. school or less	Some post H. S. ed.	4 yr. col. degree	Graduate degree
HLTHCOST	8.6 a	8.4 ab	8.0 bc	7.6 c
CHIABUSE	7.5 ab	7.6 b	7.4 ab	7.0 a
POVERTY	6.9 a	7.0 ab	6.4 b	6.3 b
POORMAIN	6.0 a	5.6 ab	5.2 b	5.4 ab
RURALPOV	6.1 a	5.6 ab	4.2 b	5.1 b
SINGELDW	6.8 a	6.5 ab	6.2 ab	6.0 b
DEBT	6.6 a	6.4 a	5.7 b	5.6 b
HOMEOWN	6.9 a	6.8 a	5.9 b	5.7 b
BENEFITS	7.0 a	6.8 a	5.9 b	5.8 b
FAMPRIOR	7.9 a	8.0 a	7.8 ab	7.2 b
QHLTHELD	7.8 a	7.7 a	6.6 b	6.6 b
CHLDRESR	6.6 a	6.3 ac	5.5 b	5.9 bc
STRESS	6.7 a	6.5 a	5.7 b	5.2 b
AIDS	7.5 a	7.1 ac	6.8 bc	6.1 b
TOBACCO	6.8 a	6.5 a	5.7 b	5.1 b
SUBABUSE	8.3 a	8.3 a	7.3 b	6.8 b
ALCOHOL	7.5 a	7.3 ac	6.8 bc	6.1 b
YTHSUIC	7.4 a	7.4 a	6.5 b	6.3 b
ELDSUIC	6.2 a	6.4 a	5.5 b	5.5 b
ELDCARE	6.9 a	6.7 a	6.0 b	6.0 b
ELDABUSE	7.0 ab	7.3 ac	6.7 b	6.9 bc
HTHINSUR	7.6 a	7.3 ac	6.7 b	6.9 bc
BANKING	5.0 a	4.9 ac	4.2 b	4.2 bc

*Issue mean scores followed by at least one common letter indicate no significant difference between these two groups.

Two of the factors were derived by subjectively dividing an original factor which contained ELDABUSE, ELDCARE, ELDSUIC, and YTHSUIC. By dividing this factor, or issue category, into two issue categories--"Elderly problems" (containing ELDABUSE and ELDCARE), and "Suicide" (containing ELDSUIC and YTHSUIC)--a more understandable conceptualization of this factor was obtained.

Computed mean scores for issue categories were obtained by adding the mean scores of issues contained within a category and dividing by the number of issues in that category. Issue categories derived from the factor analysis are shown in Table 12.

Testing of the Hypotheses for Issues Categories

Hypothesis 1 states that there are no differences in perceptions of urgency when comparing rural and urban citizens. Of the eight issue categories tested, only two show a significant difference between rural and urban residents, resulting in the acceptance of hypothesis 1. Table 13 identifies issue categories with significant rural/urban differences.

Table 12

Issue Categories and Factor Loadings Derived from the Factor Analysis of the 33 Issues

Factor 1: Economic problems

Issue	Factor loading
RURALPOV	(.76)
POORMAIN	(.75)
POVERTY	(.72)
CHILDPOV	(.68)
MINORITY	(.58)
HOMELESS	(.52)

Factor 2: Elderly problems

Issue	Factor loading
ELDABUSE	(.71)
ELDCARE	(.63)

Factor 3: Suicide

Issue	Factor loading
ELDSUIC	(.72)
YTHSUIC	(.59)

Factor 4: Substance abuse problems

Issue	Factor loading
ALCOHOL	(.80)
SUBABUSE	(.78)
TOBACCO	(.77)

(table continues)

Factor 5: Parenting problems

Issue	Factor loading
SPARENT	(.71)
TEENPREG	(.68)
CHILDCARE	(.61)
LATCHKEY	(.60)
CHIABUSE	(.58)

Factor 6: Finance and stress problems

Issue	Factor loading
DEBT	(.66)
HOMEOWN	(.61)
STRESS	(.55)
BENEFITS	(.54)

Factor 7: Educational problems

Issue	Factor loading
DROPOUTS	(.82)
ILLITER	(.80)
SCHLABOR	(.79)

Factor 8: Health care costs

Issue	Factor loading
HLTHCOST	(.81)

Table 13

Issue Categories and Mean Scores Which Show Significant Difference Between Rural and Urban Residents*

Issue category	Group 1	Group 2	Significance level
	Rural residents	Urban residents	
Economic problems	5.7	*6.2	p = .020
Elderly problems	7.0	*7.5	p = .025

*Indicates group with significantly higher mean score.

Hypothesis 2 states that there are no differences in perceptions of urgency when comparing male and female residents. Of the eight issue categories tested, four show a significant difference between male and female residents. According to these results on issue categories, hypothesis 2 can neither be fully accepted nor rejected. Table 14 identifies issue categories with significant male/female differences.

Hypothesis 3 states that there are no differences in perceptions of urgency when comparing family income levels. Of the eight issue categories tested, five show a significant difference between incomes below \$30,000 and incomes above \$30,000, resulting in the rejection of hypothesis 3. Table 15 identifies issue categories with significant income differences.

Table 14

Issue Categories and Mean Scores Which Show Significant Difference Between Males and Females*

Issue category	Group 1		Group 2
	Males	Females	Significance level
Economic problems	5.8	*6.5	p < .000
Elderly problems	6.5	*6.9	p = .005
Parenting problems	6.4	*7.1	p < .000
Finance and stress problems	6.2	*6.7	p = .001

*Indicates group with significantly higher mean score.

Table 15

Issue Categories and Mean Scores Which Show Significant Difference Between Income Groups*

Issue category	Group 1		Group 2
	Under \$30,000	Above \$30,000	Significance level
Economic problems	*6.5	5.9	p < .000
Substance abuse Problems	*7.4	7.0	p = .038
Parenting problems	*6.9	6.6	p = .007
Financial/stress problems	*6.9	6.0	p < .00
Health care costs	*8.6	8.1	p = .001

*Indicates group with significantly higher mean score.

No significant differences were found for issue categories when comparing marital statuses. Hypothesis 4 is accepted for the issue categories.

Hypothesis 5 states that there are no differences in perceptions of urgency when comparing age groups. Of the eight issue categories tested, three show a significant difference between categories of age groups. From this, hypothesis 5 can neither be fully accepted nor rejected. Table 16 identifies issue categories with significant age group differences.

Table 16

Issue Categories and Mean Scores Which Show Significant Difference Between Age Groups*

	Group 1	Group 2	Group 3
Issue category	Age 18-30	Age 31-60	Age 61 and up
Suicide	7.2 a	6.5 b	6.3 b
Substance abuse problems	6.9 ab	7.0 a	7.5 b
Health care costs	8.0 ab	8.2 a	8.6 b

*Issue category mean scores followed by at least one common letter indicate no significant difference between these two groups.

Hypothesis 6 states that there are no differences in perceptions of urgency when comparing levels of educational attainment. Of the eight issue categories tested, five show a significant difference between education level, resulting in the rejection of hypothesis 6. Table 17 identifies issue categories with significant educational level differences.

Table 17

Issue Categories and Mean Scores Which Show Significant Differences Between Levels of Educational Attainment*

	Group 1	Group 2	Group 3	Group 4
Issue category	H. school or less	Some post H. S. ed.	4 yr. col. degree	Graduate degree
Economic problems	6.4 a	6.2 ab	5.8 b	5.8 b
Elderly problems	7.0 a	6.9 a	6.3 b	6.2 b
Suicide	6.8 a	6.9 a	6.0 b	6.0 b
Substance abuse problems	7.5 a	7.3 a	6.7 b	6.1 b
Finance & stress problems	6.8 a	6.6 a	5.9 b	5.6 b

*Issue mean scores followed by at least one common letter indicate no significant difference between these two groups.

CHAPTER V
DISCUSSION AND SUMMARY

Discussion

Individual issues with differences between demographic categories can be viewed in Tables 6 through 11. For parsimonious discussion, however, the results from the analyses of variance on the issue categories are helpful (see Tables 13 through 17).

The two issue categories which show significant differences when looking at rural and urban status are economic problems, and elderly problems, with urban residents reporting the higher rating on both categories. Possible explanation for rural residents reporting more urgency regarding economic issues could be due to the fact that rural residents may lack the necessary resources to improve their situation (Jenson & Warstadt, 1990a). Urban residents, on the other hand, may actually have more opportunities in a variety of areas.

The higher rating of elderly problems in the rural setting may reflect the difficulties rural settings have in obtaining adequate resources to deal with elderly concerns. Rural elderly persons may also be somewhat more isolated and have diminished social opportunities when compared to their urban cohorts.

When looking at gender differences, it is of significant import to note that females rated 32 of the 33

issues higher than males. Of these 32 higher ratings, 22 were significantly higher. Both the higher overall ratings and the large number of significantly higher ratings by females suggest that gender is a strong predictor of perceived urgency.

Four of the eight issue categories emerge with a significantly higher rating by females. These issue categories are economic problems, parenting problems, financial/stress problems, and elderly problems.

Partial explanation for the higher ratings by females of economic and parenting problems could be due to females assuming the largest portion of responsibility of managing family finances. Most of the family budgeting is done by females. Females also provide the major proportion of child rearing and discipline. Also, when financial and economic stress are present in the home, women have less control over changing the circumstances than men have. Women are also more likely to provide care for their ailing elderly than are men. This could explain women's higher rating of elderly problems.

When looking at income as affecting perceptions of urgency, 20 individual issues emerge significantly higher within the "below \$30,000 annual income" group. This appears to be fairly convincing evidence that income has much to do with a person's perception of urgency regarding family life issues in Utah.

Five of the eight issue categories emerge as being significantly higher among residents with annual family income below \$30,000. These issue categories are economic problems, substance abuse problems, parenting problems, financial/stress problems, and health care costs.

Socioeconomic status is a good predictor for a variety of difficulties throughout the lifespan (Berger, 1988). Income is strongly correlated with socioeconomic status, and the higher rating of these categories strongly mirrors this. Having low income could possibly place an individual at a higher risk for substance abuse since drug abuse is sometimes a reaction to various life stressors, two of which are economic and financial difficulties.

Certainly low income would have a negative effect on one's ability to perform parenting tasks. Having to seek additional employment to meet the family's needs, or having difficulty buying food on a limited budget, would create concern. It may also be important to note Utah's above average family size (Eyre, 1989) when explaining the income difference relative to parenting problems.

Health care cost, which is a concern for many in today's society, is particularly difficult for low-income families. Many families may be in need medically but feel financially hindered in their ability to obtain health care.

When looking at significant differences between age groups, 16 of the 33 issues show significant differences

between age categories. In general, individuals in the 31 to 60 age group appear to show less urgency than the other two age groupings.

A partial explanation for young adults' higher urgency rating of issues, in general, could be due to the fact that individuals in this age grouping are facing a variety of life's challenges (Berger, 1988). Young adults are more likely to be beginning a career and may be receiving lower pay than individuals in middle age. Combine this with the challenges and stresses of beginning a family, and it appears logical that a variety of family-related issues would be perceived as urgent to this age group.

Three issue categories that emerge with significant differences between age groups are suicide, substance abuse problems, and health care costs. Persons above age 61 rated substance abuse and health care costs higher than those persons aged 31 to 60.

The substance abuse rating may be explained by elderly people having a more conservative view on controlled substance, as well as the fact that older people are more likely to have experienced the loss of a loved one or friend to a disease related to alcohol, tobacco, or other substance. The higher elderly rating may also reflect cultural religious attitudes.

Persons between the ages of 18 to 30 rated suicide higher than the other two age categories. This may be due

to the fact that younger people, in general, have a stronger fear of death than older persons.

The higher rating of health care costs by the 61 and older age group may reflect their higher need of medical attention. Because of the rapid increase in health costs, the elderly may very well be the hardest hit by this problem.

In viewing the differences between the two marital status categories, no issue categories show a significant difference. A look at individual issues, however, shows that those currently married or cohabitating rate "establishing the family as a national priority" significantly higher than those who have lost their partner to widowhood, separation, or divorce. The lower rating by the unmarried group could perhaps reflect some disillusionment with marriage and family life.

AIDS was rated significantly higher by the unmarried group. It appears logical that unmarried persons would have more anxiety regarding this sexually transmitted disease than their married counterparts.

Five of the eight issue categories show significant differences between educational attainment categories: economic, elderly, substance abuse, financial/stress problems, and suicide. In general, a lower urgency rating by more educated persons may be explained by the fact that more highly educated people have more resources to deal with

a variety of life's challenges when compared to their less-educated counterparts.

Economic problems were rated significantly higher by persons with high school or less education than by persons with a four-year college degree or a graduate degree. Elderly problems were rated higher by high school or less-educated and some posthigh school educated persons than those with a four-year or a graduate degree. Suicide, substance abuse problems, and financial/stress problems followed the same pattern of differences, as did elderly problems. Here, again, is the connection with socioeconomic status. Education is also a strong predictor of socioeconomic status. The results from this analysis of variance parallel the findings from income group comparisons. Being in a lower socioeconomic stratum places an individual at a higher risk of a variety of difficulties.

Summary

In summarizing the results by looking at the variance of all 33 issues combined, it appears that individuals who felt the most urgency regarding family issues were more likely to be female, low income, and lower educated residents. When attempting to explain Utah's perceptions of urgency regarding issues, it is important to be particularly aware of how sex, income, and education affect individual perceptions of various issues.

Analyses of variance for some issues and categories of issues indicated that age was also important relative to urgency perception, but not as decidedly as sex, income, and education. Marital status and rural/urban location appear to have little effect on perception of urgency regarding family issues in Utah.

Recommendations

The results from this study should be beneficial to various Utah community leaders or policy makers. With limited funding available to address various social problems, the knowledge of which issues are more pressing can be beneficial to appropriate financial allocation. Understanding demographic differences with regard to perceptions of family issues may also be helpful to politicians. The results of this study, when utilized along with demographic information specific to a given community or county, may assist in assessing concerns and needs of Utah citizens.

This study offers a method of identifying and prioritizing critical issues facing families. Other states, counties, or communities may find this identification technique useful in addressing family life issues.

Limitations

As previously mentioned, the sampling procedure had limitations. Oversampling rural residents was not

necessary. Correct proportioning of the number of rural, urban, and county surveys could have been more accurately obtained by using Utah Census Bureau information at the onset of the sampling process. This would have largely eliminated the need for weighting the data.

In looking at the results, it may be somewhat misleading to not observe significant differences between demographic subcategories of the higher rated issues. Take health care costs as an example. This issue was the overall highest rated issue, thus reducing its variance and limiting its analysis of variance. This "ceiling effect" may limit the effort to detect demographic differences. Other highly rated issues may pose a similar problem.

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APPENDIX

Survey Questionnaire

ISSUES FACING UTAH FAMILIES

Listed below are issues judged to be important by experts and lay citizens. We are asking your help in determining the importance of each individual issue. Please read through the list of issues facing Utah Families. Give each issue a rating from 1 to 10. Use any number between 1 and 10 in your ratings. As a guide, a rating of 1 would be given to an issue that is important but not critical. A rating of 5 would mean that the issue is more important and should receive attention. A rating of 10 would mean the issue is very critical and needs immediate attention. If you feel the issue is not important, please leave the rating blank. (A GUIDE IS PROVIDED BELOW.)

Rating Guidelines

1	2	3	4	5	6	7	8	9	10
Important but not critical				Important & should receive attention					Critical needs immediate attention

Issues Checklist

Rating 1-10

- _____ Health care costs continue to rise faster than the family income.
- _____ Single parenting is a significant contributor to the growing number of children and women living in poverty.
- _____ The major risk factors associated with child abuse, neglect and family violence are: poverty, unemployment, early parenthood, substance abuse, inadequate housing, inadequate role modeling; high levels of family stress.
- _____ Teenage pregnancy and childbearing continues to be a significant problem for youth, their families, their offspring and society as a whole.
- _____ The majority of mothers are in the workforce yet adequate child care for children of working parents remains a problem.
- _____ Latchkey youth: Many are not ready for self care, but few alternatives exist.
- _____ Poverty: Fifteen percent of the total population are living below the poverty level.
- _____ Many of the poor are not involved in the mainstream of society.
- _____ Rural inhabitants, living in poverty, lack necessary support services to change their poverty status.
- _____ The majority of those living in poverty are children.

Survey Questionnaire--(continued)

Rating Guidelines

1	2	3	4	5	6	7	8	9	10
Important but not critical				Important & should receive attention					Critical needs immediate attention
11.	_____			Single elderly women are at high risk for poverty.					
12.	_____			Homeless families are the fastest growing segment of the homeless population.					
13.	_____			Minorities face a disproportionately high rate of economic difficulty.					
14.	_____			Consumer debt becomes an increasing burden to American families.					
15.	_____			Home ownership is becoming difficult for families and a near impossibility for single parent families.					
16.	_____			Functional illiteracy is placing America's youth at risk.					
17.	_____			Many of our nation's school age children are at risk for either failing or dropping out of school before graduating from high school.					
18.	_____			Our nation's school systems are failing to prepare students to interface with the labor market.					
19.	_____			Employee benefits in the workplace are eroding--creating a wage loss for many families.					
20.	_____			Strengthening the role of families needs to become a national priority.					
21.	_____			Quality of health care for the elderly does not keep up with need for services.					
22.	_____			Public resources for children and youth are declining while problems are growing.					
23.	_____			High levels of stress affect the health and well-being of many Americans.					
24.	_____			AIDS: The disease with ramifications for individuals, families, and society as a whole.					
25.	_____			Tobacco use is addicting and is a leading cause of death.					
26.	_____			Illegal substance abuse kills people, raised the crime rate, and destroys families.					
27.	_____			Alcoholism--a disease found in one in three American families.					

Survey Questionnaire--(continued)

Rating Guidelines

1	2	3	4	5	6	7	8	9	10
Important but not critical				Important & should receive attention					Critical needs immediate attention

28. _____ Youth suicide rates are three times higher than in 1970.
29. _____ Elderly suicide is increasing faster than the overall national suicide rate.
30. _____ Elder Care: An increasing stressor for adult children and grandchildren.
31. _____ An estimated one in twenty-five elderly persons are being abused.
32. _____ Access to health insurance is a problem for many young adults.
33. _____ Lack of access to affordable banking services is a serious problem for many low income consumers.

39. Your age _____

40. Your Gender: 1. Male 2. Female

41. Your highest level of educational attainment (PLEASE CIRCLE ONLY ONE)

- | | |
|------------------------|--------------------------------|
| 1. High School or less | 4. 4-Year College Degree |
| 2. Two-Year Degree | 5. MS Graduate Degree |
| 3. Trade School | 6. Doctoral or Terminal Degree |

42. Your Marital Status (PLEASE CIRCLE ONLY ONE)

- | | |
|----------------------|------------------------|
| 1. Never Married | 4. Divorced |
| 2. Currently Married | 5. Separated |
| 3. Widow/Widower | 6. Living with Partner |

43. What was your approximate family income last year? (PLEASE CIRCLE ONLY ONE)

- | | |
|--------------------|--------------------|
| 1. Under \$20,000 | 5. \$50,000-59,999 |
| 2. \$20,000-29,999 | 6. \$60,000-69,999 |
| 3. \$30,000-39,999 | 7. \$70,000-79,999 |
| 4. \$40,000-49,999 | 8. \$80,000 plus |

A self-addressed, business reply envelope is provided for your convenience. Thank you for helping with this important issue identification process.