

Foundation Adds Money For Reduction Of Teenage Pregnancy

NEW YORK — The Ford Foundation announced Monday, April 19, a \$1 million increase for programs to reduce teenage pregnancy, bringing its total allocation to \$2.5 million for 1982-83. The funds will support community-based demonstrations to help teenage parents complete school, obtain employment, and avoid welfare dependency; efforts to prevent pregnancy; and studies of the causes and consequences of teen pregnancy. Out of the allocation, the Foundation made grants of nearly \$1 million for programs in five cities.

"Teenage pregnancy has become a major problem in the United States, imposing a high cost not only on society but also on the individuals concerned," said Franklin A. Thomas, Foundation president, in announcing the increase. "Adolescent mothers tend to drop out of school, lose out on job training, and form unstable relationships. They also require substantial public support for their maintenance and for rehabilitative services. Their children often suffer from inadequate care during crucial developmental years.

"Our funds will support programs to help young mothers break the cycle of dependency, improve care for their children, and prevent unwanted pregnancies. We also are engaged in a substantial research effort to learn more about what kinds of programs work and why."

Foundation grants went to:

- Manpower Demonstration Research Corporation (MDRC), \$669,000, for projects in Harlem, Boston, Phoenix, and Riverside, California, aimed at helping 300 teenage mothers return to school and develop job skills;
- Brigham and Women's Hospital in Boston, \$250,000, for a demonstration program by a coalition of seven Boston-area health and social service agencies that will serve 100 teen parents;
- Johns Hopkins University, \$34,384, to evaluate a pregnancy-prevention program in two inner-city schools in Baltimore.

In addition, two small grants were made for meetings of specialists in the field to discuss ways to reduce the incidence of teenage pregnancy.

In addition, two small grants were made for meetings of specialists in the field to discuss ways to reduce the incidence of teenage pregnancy and motherhood have been attributed to young people's earlier initiation of sexual activity, a lack of information about and poor motivation to practice birth control, and a growing willingness by young women to have their babies even though they are not married. The United States has the highest incidence of teenage motherhood of any Western nation (52 per thousand as compared with 32 per thousand in Great Britain, for example). The Alan Guttmacher Institute, a private research agency, estimates that if current trends persist, four out of ten of today's fourteen-year-olds will become pregnant at least once by the time they are twenty.

Both the MDRC and the Boston programs link the teenagers to a variety of services geared to helping them to return to school, develop job skills, avoid further unintended pregnancies, improve their own and their children's health and nutrition, and acquire the ability to manage their lives.

The MDRC demonstration, called Project Redirection,

the Ford Foundation. It has already produced some positive results. At enrollment in the program, 44 per cent of the 300 young mothers were out of school; only ten per cent are currently out of school. Just eight per cent of the pregnant teenagers, and thirty per cent of the mothers were receiving family-planning services; now 69 and 93 per cent, respectively, are getting such services. Almost all the teen mothers (96 per cent) are receiving health care for their infants, whereas 63 per cent were receiving it earlier.

To be eligible for Project Redirection, a girl must be 17 years of age or younger, lack a high school diploma, be pregnant or a parent, and receiving or eligible for Aid to Families with Dependent Children (AFDC). For comparison purposes, a group of teenage mothers not in the program has been included in the research to determine the program's impact.

According to interviews conducted with 500 teenagers (both participants and members of the control group), pregnancy and the need to care for the infant were most commonly cited as reasons for leaving school. Most (72 per cent) were living at home, and three out of four said their mothers had been teenage parents. Their most often cited sources of economic support were AFDC and government food subsidy programs. Only 7.4 per cent said they would rather work than be on welfare. Only half of the sample said they would rather work than be on welfare. Only half of the sample said they or their partners used some form of contraception.

In the Boston project, a coalition of health care and social service agencies called the Alliance for Young Families will select 100 mothers, age 14-17, from the Roxbury, Dorchester, and Jamaica Plain neighborhoods, which produce most of the city's adolescent pregnancies. Fifty neighborhood women will be recruited to provide parenting support and encouragement for the teens to complete school or begin job training. Clients will be visited once a month by social workers to ensure that they take advantage of the program's services. Efforts will also be made to engage the fathers in the program. Like Project Redirection, the Boston program will include a strong research component.

The grant to Johns Hopkins University will partially support the analysis of data gathered in a program to reduce unwanted pregnancies among 2,000 students attending a junior and a senior high school in inner-city Baltimore. The students will be counseled on sex education and contraceptive use by staff from the Johns Hopkins School of Medicine, and will also be able to secure

contraceptive advice and pregnancy tests at a recently opened clinic near the schools. Effectiveness of the program will be measured by testing the students on their sexual knowledge, attitudes, and behavior both before and after the program. For comparison, students in two other schools will be questioned about their sexual knowledge and behavior. Participation will be voluntary.

contraceptive advice and pregnancy tests at a recently opened clinic near the schools. Effectiveness of the program will be measured by testing the students on their sexual knowledge, attitudes, and behavior both before and after the program. For comparison, students in two other schools will be questioned about their sexual knowledge and behavior. Participation will be voluntary.

contraceptive advice and pregnancy tests at a recently opened clinic near the schools. Effectiveness of the program will be measured by testing the students on their sexual knowledge, attitudes, and behavior both before and after the program. For comparison, students in two other schools will be questioned about their sexual knowledge and behavior. Participation will be voluntary.

contraceptive advice and pregnancy tests at a recently opened clinic near the schools. Effectiveness of the program will be measured by testing the students on their sexual knowledge, attitudes, and behavior both before and after the program. For comparison, students in two other schools will be questioned about their sexual knowledge and behavior. Participation will be voluntary.

'But I Only Had A Couple of Beers'

A recent editorial cartoon reminded us that with summer approaching there will be many more cars on the road, and many more drinking drivers for us to be wary of. This particular drawing showed a policeman leading a young man away from an automobile crash, and he was saying, "It was an accident, officer. After a couple of drinks it could happen to anyone."

Law enforcement officials and judges are familiar with the phrase, "But I only had a couple of beers," spoken by persons arrested for driving under the influence in a vain attempt to excuse a stupid and dangerous act.

It has been well documented that the drinking of alcoholic beverages

among teenagers is increasing at an alarming rate. But that is a matter for another discussion. Of immediate concern is the fact that driving by drinking teenagers is also increasing at an alarming rate, as evidenced by the number of DUI arrests among the young.

Young drinkers use beer more than other alcoholic drinks, probably because it is easier to get and costs less; and probably, too, because of the mistaken belief that you won't get as bombed on beer as on booze. Beginning drinkers soon learn, though, that beer can make you just as drunk as hard liquor.

Let's consider the scientific facts, using a person weighing 150 pounds

as the example. A 12-ounce serving of 4% beer will produce a blood alcohol content (BAC) of .02%; a 3-ounce serving of 12% wine will cause a BAC of .02%; a 1-ounce serving of hard liquor, 45% alcohol, will cause a BAC of .02%, and a mixed drink will give a BAC of .03% to .04%.

Under North Carolina law, if you have a blood alcohol content of .05% to .10%, you are considered to be an impaired driver; and a BAC of .10% and over makes you a drunk driver.

So it is obvious that regardless of the type of drink consumed, it doesn't take very much to turn a person into a potential killer on the road.

As Edwin-Guy, who heads the Governor's Highway Safety Program, says, "Whether or not a person

drinks is an individual decision; but when the drinker gets behind the wheel of a car or truck, it becomes a matter for public concern." Studies show that car accidents are a leading cause of death among 16-19 year olds. And we know that thousands of innocent people are killed and injured in alcohol-caused accidents.

The best way to reduce the heavy toll of these accidents is for those who drink anything to avoid driving.

Another way is for responsible drivers to call local or state police the moment they spot an impaired driver.

Since all of us who use the roads and highways are potential victims of these irresponsible drivers, we must all accept a part of the responsibility for getting them off the roads.

League Asks Gov. and State Assembly To Push ERA

The League of Women Voters of North Carolina has called on Governor Jim Hunt and the General Assembly to put ratification of the Equal Rights Amendment as the "top priority" of the June 1982 session.

Citing polls that show 63% of Americans support ERA ratification, League members attending the 15th biennial state council meeting in Winston-Salem, April 17, "strongly" recommended that the governor and General Assembly "respond to this popular mandate".

The League unanimously commended members of the Legislative Research Commission's Committee on Economic, Social and Legal Needs of Women for the 8-2 vote recommending ratification of ERA in the June 1982 General Assembly session.

"Only a handful of legislators are holding up equality for more than 200 million Americans," Mrs. Lois Harrison of Lakeland, Florida, ERA director on the national LWV board, told the council delegates.

ERA proponents will have to put pressure on elected officials at home, according to Mrs. Harrison. "Candidates are going to have to run on this issue," she declared.

"It's a hard political game. We've got to play it just like everyone else does," she added.

Mrs. Harrison said that women "make up essentially the whole difference between the parties in preference for the upcoming congressional elections."

Coping Exercise and Weight Loss

By Dr. Charles W. Faulkner

Question: Is exercise a good way to lose weight?
Exercise should be used as a part of a weight loss program. However, exercise alone will not result in a significant weight loss and here is the reason: Your body is continuously burning up calories — even when you are asleep.

Your body burns up 65 calories an hour while you are asleep. You burn up 100 calories an hour when you walk or run a mile. If you walk upstairs for an hour, you will burn up 1500 calories. Everything that you do burns up calories.

If you walk for three miles, you will burn up 300 calories, but because each pound of fat consists of 3500 calories, you will lose only a fraction of a pound of fat. If you walk or run ten miles, you will lose approximately a third of a pound of fat. Sweating also causes a loss of weight, but a drink of water will replace the weight loss.

If you lose one-half pound of weight with exercise but follow it with a heavy meal, you will instantly replace the weight. A slice of pie has 350 calories. A candy bar has 250 calories. A package of cookies (six cookies) has approximately 260 calories. If you consume these and other fattening foods, you will not lose weight very quickly no matter how much you exercise.

The primary way to lose weight is to reduce your intake of calories by cutting down on the amount of food that you consume or by replacing high caloric, fattening foods with low caloric foods.

Exercise will help you to lose weight by causing you to lose your appetite and temporarily increasing the rate at which you metabolize or burn up fat. When you exercise, you will tighten and trim the specific parts of the body that receive the exercise: running or jogging will trim the thighs and buttocks. Sit ups will trim the stomach. Pull ups will trim the upper arms and stomach. Side bends will reduce the waist. If you do extensive, exhaustive exercise, such as jogging for five miles or lifting weights regularly, your body will continue to burn up calories for three to five hours after you have finished exercising.

So, you should combine a regular exercise program with your diet. It is better to do a few easy non-exhaustive exercises daily rather than do difficult exhaustive exercises only once a week. Remember, it is the regularity of the exercises that result in constant reductions of weight.

Weight loss results from your body burning up more calories than it consumes. If you burn up 1500 calories a day but consume only 1000 calories a day, you will lose two pounds a week. You will have lost eight to ten pounds in a month. In six months, you will have lost sixty pounds of fat. The reverse is, unfortunately, also true. If you consume 2500 calories a day but burn up only 2000 calories, you will gain two pounds a week or sixty pounds in six months.

Cosmetology Students Take Trophies

The Cosmetology Department of Durham High School participated in a VICA competition hair styling show in Smithfield March 22. Miss Wilma Perry won a second place trophy and Miss Cynthia Jackson won a third place trophy.

Contestants were judged on their ability to perform the following skills: Daytime Style, Evening Style and Hair Cutting (all Spring-Summer release); Permanent waving techniques, chemical relaxing techniques and hair coloring techniques.

According to Mrs. Geneva Dillard, of the Cosmetology Department, these young ladies are eligible to participate in competition on the state level.

won a third place trophy. Contestants were judged on their ability to perform the following skills: Daytime Style, Evening Style and Hair Cutting (all Spring-Summer release); Permanent waving techniques, chemical relaxing techniques and hair coloring techniques.

According to Mrs. Geneva Dillard, of the Cosmetology Department, these young ladies are eligible to participate in competition on the state level.



In Hair Styling Competition
Durham High School students who participated in a VICA Competitive Hair Styling Show held recently in Smithfield are (l-r): Misses Wilma Perry, second place trophy winner; Miss Cassie Amos, model; Miss O'Shea Jackson, model, and Miss Cynthia Jackson, third place trophy winner.

by The United States Pharmacopeial Convention, Inc.

About Your Medicines

PRAZOSIN AND POLYTHIAZIDE (Systemic)

Prazosin (PRA-zoe-sin) and polythiazide (poli-THYEE-a-zide) is a combination medicine used in the treatment of high blood pressure. High blood pressure adds to the workload of the heart and arteries. If it continues for a long time, they may not function properly. This can damage the vessels of the brain, heart, and kidney resulting in a stroke, heart attack, or kidney failure. These problems may be avoided if blood pressure is controlled.

This medicine is available only with your doctor's prescription.

A commonly used brand name is Minizide.

Proper Use of This Medicine

- Importance of diet—When prescribing medicine for your condition, your doctor may also prescribe a personal diet for you. Such a diet may be low in sodium (salt). Medicine is usually more effective when this diet is properly followed.
- Also, it may be very important for you to go on a reducing diet. However, check with your doctor before going on any diet.
- Many patients who have high blood pressure will not notice any signs of the problem. In fact, many may feel normal. It is very important that you take your medicine exactly as directed and that you keep your doctor's appointments even if you feel well.
- Remember that this medicine will not cure your high blood pressure but it does control it. Therefore, you must continue to take it as directed if you expect to lower your blood pressure and keep it down. You may have to take medicine for the rest of your life. If high blood pressure is not treated, it can cause serious problems such as heart failure, blood vessel disease, stroke, or kidney disease.
- This medicine may cause you to have an unusual feeling of tiredness when you begin to take it. You may also notice an increase in the amount of urine or in your frequency of urination. After taking the medicine for a while, these effects should lessen. In order to keep the increase in urine from affecting your nighttime sleep:
 - if you are to take a single dose a day, take it in the morning after breakfast.
 - if you are to take more than one dose a day, take the last dose no later than 6 p.m., unless otherwise directed by your doctor.
- However, it is best to plan your dose or doses according to a schedule that will least affect your personal activities and sleep. Ask your doctor, nurse, or pharmacist to help you plan the best time to take this medicine.
- In order to help remember to take your medicine, try to get into the habit of taking it at the same time each day.
- If you miss a dose of this medicine, take it as soon as possible. If it is almost time for your next dose, do not take the missed dose at all and do not double the next one. Instead, go back to your regular dosing schedule. If you have any questions about this, check with your doctor.

Precautions While Using This Medicine

- It is important that your doctor check your progress at regular visits to make sure this medicine is working.
- This medicine may cause a loss of potassium from your body. To help prevent this, your doctor may want you to:
 - eat or drink foods that have a high potassium content (for example, orange or other citrus fruit juices), or
 - take a potassium supplement, or
 - take another medicine to help prevent the loss of the potassium in the first place.
- It is very important to follow these directions. Also, it is important not to change your diet on your own. This is more important if you are already on a special diet (as for diabetes), or if you are taking a potassium supplement or a medicine to reduce potassium loss. Extra potassium may not be necessary and, in some cases, too much potassium could be harmful.
- Check with your doctor if you become sick and have severe or continuing vomiting or diarrhea. These problems may cause you to lose additional water and potassium.
- Diabetics—Polythiazide (contained in this combination medicine) may raise blood sugar levels. While you are using this medicine, be especially careful in testing for sugar in your urine. If you have any questions about this, check with your doctor.
- A few people who take this medicine may become more sensitive to sunlight than they are normally. When you begin to take this medicine, avoid too much sun or overuse of a sun-lamp until you see how you react, especially if you tend to burn easily. If you have a severe reaction, check with your doctor.
- Do not take other medicines unless they have been discussed with your doctor. This especially includes over-the-counter (nonprescription) medicine for appetite control, asthma, colds, cough, hay fever, or sinus, since they may tend to increase your blood pressure.
- Dizziness and irregular heartbeat may occur after the first dose of this medicine. Taking the

first dose at bedtime may prevent problems. However, be especially careful if you need to get up during the night. Also, avoid driving or performing hazardous tasks for the first 24 hours after you start taking this medicine or when the dose is increased. Make sure you know how you react to this medicine before you drive, use machines, or do other jobs that require you to be alert. After taking several doses of this medicine, these effects should lessen.

- Dizziness, lightheadedness, or fainting may occur, especially when you get up from a lying or sitting position. Getting up slowly may help lessen this problem. If you begin to feel dizzy, lie down so that you do not faint. Then sit for a few moments before standing to prevent the dizziness from returning.
- The dizziness, lightheadedness, or fainting is also more likely to occur if you drink alcohol, stand for long periods of time, exercise, or if the weather is hot. While you are taking this medicine, be careful in the amount of alcohol you drink. Also, use extra care during exercise or hot weather or if you must stand for long periods of time. Check with your doctor if you have any questions about this.

Side Effects of This Medicine

- Along with its needed effects, a medicine may cause some unwanted effects. Although not all of these side effects appear very often, when they do occur they may require medical attention. Check with your doctor if any of the following side effects occur, especially since some of these may mean that your body is losing too much potassium:
 - Signs of too much potassium loss
 - Dryness of mouth (severe)
 - Increased thirst
 - Irregular heartbeat (continuing)
 - Mood or mental changes
 - Muscle cramps or pain
 - Nausea or vomiting
 - Unusual tiredness or weakness
 - Weak pulse
- Check with your doctor also if any of the following side effects occur:
 - More common
 - Dizziness or lightheadedness, especially when getting up from a lying or sitting position
 - Fainting (sudden)
 - Irregular heartbeat
 - Less common
 - Chest pain
 - Hallucinations (seeing, hearing, or feeling things that are not there)
 - Shortness of breath
 - Swelling of feet or lower legs
 - Unusually vivid dreams
 - Weight gain
 - Rare
 - Inability to control urination
 - Joint, flank, or stomach pain
 - Numbness or tingling of hands or feet
 - Skin rash or hives
 - Sore throat and fever
 - Stomach pain (severe) with nausea and vomiting
 - Unusual bleeding or bruising
 - Yellowing of eyes or skin
- Other side effects may occur which usually do not require medical attention. These side effects may go away during treatment as your body adjusts to the medicine. However, check with your doctor if any of the following side effects continue or are bothersome:
 - More common
 - Drowsiness
 - Lack of energy
 - Less common
 - Blurred vision
 - Constipation
 - Diarrhea
 - Dry mouth
 - Headache
 - Increased sensitivity of skin to sunlight
 - Loss of appetite
 - Mental depression
 - Nervousness or irritability
 - Skin rash or itching
 - Stomach upset or pain
 - Stuffy nose
 - Unusually frequent urination
- Other side effects not listed above may also occur in some patients. If you notice any other effects, check with your doctor.

NOTE: The above information is abstracted from USP Dispensing Information. It is not sufficient to make an evaluation as to the risks and benefits of taking a particular drug in a particular case or to provide medical advice for individual problems and should not alone be relied upon for these purposes. Should you desire additional information or if you have any questions as to how this information may relate to you in particular, ask your doctor, nurse, or pharmacist.

© 1982 The United States Pharmacopeial Convention, Inc. All rights reserved. USP sets official standards for drug strength, quality, purity, packaging, and labeling. For further information about USP and its programs, write: USP D/D, 12601 Twinbrook Pkwy, Rockville, MD 20852.