

Costs and Benefits of Life-Style Choices

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Often, Americans put a great deal of effort into their financial retirement fund and upon retirement find they are bankrupt of health, unable to enjoy this time of life. Poor choices throughout life have brought them to this point. This unit is based upon the same concept—eating and behavior choices made during youth lay the foundation upon which the future stands. Good choices are like deposits in our life accounts and bad choices, withdrawals. Our choices may leave us with a healthy, happy ending or a depleted, bankrupt future. After teaching middle and high school for the past ten years, I have come to believe that young people are in denial about the bad effects of what they put into their bodies. Teenagers seem to believe that anything goes when it comes to eating habits or risky behaviors. They resist eating healthy foods or restraining themselves from unhealthy behaviors. The curriculum is geared toward groups focusing on the teen years who are interested in health issues or risky behaviors. I specifically had in mind the Family and Consumer Sciences curriculum in a high school that is primarily Hispanic population, low to middle income. The classes, Culinary Arts, Human Relations and Child Development are largely made up of the female population with about thirty percent of the students enrolled in Special Education. It is not unusual to have pregnant girls in class or dropouts due to pregnancy or other risky behaviors.

Economics of Decision Making

Let's begin by considering how decisions are made. An *opportunity cost* is incurred anytime we do anything. If I go to Pizza Hut 'all you can eat' for dinner then I will not be able to go to McDonalds for a Big Mac meal (I will be too full, will have spent my money). *Opportunity costs* gives you the choice of two roads, by taking one road you choose not to take the other. Choices take time to make, whether it is getting a better job, moving to a bigger house, or getting married, there is effort, time, and usually money involved. Often, people remain in the least beneficial situations because it takes too much effort to change.

Another economics term involved in decision-making, especially for the teenager, is *time inconsistency*--when the disadvantage is delayed and the advantage immediate. If the future costs pale in comparison to the immediate concern or advantage then it is difficult for the teenager to hold onto the sight of the future benefit. *Time inconsistency* occurs when the cost of doing something in the future is under-estimated. "I don't care if I die when I'm fifty, I like to eat pizza and drink Cokes every day." Concerning risky behaviors, such as premarital sex or poor nutrition, present benefits are very attractive, long-term benefits seem largely irrelevant even though these behaviors permanently affect the future.

Anecdotal evidence or *subjective assessment* is more emotional than rational but is one of the biggest influences in the teenager's decision-making process. It is the influence of stories or experiences of others, compared to knowledge based on facts and statistics. It seems a little far-fetched to ask fourteen-to eighteen-year-olds to be concerned about their health at age fifty, sixty, or seventy. However, once the focus is on their future offspring, healthy choices become salient as *subjective assessment* kicks in. Teenagers know someone their age who is pregnant, or has been, and most teenagers hope to have children someday. If having a healthy child free of birth defects becomes salient, then the trade-off would be resisting the temptation to become involved in risky behaviors.

While hindsight is 20/20, we must make daily decisions without perfect knowledge of future costs. This curriculum is based upon the philosophy that the more knowledge the decision-maker

has regarding consequences and outcomes of risky behaviors, the better suited he will be for making wise decisions. A teenager who has committed to goals such as abstinence until marriage, finishing college, eating healthy, will undoubtedly have a higher probability of reaching his goals than one who just lives life day by day without care.

Trade-off involves giving up one thing for another, making a sacrifice in order to gain something. The future benefit must appear more valuable to the teenager than the immediate gratification. Giesbrecht and Clayton, in *A Guide to Everyday Economic Thinking*, suggested having a sticker price on all of the things in the world to show both benefits and costs. Decision-making would be much simpler when considering *trade-off*.

Let's pretend a thirteen-year old girl could look into the future and see herself at the end of both roads of choice-abstinence and premarital sex. She sees at the end of the premarital sex choice, an unwanted pregnancy, several bouts with STDs, no high school diploma, and herself and a three-year-old living on welfare. At the end of the abstinence road, she is finishing up college, headed toward an exciting career, and engaged to the man of her dreams. Or, the teenage boy is able to look ahead and see himself in the exact career he desires, making good money, and happily married to his college sweetheart. He might be less influenced to ditch classes in high school and more encouraged to complete a college education. This curriculum is designed to ask the teenagers to envision themselves as the "best they can be" and to guide them in setting life-affirming goals, which will lead them down that road to success.

Risk Assessment

Regarding risks of pregnancy, sexual activity creates a risk or probability of an outcome—the girl is pregnant or she is not. These are *dependent risks*: the risk of pregnancy is zero until sexual activity occurs, but once a girl is sexually active, there is a positive probability that she will become pregnant. *Cumulative risks* increase with the number of times the act is complete and *conditional risks* describe the level of risk given the specific circumstances, such as precautions or timing. Predicting uncertain future events is difficult due to the many variables, but by educating students as to the highest risks involved in risky behaviors we can better prepare them for making wiser decisions.

"In every assessment of risks, it is important to know the extent of exposure to the hazard as well as the potential impact of that exposure," according to Kimberly Thompson, ScD, in her article, "Risk in Perspective." "The manner of exposure also makes a difference in the magnitude of risk. A child can be harmed from a single cigarette if he or she eats it, but smoking a single cigarette in a lifetime is unlikely to cause significant harm." (3) Continuous negative behavior such as substance abuse incurs *cumulative risks*, increasing the probability of an adverse outcome—such as alcoholism or lung cancer. Regarding nutritional risks, a child may eat hamburgers once in a while and show no adverse outcome, but if a child lives on a high-fat, high-sugar diet for the first six years of his life, the probability risks of his becoming overweight and having health problems is increased tremendously.

The ability to judge character traits in others is a valuable tool in making positive life choices. Credibility is important--in the past was this person reliable, trustworthy, honest, or has this person taken advantage of you, cheated on you, or been dishonest? We will compare relationships to the *economics of trade*, as the benefits of each offer both the prospects of great gain and substantial loss. In the centipede game (refer to lesson plan five), both players would benefit by agreeing to play to the end and splitting the payoff. This, however, involves risk—will the partner follow through, can I trust him? In life, becoming involved in any kind of relationship makes one vulnerable to risks. Generally, the more experience a person has with broken promises, the less trusting that person becomes. Past experiences will undoubtedly affect the manner in which a person plays a sequential game.

Economics of Signaling

Signaling, according to the economist, plays an important part in the assessment of characteristics. Signaling is a gesture or action which communicates to another an intent or desire. Teenagers use signaling every day without realizing it: flirting, giving "mad dogs," dressing to attract someone of the opposite sex, their manner of walking, etc. Although signaling is a common element in the life of teenagers, they seem to have little experience in assessing the credibility of the signaler. Why are teenage drivers rated the highest risk for automobile accidents? Partly because they do not have the experience to read signals as they really are. For instance, an experienced driver may know that an oncoming car signaling to turn left may or may not follow through. A teenage or inexperienced driver may take the signal at face value, increasing the chance of an accident.

Magazine articles geared to young adults are famous for teaching on signaling—"how to know if she likes you," or "ten ways to catch a man." If you ask teenagers to role-play giving them such identities as 'macho man,' 'slut,' 'goody-two-shoes,' and so on they would be able to act out each character. We must find ways to put this knowledge to good use so the teenager can spot risky characteristics and practice restraint in such relationships. The story of Samson and Delilah is a perfect example of poor character judgment in relationships. Samson's continuous lack of discretion and restraint led him to make choices in his life, that actually cost him everything. Experiments will follow the movie and story making it relevant to the teenager's life (Refer to Lesson Plan V).

Teaching teenagers to avoid dangerous risks is a tough but necessary responsibility of involved adults such as teachers and parents. Having learned through experience, adults should have the ability to assess signals and risky behaviors. Passing along some of these valuable lessons could help the teenager foresee some of the risks, prior to involvement. Warning does not always work, but the less light shed by trustworthy adults, regarding risky behaviors, the less chance the child will be prepared to resist. Kimberly Thompson states, "By watching their parents and other people take or avoid risks and by experiencing responses to the risks they take themselves, children learn about what risk taking is expected and develop their own risk-management skills" (5). Granted, not all adults have learned through experience as we witness battered wives returning to the husbands, partners remaining with those who have cheated on them for years, and other such examples. These behaviors seem to involve other problems, but could also be used as valuable learning tools if discussed in the classroom, allowing students a chance to process the signs of such relationships as well as refusal skills for avoiding entrapment.

A goal of this curriculum unit is to bring insight to teenagers into the qualities and characteristics of trustworthy people, equipping them with a greater ability to assess risky groups, friends, and/or partners. Once a teenager can better avoid involvement in risky relationships, he or she should be better equipped to reduce involvement in risky behaviors by association. Risky behaviors in question include premarital sex, substance abuse, unhealthy relationships, and poor nutritional habits—behaviors that are not in one's best self-interest.

A better approach seems to be to encourage positive risk-taking, incorporating restraint into the decision-making process, and helping teenagers to set positive goals that increase their chances for a healthy future, a good marriage, financial gain, and emotionally and physically healthy children. These risks would take teenagers out of their comfort zone, and would include such behaviors as taking challenging courses in school, refusing sexual advances, taking a positive stand against substance abuse, and eating nutritionally. Why would the teenager consider such immediate risks? Would the *trade-off* for taking challenging courses in school and completing a college degree be worth it? According to *The Economics of Public Issues* the *rate of return* in obtaining a college degree is worthwhile. In a controlled study, the overall expected annual income increased by 67 percent, with four years of college compared to a high school graduate.

"Data for recent years show that college graduates actually earned about 75 percent more than otherwise comparable high school graduates" (105).

Good nutritional choices make daily deposits into your health account, and poor choices, withdrawals. Several years ago there was a story of a wife who killed her husband by just putting a little poison into his coffee each morning. She did not put enough poison to kill him immediately, but used continuous exposure, which renders you just as dead—it just takes a little longer. We, as parents, can poison and bring harm to our children daily through the food we provide them, causing them to become unhealthy, disease ridden, or terminally ill. This health comes from the day-by-day choices made from the beginning of your trip—life. As for teenagers, it is important to begin now to increase their chances of a healthy life for them and their offspring by making wiser food choices. Immediate benefits to help them focus will include a chance for a better figure or physique, healthier skin, hair, and body.

Economics of Premarital Sex

The following excerpt from the pamphlet, *Condom Sense*, published by the Medical Institute, describes the positive and negative side of sexual activity. "Sex is an important part of life. It can be a source of great pleasure and joy. It can also foster and enhance the development of a deep, fulfilling, and intimate, loving relationship. On the other hand, sex can be exploited or misused, often with devastating consequences. Rather than drawing two people closer together, sex can be a wedge that drives them apart. Rather than intimacy, sex can lead to greater loneliness. Rather than love, sex can result in emotional pain, heartache, jealousy or hatred" (1).

Condom Sense also presents risks and consequences involved in premarital sex: "Each year in America, an estimated 1 million pregnancies occur among teenagers, and more than one third of these pregnancies are aborted. Fifteen million Americans contract a sexually transmitted disease (STD) of one kind or another every year. At least 3 million of these are teenagers, and perhaps as many as 7 million, are under 30. We are all aware of the fatal consequences of HIV/AIDS, but more than 40 other STDs have also become common since the late 1960s. STDs can result in such consequences as infertility, chronic pelvic pain, emotional suffering, cancer, death and pregnancy complication such as tubal pregnancies, birth defects and unhealthy babies" (1).

"Regardless of causation, sexual activity is linked with other negative consequences with great frequency" (2), according to the Family's Social Research Brief, "Parents Are the Most Effective Deterrent Of Adolescent Sexual Activity" (2). In the same article, Glenn T. Stanton quotes scientific surveys by Drs. Stuart Seidman and Ronald Rieder who found that early adolescent sexual involvement has been closely associated

"with risky behaviors such as using drugs, not using contraception at first intercourse, having more sex partners and having more frequent intercourse. It may also be a marker for other sexual behaviors that place an individual at greater risk for sexually transmitted diseases, such as lack of condom use, less discriminating recruitment of sex partners, and having multiple sex partners in a short period of time. Finally, early age at first intercourse is directly linked to sexually transmitted disease and to cervical cancer" (2)

Another study reported by Stanton, revealed that "numerous factors have been identified as being related to heterosexual adolescent sexual activity. They include poor school performance and low educational aspirations, alcohol and marijuana use..."(2). Public Health Reports found only 4.4 percent of sexually active teens are involved in sexual activity exclusively, 22.7 percent were involved in various forms of delinquency and alcohol use (2). These behaviors do not involve a minority group according to Stanton, as he reported findings from The National Health and Social

Life Survey (NHLS), that roughly three-quarters of Americans have had sex in their teenage years.

Economics of Externality

In what way does the increase in teenage sexual activity affect the American public? *Externality* is the act of imposing costs on others. "With the 1 million known teenagers becoming pregnant each year and 333,333 plus abortions," according to the *Facts in Brief*, July 1996, Alan Guttmacher Institute, this activity imposes high externality costs on the taxpayer. In the special report, "The High Cost of Promiscuity," by Scott DeNicola and Jeff Hooten, " research shows that an adolescent mother is more likely to drop out of school, experience physical abuse and end up living in poverty. Over one half the mothers who receive government aid were teenagers when they had their first child (16). Three-fourths of teen-age moms are on welfare within five years of giving birth. 63% of families headed by an unwed mother are below the poverty line. In 1998 the government estimated they would spend \$34.62 billion for welfare" (17). Abortions alone have reduced the Gross National Product by tens of billions of dollars. Twenty-one states reported spending more than \$90 million in tax revenues in 1994 to pay for 203,200 abortions, almost one out of every six performed that year (16).

Few fathers of illegitimate children stick around to provide financial support; thus most teen moms spend several years receiving assistance from publicly funded programs. The article reports that the Clinton administration has increased funding for research, prevention programs and treatment to billions of dollars. Is it cost effective? Has Sex Education worked to reduce risky behaviors? "Increased government funding for Title X to \$203 million only insures our children confidential access to condoms, birth control pills and more" (7). Supplying teenagers with condoms inevitably produces a marked increase in sexual activity, " according to "High Cost of Promiscuity."

"The Disastrous Results of Condom Distribution Programs," by John D. Hartigan in the *In Focus* report, when Balboa High School, San Francisco, California, implemented a sex education program which supplied coupons to students to exchange for condoms, the percent of female students engaging in sexual activity jumped by one fourth in two years. In St. Paul a high school program that dispensed condoms rather than coupons saw an increase in teen births by one third. In the same program, a Dallas high school witnessed a climb in pregnancy by 11.2 percent, 47% higher than the neighboring school that did not implement the program (1).

The March of Dimes, Teen Pregnancy Fact Sheet, "Ask NOAH About: Pregnancy" lists some of the health risks to the baby bringing rising health care costs as well as increased educational expenses to the public. The mother's poor choices may increase the baby's risks. Low-birthweight babies may have organs that are not fully developed. This can lead to lung problems such as respiratory distress syndrome, bleeding of the brain, vision loss and serious intestinal problems, and are more than twenty times as likely to die in the first year of their life than normal weight babies. Teens often have poor eating habits, neglect to take multivitamins, may smoke, drink alcohol, and take drugs increasing the risk that their babies will be born with health problems and the teen mothers and their babies face increased risks to their health" (2).

Other costs, according to the March of Dimes study, "Teen mothers are more likely to drop out of high school than girls who delay childbearing. " A study showed 64 percent of teen mothers graduated from high school or earned a GED within two years after they would have graduated, compared to 94 percent of other teen women. A teenage mother may lack job skills, making it harder to find and keep a job, become dependent on her family or on welfare, and is more likely to live in poverty than women who delay childbearing. Nearly 75 percent of all unmarried teen mothers go on welfare within five years of the birth of their first child (2).

Economists argue that choices are motivated by self-interest—weighing options and then choosing what will most benefit self. However, the model of decision-making assumes that the decider has the ability to calculate, plan ahead, and the incentive to do the best he can with what he has. It is the planning ahead that is especially difficult for the teenager. *Subjective assessment*, including anecdotal evidence, also falls into play as the teenager weighs options and often alters a good decision. Richard T. Ely's lecture on "Procrastination and Obedience", states, "a central principle of modern cognitive psychology is that individuals attach too much weight to salient or vivid events and too little weight to non-salient events" (2). He describes the decision of buying a Volvo or Saab being altered when the decision-maker is confronted by a friend's anecdotal opinion of the Volvo being a piece of junk because of his brother-in-law's experience. For a teenager, just knowing someone (anecdotal evidence) who used condoms and did not get pregnant may, in their mind, out-weigh statistical evidence that condoms are indeed risky. Objective, or statistical, risk assessment provides a more accurate measure of risks.

The Economics of STDs

Another major risk factor in premarital sex is the high cost of contracting an STD, especially for the sexually active teenager. Females are at a greater risk of all STDs and especially adolescent females due to an immature cervix that is more susceptible to STD infection and pre-cancerous or cancerous changes (57) according to the Medical Institute for Sexual Health, reported by *Reach For the Best* problem statement. Given the risk of acquiring HPV or Chlamydia at 1 in 2 the teenager's risk becomes greater than 50 percent. Some of the risks of STDs is outlined in the pamphlet *Is Sex Safe? A Look at: Sexually Transmitted Diseases*. Here are some astonishing facts:

STDs are the most common diseases in America next to the common cold and flu.

1 in 5 Americans are presently infected with an STD

12 million new STD cases are reported each year—33,000 per day.

63 percent of all STDs occur in persons less than 25 years of age.

STDs are contagious even when no symptoms exist.

STDs infect 3 million teenagers each year.

STD infection increases the possibility of contracting AIDS

Some STDs are incurable and can eventually kill.

Over 50 percent of college students are known to have HPV (Human Papilloma-Virus). There is no cure for this STD, and condoms do not protect against it because it is passed from skin to skin. Once again externality is imposed as "STDs aren't cheap" according to the article, "The High Cost of Promiscuity." This article written in 1998 states that from 1973 to 1993 over 150,000 women died from causes associated with STDs not counting HIV. Treatment of STDs in 1997 topped \$10 billion annually, with HPV topping the list at \$3.8 billion (8).

The highest chance of being risk-free is abstinence. The second highest chance of being risk-free is one partner for life if both partners fit the criteria. Beyond that, "Is Sex Safe?" gives Former U.S. Surgeon General C. Everett Koop's warning. "When you have sex with someone, you are having sex with everyone they have had sex with for the last ten years, and everyone they and their partners have had sex with for the last ten years" (4). Let's consider this increase in risks. If partner A has sex with partner B, and A has had six partners who have had 25 partners among them in the past ten years, and B has had ten partners who have had sex with 45 others altogether, in ten years, the total number of exposures is over 600. The teenager needs to begin to see the high costs of premarital sex and the increasing risks to their health.

In assessing future risks, an infant born to a mother who has an STD is also at risk of contracting the disease during the birthing process. There are other serious risks for the unborn baby, including neurological problems, pneumonia, congenital abnormalities, and spontaneous abortion. It is also possible for the newborn to contract an STD while breast feeding if the mother is

infected. A herpes outbreak when giving birth can cause death to the infant or brain damage, according to "The High Cost of Promiscuity" (8).

Economics of Abstinence

What would be the trade-off for abstinence? The obvious lower long-term risks are beneficial—not contracting an STD, no unwanted pregnancy, no external costs to society. Positive outcomes are also increased according to the Medical Institute in *Condom Sense*, "the healthiest, most life-affirming and fulfilling sexuality is experienced within a lifelong, committed, monogamous, mutually faithful, loving relationship." With abstinence being the only choice guaranteeing 100 percent freedom of risk from the negative consequences of an unwanted pregnancy or STD, the monogamous relationship would be the second lowest for such risks. The guarantee would be if both partners remained true to the deal. Advice from the Iowa Health Book on Infectious Diseases states, "reduce risk by having sex with one faithful and uninfected partner. Your risk of contracting an STD increases with the number of sex partners and it increases dramatically if you have sex with an infected person" (1).

Teaching abstinence as an alternative is impossible, you say! Because we often base decisions on experience and observation, educators of middle, high school or college students are probably saying to themselves, "Abstinence will never go over." Although Hollywood and the media lead us to believe morals are extinct, the *U.S. News & World Report*, (October 17, 1994), article, "Sex In America" by Schrof and Wagner, came to some surprising conclusions about America's sex lives: "The people who reported being the most physically and emotionally satisfied were the married couples." (124) "Physical and emotional satisfaction started to decline when people had more than one sexual partner." (125) As quoted by the Family Research Council, "The researchers found one additional benefit to marriage worth noting: married women are the least likely to have been forced to do something sexually by a man. (125) On the other hand, a woman with more than 10 lifetime sex partners is three-and-one-half times more likely to have been forced to engage in a nonconsensual sex act." (226) With abstinence being risk free for both pregnancy and STDs, it seems to definitely be economical.

"Abstinence Programs Show Promise in Reducing Sexual Activity and Pregnancy Among Teens," an article printed by Family Research Council, states, an abstinence program for girls in the Washington D.C. area called, *Best Friends*, reported only one out of 400 girls become pregnant since the program began (1). "Elayne Bennett, director, says that between 20 and 70 pregnancies are common for the same sized group of fifth to ninth grade girls in the District of Columbia" (1). Upon adopting an abstinence-only curriculum by Teen-Aid, Inc., entitled *Sexuality, Commitment, and Family*, at San Marcos Junior High in San Marcos, California only 20 girls became pregnant in two years compared to 147 girls the year before (1). Nathan Hale Middle School in a Chicago suburb had a number of already pregnant girls at which time they adopted an abstinence program. Many parents were skeptical until the school graduated three pregnancy-free classes in a row (2).

The use of anecdotal evidence is included in this curriculum unit, provided as a model for the teenager in making positive choices. Informing students of the negative consequences is only half of the game—they must hear from those who were successful because of positive choices. Graphic slides of STDs, testimonials of positive role models—successful career men and women, those who remained abstinent until marriage and have no regrets, as well as those who made life-threatening choices and are paying dearly. Teenagers are interested in these choices and will listen to others tell about their experiences.

Knowing the statistics of the negative side of premarital sex—STDs, poor school performance, increased substance abuse, we can assume the opposite side (abstinence) is positive, and it appears to be true in the *Reach For the Best* survey shown below. The virgin 12-16 year old students had a much lower rate (over 200 percent greater for non-virgins) of choosing risky

behaviors: substance abuse, suicidal tendencies, low self-esteem, school dropout and other negative behaviors (59). With these statistics we can assume abstinence is not only a better choice for the teenager but for society as a whole, having fewer risky behaviors to pay for.

Economics of Substance Abuse

In *Reach For the Best: "Abstinence Education Program Problem Statement"* it is reported that, "a recent national study showed that teens who engaged in early sexual activity were more likely to engage in other risky behaviors such as the use of alcohol, drugs, dropping out of school, being suspended from school, running away from home, suicide, and being arrested by police" (59). In the same report it is noted that a study done by *Pediatrics*, 1989-1991, 1504 junior high students between the ages of 12 to 16 years were surveyed. In this group 63 percent of the boys and 36 percent of the girls were non-virgins. The study showed that non-virgins chose risky behavior more than twice that of virgins in all areas (59). Other research on teen sexual behavior shows us that teens often have a number of predictors that will indicate if they are on the road to premarital sexual activity. One of the highest predictors is the use of alcohol, drugs or tobacco. In the same study non-virgin girls were 2.5 times more likely to have used alcohol (boys 2.8), 6.2 times more likely to have smoked marijuana (boys 6.3), and 6.3 times more likely to have attempted suicide. Boys were 2.7 times more likely to have been arrested. Premature sexual activity was linked to lower self-esteem among girls.

Alcohol abuse among teens is on the rise, according to the article *APS Survey Finds More Drinking*, June 15, 2000, *Albuquerque Journal*, "of 5000 students surveyed in grades 6 through 12 a significant increase in drinking since 1996 was shown." (D1) Ninth grade alcohol abuse rose from 27 percent to 30 percent, with over half of the seniors reported being drunk within two weeks of the survey. Violent acts (three or more violent acts within a year) were highest among freshmen. Violence was reported by 65 percent of students who said they have the most serious problems at home such as lack of role models or strong rules for behavior. Of those students higher rates of drinking (56 percent) and drug use at 46 percent were reported (D1). With the high costs of violence both in our schools and in our society external costs is greatly imposed through damaged property, unsafe schools, greater need for police and security, fear in schools, and on and on.

Substance Abuse and Pregnancy

Alcohol and pregnancy is at an increasingly high risk. The University of New Mexico pamphlet *Alcohol and Your Baby* asks, "Do you want your child to be strong and athletic? Smart and educated? How about just average? What you don't want your child to have is difficulty reading and learning, facial deformities or mental retardation. By simply not drinking, you can start your child off with a great future." (1)

Your Pregnancy Week By Week, by Glade B. Curtis, M.D., says fetal alcohol syndrome (FAS) is "characterized by growth retardation before and after birth, and defects in limbs, the heart and facial characteristics of children." (35) The facial characteristics are an upturned and short nose, flat upper jaw-bone and the eyes look "different." A child with FAS may also have behavior problems, slurred speech, and poor fine and gross motor functions. Studies show even minor drinking can cause abnormalities and many researchers conclude there is "no safe level of alcohol consumption during pregnancy." (35) Some researchers have suggested the father's heavy alcohol consumption prior to conception may also result in FAS...." (35)

"For more than 20 years, we have known infants born to mothers who smoke weigh less by about 7 ounces." (33) Curtis adds that cigarette smoking can increase the risk of fetal death or damage, lower IQ scores, reading disorders, hyperactivity, miscarriage, neural-tube defects due to loss of folic acid, death of baby soon after birth, and complications in a mother-to-be (33).

Health Education Associates, Inc. warns in the pamphlet, *Street Drugs—Alcohol & Tobacco in Pregnancy* that drug abuse is deadly for babies. Illegal drugs, which are addictive, cause babies to be born addicted because of the mother's use. "Crack or cocaine is one of the worst drugs for unborn babies. It does not matter how it is used. It can be smoked, or snorted, shot into a vein or under the skin. In all cases it goes into the mother's blood stream. Then it goes through the placenta to the baby. The baby normally gets her oxygen and food as blood flows through tiny arteries in the placenta but crack and cocaine can cut down the flow." (section 7). Doctors call this vasoconstriction. All of this keeps oxygen and food from the baby and it could die, have brain damage, or have a stroke soon after birth. The baby will most likely be small if it lives and will be jittery, hard to comfort and to deal with, crying continuously. Cocaine can also cause the placenta to pull away from the wall causing heavy bleeding, which may cause the mother, baby, or both to die. (section 8)

Health Education Associates, Inc. and March of Dimes studies prove other drugs such as heroine, LSD, angel dust, PCP and sniffing all cause serious birth defects. Some are born stillborn, some premature, and others die soon after birth. Babies of users are addicts at birth and have serious withdrawal symptoms such as sweating, vomiting, diarrhea, high-pitched cry, restlessness and disturbed sleep (section 8).

Legal drugs also harm babies including aspirin, caffeine, and prescription drugs. Caffeine can cause fetal death in high doses and even low doses are high stimulants for the baby. If a woman thinks she might be pregnant it is important to let the doctor know and to begin pre-natal care immediately to assure the best possible health for her and the baby.

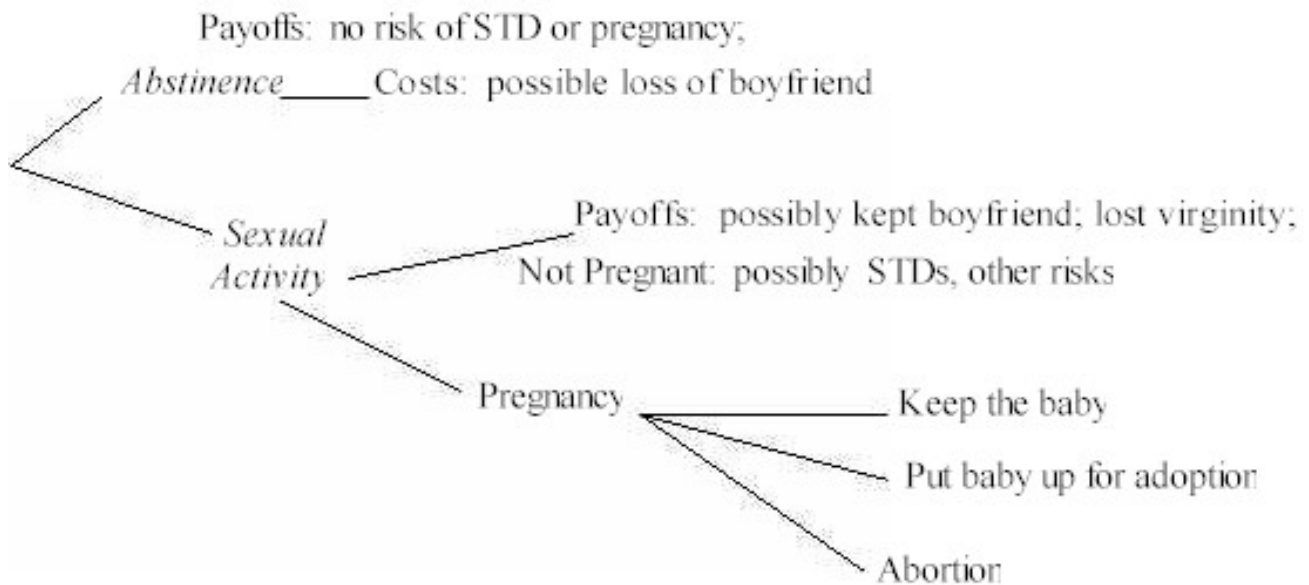
Economics of Starting Over

Driving from Albuquerque to Los Angeles is a long day's drive. It is approximately 800 miles and can be accomplished in eleven to thirteen hours with good conditions, if you go the direct route. I-40 takes you from Albuquerque, to Gallup, to Flagstaff, to Barstow, to the Los Angeles freeways, and on into Los Angeles. If a driver accidentally headed south instead of west he could go through Las Cruces, then to Tucson, to Phoenix to I-10 and directly on into Los Angeles. The trip would end at the same destination but would cost a driver at least three hours and approximately 200 extra miles. Making one or two mistakes (detours/wrong choices) in life will take you longer and cost you more, but you can still reach your destination and at not too great a cost.

Now, if you leave Albuquerque going east, go to Oklahoma City, to Memphis, to Asheville, to Washington D.C., to New York, to Chicago, to Saint Louis, to Denver, to Salt Lake City, to Las Vegas and finally to Los Angeles you have still reached your destination. The cost is tremendous and wasted time astronomical and most people would probably get discouraged and give up. It is definitely not *cost efficient* to make such mistakes on a trip. Following a good road map could help avoid these pitfalls.

Making wrong choices in life is like this trip, you can still become successful but the wasted costs including time, money, and effort, are great. The extent of involvement in and the number of times one becomes involved in risky behaviors the more costly the trip and the higher the risk of not succeeding. For the teenager, setting some success-oriented goals in life, making the right choices daily to reach these goals, and staying on track, increases the chance of success with minimal cost and discouragement. Getting pregnant does not mean you cannot finish school, obtain a career, or even marry a great guy, it just means it will probably take longer or be a little more difficult. In lesson plan number 6 students will calculate the above trips, adding food, hotel, gas costs, time and compare the difference.

This decision tree displays possible roads stemming from premarital sex.



If pregnant, now what? There are only three choices following pregnancy. Keep the child, give the child up for adoption, or have an abortion. Each of these choices in turn can provide many more choices, consequences, and risks. The first important step for the confused teenager is to find out all the facts before making a life-changing decision. A Crisis Pregnancy Center will discuss options and present facts for the teenager before she makes a decision. They will give her counsel, support, medical help, food, clothing and even a place to stay if needed. Abortion clinics are not required to advise on alternatives to abortion and usually do not.

"Pregnant teens who were provided with counseling and information on adoption are five times more likely to choose adoption over abortion," according to the pamphlet, *Balancing Rights and Choices*. Roads following adoption vary but here are the most common pros and cons. Adoption is unselfish, it gives life, you can pursue earlier plans, live independently, not have to parent prematurely, be free from the financial burdens of parenting, avoid a hasty marriage, and as a teenager, you can resume your youthful lifestyle. Adoption can bring joy into a childless home and place the child where he will be well cared for. Regrets could include guilt for giving up a child, resentment on the child's part later in life, or possibly difficulty in the adoptive home. Often the mother is able to keep contact with the child, if pre-arranged.

Keeping the baby is becoming a more prevalent choice among teenagers. The pros are: parenting your own child, being the greatest influence in the child's life, watching him grow, spending special times with him, and just overcoming a mistake. The negative side would include the loss of your freedom, time, money, possibly friends, teenage activities, finishing school late if at all, financial drain and an overall jump from the teenage years to immediate adult responsibilities. There may not be support from the father of the baby either emotionally, physically, or financially and possibly no support from family and friends. The pregnant teenager may have to go it alone.

The final decision regarding an unwanted pregnancy is abortion. One problem with this decision is there is no changing your mind after the abortion takes place. Abortion is considered by many as a safe procedure without risks, but the American Life League pamphlet, *Abortion: Your Risks*, tells a different story, quoting from various medical journals. The most common complications that can occur at the time of the abortion are ripping or perforation of the uterus, endo-toxic shock, chronic abdominal pain, second-degree burns, excessive bleeding, infection, embolism, cervical injury, hemorrhaging, fever, vomiting, and convulsion, and parts of the baby being left in

the uterus.

Are there other risks? Researcher Emily Milling found that of more than 400 couples who went through the abortion experience, most of the relationships (70 percent) had failed within one month after the abortion. *The Post Abortion Review*, Fall, 1994, printed a "Survey of Reaction to Abortion" in which it found women who have had an abortion four times more likely to start abusing alcohol or drugs. Of post abortive women they discovered: 28 percent attempted suicide, 31 percent experienced suicidal feelings, 60 percent commented the decision to abort made their lives worse, and 94 percent surveyed said they regretted the decision to abort. An increasing risk "for women aborting a first pregnancy, the risk of breast cancer almost doubles after a first-trimester abortion and is multiplied with two or more abortions" is reported in *Abortion: Your Risk*.

The *external* costs of abortion are not conclusive as the cost of the surgeries does not include all the negative consequences stemming from over 40 million abortions in this country alone in under 30 years. These consequences are affecting mothers, fathers, grandparents, brothers and sisters everywhere of unborn babies. The consequences include the great emotional trauma, risky behaviors stemming from the mother's guilt, suicide, and pregnancy complications, just to name a few.

Economics of Nutrition and Health

In the recent *Newsweek* article *Fat for Life: Six Million Kids Are Seriously Overweight*, Geoffrey Cowley speaks of childhood obesity now threatening one in three kids in America with long-term health problems. "Snack and soda companies are spending hundreds of millions a year to promote empty calories, while schools cut back on physical education and outdoor play is supplanted by Nintendo and the Internet," Cowley continues, "Six million American children are now fat enough to endanger their health, with five million more on the threshold" (42). Obese children suffer emotionally as well as physically and most overweight children remain overweight as adults (42). Illnesses caused by being overweight include diabetes, heart disease, high blood pressure, and several cancers. Diabetes is turning up in kids and sets the stage for blindness, kidney failure, amputations, strokes, and heart attacks (43).

What are some of the causes of the childhood obesity? Kids coming home to an empty house where food keeps them company, (46) fewer than half of the nation's schools offering P.E, (44) and larger portions of food (43). For example, a traditional McDonald's burger, 16 oz coke, and small fries carries 627 calories and 19 grams of fat. "Upgrade to a Big Xtra with cheese, 'super size' the drink and fries. Now your lunch packs 1805 calories and 84 grams of fat." An active teenage boy needs only 2800 calories per day, a teenage girl 1800 to 2000. For children the average need for calories is 1300 to 1500 per day (43). The high-fat content is another problem.

How can you save a child's health without breaking his heart? "Setting limits is important, but parents can often accomplish more by setting an example. The worst thing a parent can do is restrict food" (46), according to the article, "Focus on health, not appearance, and more activity, not less food. The kids know they're fat"(47). Kate Harned hated exercise until Mom took it up and then she did too and slimmed down. Those who limited TV to one hour a day were measurably leaner after nine months (44).

External costs per year are estimated to be \$100 billion in medical expenses and lost productivity. Advocating a cigarette style tax on snack foods and soft drinks, Kelly Brownell notes that a national one-cent tax on soda could generate \$1.5 billion a year to promote healthful alternatives (44).

Junk food and processed foods are found to be high risks in health as well as behavior problems.

In, *Foods That Heal*, Maureen Salaman, reports a research project by Richard Kunin, M.D., where 67 hyperactive children were put on a restricted diet. Sixty-two showed improvements, twenty-one realized normal behavior. Artificial food coloring brought about 79 percent reaction in the children. "In several cases of hyperactivity, Kunin slashed the intake of refined carbohydrates (candy, cookies, sugared cereals and soft drinks) from 300 grams a day to 125 and the patients made an about-face, scored in school, improved in physical coordination and moved from being ignored by classmates to being sought-after as friends." The trade-off was worth it!

In, *Train Up Your Children in the Way They Should Eat*, author Sharon Broer says to drop the three "killers," white sugar, white bread, and white salt (124). She suggests replacements, which will give children, as well as adults, fuel for active minds and bodies. When cooking or eating, substitute the following: sugar for sorghum molasses, date sugar, or brown rice syrup (125); white flour for natural whole grains, or Ezekiel bread (128); white salt for sea salt, garlic or onion powder (131); meat with hormones, chemicals and antibiotics for natural (hormone free) beef, lentils and brown rice, soy (133-136); white rice for long grain brown rice, whole oats, barley (137-138); lard and margarine for olive oil (cold pressed) or raw butter; cow's milk and cheese, for raw goat's milk, organic goat cheese; black pepper for cayenne pepper; iceberg lettuce for romaine, spinach, or red lettuce; tuna for salmon; chocolate for carob (140). Whole grains convert to glucose more slowly, for long lasting energy and a constant blood-sugar level, compared to white sugar, flour, candy and simple carbohydrates that cause hyperactivity (127).

In *Maximum Energy*, Ted Broer writes about cancer as an immune system-related disease. Cancer cells form in our body every day and are fought off by the immune system. "We get cancer only when our immune systems break down or fail for some reason" (165). There are foods that actually join the cancer-causing cells to break down our immune system and Dr. Broer warns us not to eat these ten foods. Wife, Sharon Broer, says in her book, *Train Up Your Children*, the first four should never be consumed in a child's lifetime, including in the womb (50). The following is a simplified list, please check the books for risk factors and reasons. Pork and all high-fat luncheon meats (cancer causing, has parasites); shellfish: lobster, crab, shrimp, oysters and clams—loaded with mercury, arsenic, and lead; all hydrogenated oils, including margarine and shortening—body can't digest; Aspartame or Nutra-sweet causes permanent damage to liver, eyes, causes brain disorders; junk foods: all high-fat, high-sugar, chemically processed snacks; high-fat dairy products; Olestra, the fake fat; caffeine, a drug; chlorine and fluoride—more toxic than lead; alcohol—damages every organ (50-51). Extent of exposure increases risks of diseases with most unhealthy foods, but the first four on this list are a great enough risk that they should be avoided at all cost (50).

It is necessary to evaluate ingredient labels before eating, or purchasing, in order to reduce risks of poor food choices. Real food is made of real food. Ted Broer explains with a simple illustration of ice cream—look for ingredients that you can read and completely understand, such as cream, sugar, eggs, and vanilla. Haagen-Dazs is one of the purest, but watch out for the fat. Other ice creams are loaded with dangerous chemicals like Benzyl acetate—a nitrate solvent, Amyl acetate—a paint solvent, and several more. Check for yourself!

Fast foods should be avoided due to high calorie, fat, and sugar intake. Also "the medical community has known for many years that once fat of any kind is heated to high temperatures for a period of time, it undergoes a chemical transformation and becomes carcinogenic" (201) as in French fries. This greatly increases the risk of breast cancer as well as heart diseases.

You can not continue to allow foods into your body that fight the immune system (withdrawals) and keep a balanced account. It is also important to make deposits, to build the account and these would be in the form of healthy foods, full of nutrients. Salaman says a healthy colon and immune system are the basics to a disease-free life. A diet high in fiber, low in fats and sugars, rich in

antioxidants, legumes, grains, fresh fruits and raw vegetables, nuts, and natural yogurt with acidophilus help to prevent cancers, diabetes, high cholesterol, and other common diseases (141). *Foods That Heal*, contains valuable information for overcoming any sickness or disease through natural food sources and vitamins. Broer's recipe for a healthy life account includes drinking at least eight glasses of purified water, exercising three to five times a week, eating a healthy diet high in natural fiber and low in fat. He recommends taking natural vitamin supplements, made from food sources and are sugar and chemical-free, managing stress and avoiding the unhealthy foods listed above (part I).

Nutrition and Pregnancy

"If you can eat during the year before conception as though you were pregnant, you can increase the chances of having a healthy baby" (75), Sharon Broer says for both parents. Eat healthy in general: low sugar, lots of veggies, fruits, grains, fish and poultry over red meats, avoid processed and junk foods, no caffeine, alcohol or tobacco. The mother must increase protein, folic acid, calcium, vitamins and minerals as the baby depends on her for all its nutrients (73-95). The University of New Mexico, Student Health Center, February 1, 2000, warns that "intake of folic acid is especially important before you get pregnant and during the first 28 days of pregnancy to greatly reduce the risk of having a baby with a birth defect of the brain or spine." By the time the mother knows she is pregnant it is too late to avoid this risk. Folic acid is found in whole grains, green leafy vegetables, oranges, legumes and red meats. As mentioned above, alcohol removes folic acid from the body so higher supplements are necessary if alcohol was consumed over the past year.

As the baby develops within the womb every part of his or her body is being formed—the teeth, cells, skin, hair, organs, eyes, brain, nerves, hormones, every part of the human body. Nutrients are necessary for a healthy development—the mother must choose life for her child by eating a healthy diet and choosing a healthy life. Positive lifestyle choices and eating habits not only increase the mother's energy, health and happiness, but, decrease risks of diseases, excessive weight gain, and other health risks. Begin now to reverse high-risk outcomes by changing wrong habits into healthy choices and reap the benefits in the near future. The trade-off will be worth it to you if you consider the frustration of having a disease-ridden life or an unhealthy child. Overspending your budget once in a while will not bankrupt you as long as you cut back in other areas to get your bank account balanced. However, if you continuously overspend, and have no extra income, you will find yourself in deep debt. Eating unhealthy once in a while will throw your health account a little on the negative side but will probably not destroy you. However, cumulative risks, continuous wrong choices will deplete your health account, increasing your risk of sickness, poor health, lack of energy, and possibly death. Choose today to build your account through positive life choices and reap the benefits. Give yourself and your children the very best—a bountiful health account!

Objectives:

Students will utilize decision-making strategies, which project good choices regarding behaviors in their best interest now and in the future.

Students will gain insight into consequences involved with risky behaviors such as pre-marital sex, substance abuse, poor food choices, and unhealthy relationships.

Students will gain knowledge and understanding in the importance of good nutrition now in order to reduce the risk of an unhealthy future for them and their children.

Students will gain an understanding of bank accounts, earning a living, and the cost of child rearing.

State Benchmarks: Career Readiness 1, 2, 3 Health Education 1, 2, 3, 4

Assessments: To include written work, role-playing, presentations, essays, daily journal and participation in classroom activities and discussions.

Lesson Plans

Lesson Plan I. (One week) Presentations by Reach For The Best—

Abstinence program put on by the Albuquerque Pregnancy Center. It will consist of five days, one period per day. The presentations include: Premarital sex and teen pregnancy, abortion, adoption, keeping the baby, STD slide presentation, relationships (good and bad), refusal skills, how to start over after poor choices. Students will participate through listening, activities and discussions.

Lesson Plan II: Monetary Costs and Time Expenditures of a Baby (One week)

Materials needed: Large drawing paper, marker, calculator, store catalogs and weekly store advertisements, and classified ads.

(1) Students will begin to learn the cost of a baby by gathering into small groups and brainstorming to make a list of baby needs. The list will include pre-natal care, furniture and large items (crib, etc.), daily baby-care items, food, and complete needs. (2) Students will estimate the costs on the list and find total estimated costs of having a baby, newborn costs, first, second, and third years of baby's life. (3) Students will locate actual costs of baby items in catalogs, newspapers or by shopping, call doctors and clinics, and make a complete list of baby costs. (4) Given a bank register, a list of outgoing checks or ATM withdrawals, (from baby costs and family needs) deposits (a fixed income), students will correctly fill out a register and balance a checkbook. (5) Students will list the top ten things they like to do with their time. They will then estimate the time needed in caring for a baby. (6) Students will attend while a child-care professional discusses the necessary functions in caring for a child. Homework: Students will follow up with a two to four page essay on "How having a baby would affect my life" (Career Readiness 3).

Lesson Plan III: Economics of Starting Over (One week)

Materials needed: Paper, pencil/pen, ruler, United States map with mileage list between cities, hotel prices, gas prices, restaurant menus, calculator, journal. (1) After a classroom discussion of consequences and payoffs stemming from the different choices of abstinence and premarital, students will draw an individual decision tree showing the outcomes of each. The tree must go to at least the fourth step. (2) Following the trip outlined in the curriculum, going from Albuquerque to Los Angeles (the three different routes), students will calculate each route, including the hotel costs, food costs, gas, time and mileage and total each trip, comparing the difference of the three. (3) Students will then use the decision tree to write a paper on the extra time, money and trouble it takes to become involved in risky behaviors. (4) In personal journal, students will write life-affirming goals in each of the following areas: Schooling and Career, Sexual Behavior, Relationships/marriage, Substance Abuse, Nutritional Habits. Each day student will write in their journal the life choices made that day that have made deposits or withdrawals into their account. They will recognize negative behaviors as withdrawals and positive choices as deposits. They will calculate the status of their account and make decisions on what they need to do to increase the deposits to help reach their commitments (Career Readiness 3).

Lesson Plan IV: Economics of Decision Making (One week):

(1) Students will discuss and define decision-making terms: Opportunity cost, trade-off, time-inconsistency, signaling, trade, risks. The discussion will relate terms to the high school level and lifestyle. (2) Students will fill out a questionnaire regarding their future mate. How important

is it to you to marry or have a relationship with one who has never had: an STD, sex, been arrested, children, abortion, fight, harmed another person. One who pays bills on time, gets good grades, finishes school, works hard, keeps job, likes/wants children, wants to go to college, does what he says, treats you with respect, treats parents/authority respectfully, listens/communicates with you, has self control, takes care of property, cares about people, is not prejudiced, has goals, has good morals, is clean, has a sense of humor. (3) Given the first part of a scenario, students will divide into groups, finish story and role-play. Stories will be such as: a. Sue and Bob had seen each other at school off and on but had not met. They got together at a party, had a few beers to impress each other and ended up in bed... b. Joe is known as the player on campus. Ann is a pretty, quiet, fun girl, a good student, and is a virgin. Joe is putting the move on Ann... c. Frankie and Stella have dated three years, are good students, athletic, want to go to college, and both have committed to abstinence until marriage...(4) Students will be given a list describing the contents of two wallets (for the girls) or purses/bags (for the guys). They will write a short paper making character assessments on the two choices of the opposite sex judging by the contents. Each student will choose the one they are attracted to most, explain why/what attracts them. The bag contents of Girl 1: Lip gloss, brush, gum, \$5, movie ticket stub, license, insurance card, student ID, driver's license, check book, student planner, apple, granola bar, bottled water, tissue. Girl 2: Hair spray, cigarettes, matches, fake ID, notes from girls with abusive language talking about drinking and sex, bag of makeup, a condom, 7 lollipops, 2 guys names and numbers.

Wallet contents, Guy 1: 1 joint, fake ID, 3 condoms, 4 girls names/numbers, \$60, matches, rolling papers. Guy 2: License, student ID, insurance card, debit card, \$8, picture of nieces, nephews, brother and sister-in-law. (5) Students will make a list of qualities in themselves that they like, do not like, think the opposite sex is attracted to, wish they could change and how they could better themselves (Health 5).

Lesson Plan V: Assessing Character Traits/ Risky Relationships (One week)

Students will divide up into groups of two. Each group will play: A centipede game (an example of Sequential Decision-Making)

In this game, each player has an incentive to stop when it's his turn, but both have an incentive to continue to the end. The goal for each player is to earn points. Players may negotiate with the understanding the agreement is not binding. When either player stops the game is over and points are final.

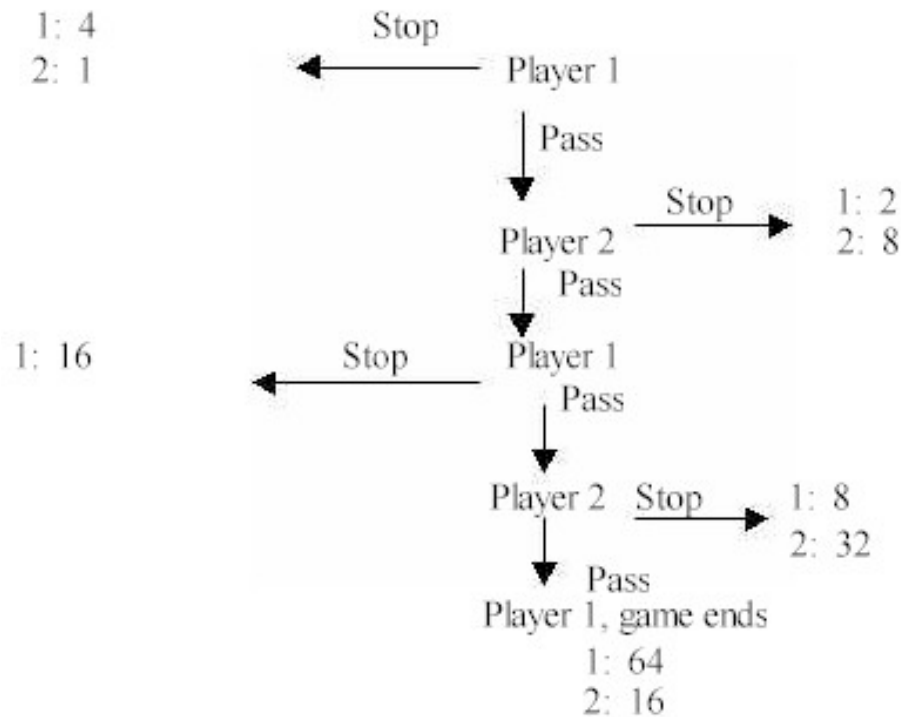
Round One: Player one can choose to stop the game. If he does, he gets 4, Player 2 gets 1. OR, he could Pass to Round Two.

Round Two: Player Two's choices: Stop game, Player Two gets 8, Player 1 gets 2.
Or Pass to Round three.

Round Three: Player One: Stop the game: Player one gets 16; Player 2 gets 4.
Or Pass to Round four.

Round Four: Player Two can stop the game and get 32; Player 1 would get 8.
Or Pass to Round five.

Round Five: Player one gets 64; Player two gets 16. The game ends on Round five.



Signaling: Students will watch the movie *Samson and Delilah*. The complete story of Samson's life will be handed out on paper for students to read together. Students will list character flaws, good traits, good and bad choices made, and have a general discussion of Samson and the roads he took and Delilah's traits. They will discuss what Samson should have done in each situation, what they would do in a similar situation. They will talk about similar situations in relationships today, ways to recognize them, and how to make wise choices for future relationships. In groups, students will list signals in our society, especially at the teenage level, write a skit and role-play to help other students see the daily decisions made by reading signals well.

Psychologist/Family counselor will be invited to speak to the students concerning relationships, psychological needs of a family, dealing with conflict. Students may write questions ahead of time on 3x5 cards, anonymously. Students will follow up with a discussion on their perception of roles of the male and female in a relationship (Career 1).

Lesson Plan VI. Economics of Nutritional Choices (Two Weeks)

Materials needed: Internet, library resources and curriculum reading resources.

(1) Using the hand out of the "Top Ten Foods You Should Never Eat" (from *Maximum Energy* by Ted Broer) students will list several foods in each category, write the reasons these foods are harmful (one fourth to one half page each), and determine the health risk involved. (2) Students will list additives and preservatives and look them up in the dictionary or reference book and define. (3) Students will be given a list of diseases (breast cancer, colon cancer, heart disease, arthritis, Alzheimer's, diabetes, etc.) and will use the classroom resources, library resources and internet to find causes of diseases as well as natural sources to best prevent and overcome diseases (foods, vitamins). Student will choose one of the diseases to write a report and give a presentation to the class. (4) Students will make up a week of menus of healthy foods for a family with children. It must include three meals per day with drinks and snacks. Students will calculate calories, fat, sugar, vitamins, fiber, calcium, and protein and will check against daily nutritional requirements. (5) Students will make a daily menu for each of the following ages of children: age 1-3, 3-5, 5-10, teenagers. Menu needs to meet nutritional guidelines of the age. (6) Student will list nutritional needs of a pregnant mother-to-be, find what the nutrient is necessary for in the

mother and baby, and list the consequences for deficiencies of the nutrients. (7) Student will make two complete daily menus for the pregnant mother, including all necessary calories, food groups, and nutrients. Drinks and snacks must be included. Be sure the mother gets healthy foods that are not extra calories and fats to promote excess weight gain. (8) Given pamphlet, *First Nine Months*, student will write down what is happening each week of the pregnancy and describe the baby's growth, actions, needs. (9) Students will watch a video on Substance Abuse and Pregnancy. Class will discuss the risks involved and the importance of avoiding. (10) Each student will write a paper on one of the birth defects caused by substance abuse or poor nutrition, (FAS, spina-bifida, etc.) giving a presentation to the class with illustrations and descriptions of causes and disabilities (Health 3).

Bibliography and Resources

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This is such an interesting and enlightening book about risks in eating certain food, how to increase you health and energy, and eating right.

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A delightfully illustrated pamphlet of the first nine months of a human life, describing in detail the daily, weekly, and monthly growth of the baby, and actions.

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An emotional look at economics. Dealing with why we do what we do in love, morality and self-interest motivation.

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A brilliant look at how we can overcome life's downfalls through good decision-making strategies. Jakes shows you how to take hold and be the best you can be.

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