

The Truth Does Not

Better Look Again At Problems of 1940s

By David E. Corbin

(The Writer is a Professor of Health Education at the University of Nebraska at Omaha.)

A widely cited premise exists which appears to continue to perpetrate some rather misleading information. Many writers around the country today have latched on to some unsubstantiated data that is being passed on as fact. This data suggests that, according to a survey conducted, the top seven discipline problems in U.S. schools in the 1940's were: talking, chewing gum, creating noise, running in the halls, taking turns out of line, wearing improper clothing and not putting paper in the wastebasket. Further data gathered suggests that an updated list of problems for schools today are: drug abuse, alcohol abuse, pregnancy, suicide, rape, robbery and assault.

The main problem with this existing data is that no one has been able to produce the alleged 1940 study which many writers and presenters refer to. Freelance writer, Mike Males, pointed out the problems of this 1940s fantasy in his excellent article in the Phi Delta Rappan: " 'Top School Problems' Are Myths."

There is no doubt that we have serious and disturbing problems in our schools today, but it does not serve anyone well to paint the past as halcyon days. First of all, less than half the students in the 1940s graduated from high school. As Males points out, if anyone really thought that talking and gum chewing were the worst problems facing youth in the 1940s, "they were simply reflecting the ignorance of that segregated, stratified era," especially ignorance regarding the people who were not in school.

The FBI reported that in 1940 the average age of criminals was 19, and eight teenagers were executed (all of them black). KKK violence was not considered to be gang activity nor unlawful in many communities, so that

type of violence was largely unreported.

Life expectancy is greater today and illiteracy rates are lower than in the 1940s. Violent death rates for teenagers were considerably higher in the 1940s than in 1987. Although AIDS didn't exist in the 1940s, other sexually transmitted diseases did, and they were epidemic, especially before the wide spread use of penicillin.

Schools today teach about sexually transmitted diseases, but few people today or in the 1940s learned about the past problems of sexually transmitted disease. For example, a Confederate major said during the Civil War: "I will state as a matter of history that female virtue, if it ever existed in this country, now seems almost a perfect wreck . . . Prostitutes are thickly crowded through mountain and valley, hamlet and city. (Note the lack of attribution of the problem to the soldiers).

The PBS "Civil War" series and book reported: "One in ten Federal soldiers was treated for venereal disease during the war, and thousands more cases were unreported."

Until the discovery of penicillin in World War II, the leading cause of hospitalization and missed duty in the military was venereal disease in both World War I and World War II.

A presentation before the southern branch of the American Public Health Association conference in 1944 indicated that more than 50 million individual prophylactic items were distributed monthly by the U.S. Army. Why did the Army have to offer "education for venereal disease" and "prophylaxis" to a largely youthful military population? Because of . . . "sexually stimulating motion pictures, the sexy comic strips, the pin-up girls, and the mass use of sex as a selling agent in certain advertising. All of these tend to glamorize and romanticize sex and its ever-present by-product, promiscuous sexual intercourse.

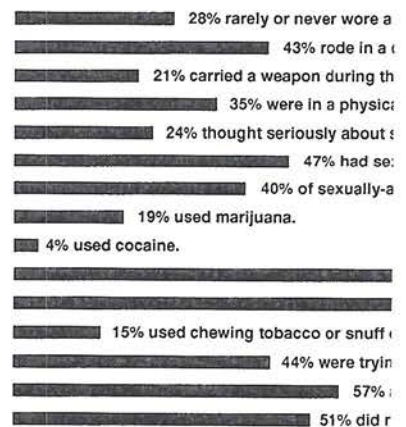
Alcohol . . . has been a considerable factor in dulling the value of venereal disease education . . ." stated the presenter in 1944. Sound familiar?

Maybe instead of just looking for imaginary differences in the past, we should also look to the actual similarities. Instead of being condemned to repeat our failures of the past, we can learn from our past successes. Health promotion and prophylaxis (including condoms distribution) worked in the Army then, and it can work in society now. Headway has been made in reducing smoking and drinking in our nation. We are beginning to take violence, abuse and rape more seriously, but we have a long way to go.

Today our society is getting better at recognizing, accepting and publicizing our problems. Problems that are denied, misrepresented or not open to public forum cannot readily be solved.

(This article is an edited version of an article which was published in The Omaha World Herald, "Another Point of View", with the permission of the author.)

Figure 1. Highlights from the 1993 Nebras



Periodically, *Voices for Children* asks on various issues pertaining to youth University professors who recognize surveys and gathering information can be detrimental to the writers share this viewpoint.

Ways Lie In Numbers

Surveys Paint More Accurate Picture of 1990's

By Ian M. Newman, Ph.D.

We know more today about the health status of adolescents than ever before, and as a result, it will not be possible for future generations to paint an unrealistic picture of the 1990s as some writers have done with the 1940s. Today's problems are clear, which means there is a solid base from which to address these problems. In the next fifty years it should be possible to document our progress so we are not left with the misleading situation described in the previous article.

To gain this accurate picture of adolescent health status, the Centers for Disease Control and Prevention have instituted regular, carefully conducted surveys of adolescent health risk behaviors in most states. These surveys describe behavioral risk factors associated with the principal cause of adolescent death. The results provide the best estimate of

adolescent risk behaviors and give clear direction to those interested in developing prevention programs, supporting education, and providing services.

In 1990, the first Nebraska Youth Risk Behavior Survey focused mainly on practices related to HIV/AIDS. Subsequent Youth Risk Behavior Surveys in 1991 and 1993 focused on behaviors in six health-related categories:

- intentional and unintentional injuries
- tobacco use
- alcohol and other drug use
- sexual behaviors related to HIV transmission, other STDs and unintentional pregnancies
- nutrition and weight control
- exercise

A random sample of schools was selected from all Nebraska public schools serving students in grades 9 through 12. Within each school a random sample of classrooms was selected. A total of 3,176 students were surveyed in 1993. The results were weighted to represent the state's total adolescent (9th through 12th grade) population.

Highlights from the 1993 survey are summarized in Figure 1.

Taken together the bars in this graph illustrate the status of adolescent behaviors that affect health. Taken individually, each bar represents the beginning point for program planning.

For example, 28 percent of these respondents rarely or never wore safety belts. This percentage of "nonusers" was significantly lower than in previous surveys. The existence of Nebraska's new safety belt law no doubt played a role in the increase in safety belt use, suggesting that legislation is one option to encourage behaviors that reduce risk to health.

Forty-three percent of the young people surveyed in 1993 reported

they rode in a car with somebody who had been drinking. Many people conclude that these young people are riding with other teenagers who have been drinking. This is not necessarily the case. Further investigation suggests that many of these young people are riding in cars driven by an adult who has been drinking: a parent, relative, youth leader or employer. How often are teenagers driven home from babysitting jobs by their employer who has been drinking?

Twenty-four percent of these young people reported thinking seriously about suicide in the past 12 months. A closer look reveals that 31 percent of the girls had thought about suicide, 25 percent of the girls had actually made a plan and 12 percent had actually made a suicide attempt of some type.

Less than a quarter of these teenagers had ever used marijuana and less than 5 percent ever used cocaine. Figures like these may suggest to some that drugs are not a problem in Nebraska; however, the fact that 79 percent of teenagers had drunk alcohol and 67 percent had tried tobacco means that most teenagers in the state have used one or both of these two drugs. Tobacco kills more people in the United States than all the other drugs put together, including alcohol. The fact that tobacco takes a little longer to kill its user than cocaine does not make it less dangerous.

Alcohol, the second leading cause of drug-related deaths in Nebraska, should be a drug abuse problem of greater concern than marijuana, cocaine, crack and all the other illegal drugs combined: It kills more adolescents. It is worth noting that since 1989 there have been small reductions in the percentage of young people who report ever using alcohol, using alcohol in the last 30

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Risk Behavior Survey

Teen riding in a car with someone who had been drinking.
31% in the past 12 months.
25% of girls had actually made a plan and 12% had actually made a suicide attempt of some type.
79% drank alcohol.
67% cigarette smoking.
79% in the last 30 days.
25% of girls had actually made a plan and 12% had actually made a suicide attempt of some type.
Physical education class during an average week.

9% drank alcohol.
67% cigarette smoking.
79% in the last 30 days.
25% of girls had actually made a plan and 12% had actually made a suicide attempt of some type.
Physical education class during an average week.

out from outside writers and columnists following articles were written by two importance of accuracy when conducting for statistics. Circulating misleading 'l public perception of our youth. Both

New Face In Office

We were sorry to have to say goodbye to Cindy Siadek, our Public Information and Volunteer Coordinator. She left us for another serious venture, she's having her first baby. We wish her much luck . . . Cindy was replaced in May by Diana C. Failla who is our new Public Information and Volunteer Coordinator. Diana holds a B.A. in Journalism and a Master's Degree in Communication. She also owns a 72-year-old Italian/American newspaper, The American Citizen Italian Press. We are happy to have her join us at Voices for Children.

Surveys Paint A More Accurate Picture Of 1990's

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days, drinking five or more drinks in a row in the past 30 days and taking their first drink before age 13.

There have been small reductions in the percentage of students who report sexual intercourse, but they are too insignificant to suggest that the trend toward increased sexual activity has reversed. Sixty-four percent of 12th graders reported having sexual intercourse. Thirty-three percent of the sample had sexual intercourse in the three months prior to the survey, and 3 percent reported being told by their physician that they had an STD. Three percent of students in grades 9-12 represents approximately 2,383 individuals.

Each of these data points provides the basis for a realistic assessment of the health of today's young people. The fact that care has been taken to obtain good estimates of actual behavior means fifty years from now no one will be tempted to look back and paint an unrealistic picture as some people have done for the 1940s. The hope is that when we do look back in fifty years we will be able to objectively say "we have made progress."

Boys Town Family – Teachers Heal Wounds of Neglect and Abuse

(Continued from page 1)

vate, three-room apartment, excellent health, life and disability insurance, a competitive salary, two weeks annual paid vacation, use of a van for transporting youth and for Boys Town business, and use of all Boys Town sports and recreational facilities. This professional position is ideal for couples paying off school loans or trying to save money.

Couples may have up to two dependent children living with them. This provides an excellent opportunity to raise their own family with both parents at home every day (while) improving their parenting skills. Family-Teacher Gary Stessman said, "Every day is different and challenging. This variety keeps us fresh." His wife Brenda added, "We enjoy being able to raise our children at home and help other kids realize their potential." The Stessmans have been Family-Teachers for two years.

Each couple is assigned an Assistant Family-Teacher who helps provide treatment and care to the youth. They, too, serve as role models for the children. Although they do not live in the homes with the couples, they are full-time employees. There is also a support system in place that provides a professional training staff to help meet the rigorous requirements of the ongoing training process. An active and responsive administration helps resolve difficult youth problems.

"The strong support system and the excellent training programs develop our professional growth on a consistent basis," said Julie Brokaw. She and her husband Blake, who have been at Boys Town for one year, said they love their job and have truly found their niche at Boys Town.

For the boys and girls at Boys Town, the Family-Teachers are the most important element to their future success. They provide the youths with what could be their first opportunities for stable family lives. Many of the children have long histories of failure with family, foster placements,

academics and social skills. The Family-Teachers are committed to seeing these youths leave Boys Town as successful young adults. For many of these children, Boys Town is a second chance, and possibly their last chance to be successful.

"Boys Town has helped me pull through my hard times. My Family-Teachers took my hand and guided me out of the dark. They helped me do a lot of soul-searching. If it were not for my Family-Teachers, friends and the girls in my home, I don't know if I would still be here today . . ." said Dionna, reflecting on her Family-Teachers over the last four years.

Boys Town has been dedicated to caring for America's troubled youth for more than 75 years. Since the mid-1980's, Boys Town has been expanding across the United States and establishing mini-campus or other services based on the family model. Boys Town USA has started programs in Brooklyn, NY; Washington, DC; Tallahassee, Orlando, Delray Beach, Fla.; Portsmouth, R.I., Philadelphia, Pa., New Orleans, La.; San Antonio, Texas; Las Vegas, Nev. and Southern California. Family-Teachers and Assistant Family-Teachers are needed in many of these locations as well as the Home campus in Boys Town, Neb., near Omaha.

Mike Burke, four year Family-Teacher said, "This is the most challenging and rewarding job we've ever had." His wife Chris agreed and they love being able to work together helping the future generation of leaders. "We couldn't ask for a better opportunity. We love what we do!" she said.

For more information about becoming a Family-Teacher or Assistant Family-Teacher at Boys Town, write or call:
**Human Resource Division
Boys Town Center
Boys Town, Nebraska 68010
Call (402) 498-1450 (Omaha only)
or 800-321-4171**