

Body Image and Children

“On a diet, you can’t eat.”

This is what one 5-year-old girl had to say in a study on girls’ ideas about dieting. Children pick up on comments about dieting concepts that may seem harmless, such as limiting high-fat foods or eating less. Yet, as girls enter their teen years, having ideas about dieting can lead to problems.

Many things can spark weight concerns for girls and impact their eating habits in potentially unhealthy ways including:

- having mothers concerned about their own weight.
- having mothers who are overly concerned about their daughters’ weight and looks.
- natural weight gain and other body changes during puberty.
- peer pressure to look a certain way.
- struggles with self-esteem.
- media images showing the ideal female body as thin.

Many teenage girls of average weight think they are overweight and are not satisfied with their bodies. Having extreme weight concerns — and acting on those concerns — can harm girls’ social, physical and emotional growth. Actions such as skipping meals or taking diet pills can lead to poor nutrition and difficulty learning. For some, extreme efforts to lose weight can lead to eating disorders such as anorexia or bulimia. For others, the pressure to be thin can actually lead to binge eating disorder: overeating that is followed by extreme guilt. What’s more, girls are more likely to further risk their health by trying to lose weight in unhealthy ways, such as smoking.

Adults can follow these steps to help children develop a positive body image and relate to food in a healthy way:

- Make sure children understand that weight gain is a normal part of development, especially during puberty.
- Avoid negative statements about food, weight, and body size and shape.
- Allow your child to make decisions about food, while making sure that plenty of healthy and nutritious meals and snacks are available.



- Compliment children on her or his efforts, talents, accomplishments, and personal values.
- Restrict television viewing, watch television with your child, and discuss the media images you see.
- Encourage your school to enact policies against size and sexual discrimination, harassment, teasing, and name-calling; support the elimination of public weigh-ins and fat measurements.
- Keep the communication lines open with your child.

The study results can be found in the Winter 2006 issue of the *Journal of Human Resources*, published by the University of Wisconsin Press.

Preschool for At-Risk Children a Good Investment, New Research Suggests

Intensive preschool programs for at-risk children are worthwhile public investments, potentially reducing criminal activity while reaping economic and other benefits for both the students and society over the long term, new research published in the *Journal of Human Resources* suggests. Every \$1 invested in preschool yielded \$12.90 in benefits to society, the researchers found.

The researchers compared the life outcomes of 40-year-old African Americans who had been enrolled in the intensive, structured High/Scope Perry Preschool Program in Ypsilanti, Mich., with outcomes of a control group that did not take part in the program. The study subjects, who entered the study at age 3 or 4 and were randomly assigned to the preschool program or the control (no-program) group, have been surveyed periodically since they were enrolled in the 1960s.

“This and similar studies have come to very consistent and very striking conclusions — that preschooling offers a large number of benefits for

the children and society,” says Clive R. Belfield, PhD, assistant professor of economics at Queens College, City University of New York. “If you look at outcomes over a person’s life, it appears that the effects of this type of preschooling are dramatic.”

The analysis showed that at age 40:

- the High/Scope Perry Preschool program participants were far less likely than the no-program group to have been involved in criminal activity. For example, 32% of the program group, compared with 48% of the no-program group, had ever been arrested for violent crime. Additionally, 6% of the program group, compared with 17% of the no-program group, were incarcerated at the time of the study.
 - the program participants, particularly women, had attained higher levels of education than the no-program group. Among females, 12% of the program participants and 8% of the no-program group, had received an associate, college, or master’s degree. Among males, 6% of the program group and 3% of the no-program group had received such degrees.
 - the health status of the program group was better than that of the no-program group. The program group was less likely to have stopped working for health reasons, to have a health problem, to smoke or use drugs, or to need treatment for drug use or drinking.
- The link between preschooling and lower crime is especially notable. Crime imposes high tangible and intangible costs associated with incarceration, probation, criminal justice, lost productivity, and victims’ social costs. For at-risk groups, the



economic magnitudes are significant: The researchers estimate that by age 65, males in the program group will impose an economic burden of more than \$1 million, compared with \$1.8 million for the no-program group.

They also report that the study findings mirror those of a comparable study conducted when the High/Scope program participants were 27 years old, as well as findings of rigorous studies of other preschool programs.

“Together, this evidence offers a compelling motive for investment in educational provision at an early age for at-risk children,” they conclude.

The study was coauthored by Belfield; Milagros Nores, PhD, of Columbia University Teachers College; Steve Barnett, PhD, of the National Institute for Early Education Research at Rutgers University; and Lawrence Schweinhart, PhD, of the High/Scope Foundation.

**HELPING
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Troy, Michigan

Performance Resource Press, Inc.
1270 Rankin Dr., Suite F
Troy, Michigan 48083-2843
248-588-7733
www.PRPonline.net

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Fetal Alcohol Spectrum Disorders: Incurable But Preventable

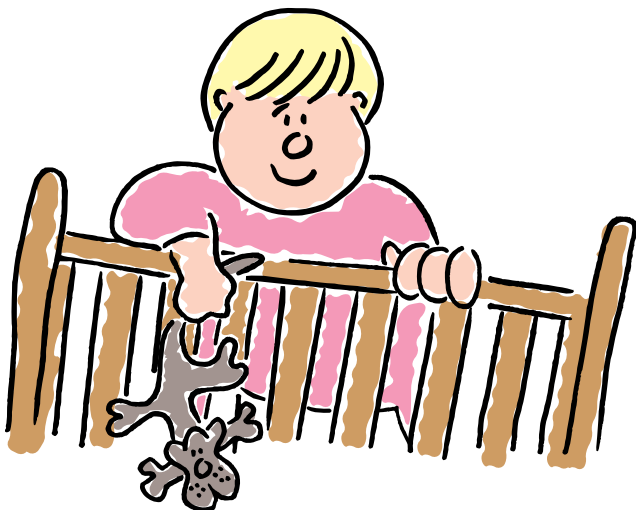
Even under the most ideal circumstances, it is a difficult nine months leading to birth. When alcohol is in the picture, the odds increase that a baby will have long-lasting health complications. For this reason, it is important for parents-to-be to remember that caring for a baby and planning for his or her future begins with making healthy lifestyle choices prior to and during the mother's pregnancy.

According to the Centers for Disease Control and Prevention, approximately 60,000 babies are born every year with incurable alcohol-related birth defects. Drinking during pregnancy can result in a child developing facial deformities and learning disabilities and can also cause fetal alcohol spectrum disorders (FASD), which are the leading known cause of infant mental retardation.

FASD and other alcohol-related birth defects are 100% preventable. For prevention efforts to reach families and communities, we must work together to raise awareness and educate parents-to-be about the lifelong impact that alcohol use during pregnancy can have on children.

The effects of FASD impact all of us. Every day, in every state, babies are born with FASD. Working together, we can make a difference by helping parents give their children a healthy start in life. If someone you know is pregnant and drinking, talk to her about FASD. If you are pregnant and drinking, stop. The sooner you stop drinking, the better your chances are of having a healthy baby.

For more information about FASD or substance abuse, call the Substance Abuse and Mental Health Services Administration's National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.



Defining Conduct Disorder

Children with conduct disorder repeatedly violate the personal or property rights of others and the basic expectations of society. A diagnosis of conduct disorder is likely when symptoms continue for six months or longer. Conduct disorder is known as a “disruptive behavior disorder” because of its impact on children and their families, neighbors, and schools.

Another disruptive behavior disorder, called oppositional-defiant disorder, may be a precursor of conduct disorder. A child is diagnosed with oppositional-defiant disorder when he or she shows signs of being hostile and defiant for at least 6 months. Oppositional-defiant disorder may start as early as the preschool years, while conduct disorder generally appears when children are older. Oppositional-defiant disorder and conduct disorder are not co-occurring conditions.

Symptoms of conduct disorder include:

- aggressive behavior that harms or threatens other people or animals.
- destructive behavior that damages or destroys property.
- lying or theft.
- truancy or other serious violations of rules.
- early tobacco, alcohol, and substance use and abuse.
- precocious sexual activity.

Many Young Adults Who Have Used Club Drugs Have Used Three or More Types of Illicit Drugs

The majority of club drug-users are multiple-drug users, according to a recent analysis of data from the 2002 National Survey on Drug Use and Health. Overall, 20% of youths and young adults ages 16 to 23 reported using at least one or more of the club drugs methamphetamine, MDMA, LSD, GHB, ketamine, or flunitrazepam.

Nearly one-fifth (17%) of these lifetime club drug users reported using two different types of illicit drugs and 82% reported using three or more different types of drugs in their lifetime. Users of GHB, ketamine, flunitrazepam, and methamphetamine were most likely to be multi-drug users — between 96% and 100% reported having ever used three or more types of illicit drugs. These findings are consistent with those of a study of multiple drug use among Maryland public high school students (see *CESAR Fax*, volume 14, issue 35), which found users of less common drugs were more likely to use multiple drugs.

Gender Gap Narrows for Adolescents' High Risk Drinking

Recent results from the *Monitoring the Future* study reported an alarming finding regarding gender differences in heavy (or high risk) drinking among teenagers. After reviewing data from the past 27 years, it appears as if young women are approaching young men in the frequency of heavy drinking episodes. Young men continue to acknowledge that they engage in high risk drinking more frequently than women, but this gap appears to be shrinking. In 1975, when the study started, 23% more young men drank heavily relative to young women. Results from the 2002 study show that this difference has been reduced to 11% — in spite of the fact that rates of heavy drinking have generally been declining.

This difference is alarming, particularly when you look at differences in how alcohol affects men and women, and how this can contribute to problems teenagers may experience from drinking large amounts of alcohol.

Below is a summary of some of the major ways that alcohol affects women differently from men:

Women feel the effects of alcohol more than men. It is well known that women get higher concentrations of alcohol in their blood than men after drinking equal amounts. This is because alcohol is essentially a water-based substance. Since women have a lower percentage of body water than men, alcohol becomes more concentrated — even when the man and woman are the same weight.

Alcohol may affect women's thinking abilities more than men. Not only do women feel the effects of alcohol

more than men, but alcohol may also have a greater effect on their thinking and memory. Even with moderate doses of alcohol, women have more problems with both short- and long-term memory.

Young women who engage in high risk drinking are at higher risk for experiencing sexual and physical assault than their peers who do not drink heavily.

In a recent study, rates of nonconsensual sex and rape were over three and a half times higher for college women who engaged in high risk drinking compared to those who do not. In addition, they may be at greater risk for being the victim of dating violence like shoving, kicking, or punching.

Overall, these differences add an extra emphasis on the results from *Monitoring the Future*. Young women are drinking more today than they were a decade ago, whereas rates of high risk drinking have been modestly declining for young men. Not only are they drinking more but it is clear that alcohol does not affect women in the same way as it does for young men. They get more drunk given the same amounts of alcohol, may have more problems with memory from drinking than young men, and are at greater risk for nonconsensual sex than young women who do not drink as much. Prevention and education efforts should include some discussion of these differences to raise young women's awareness of these differences and gain an appreciation for how heavy drinking may be particularly hazardous for them.

For more information, contact: