

Parenting Matters

PARTNERS IN PARENTING

Colorado State University

Quarterly Newsletter

April 2004

For Colorado Parents

Help Your Child Catch Enough ZZZ's

Sleep – It's an activity children take for granted, while parents seem to not get enough of. Although this may seem the reality, the true definition follows. Sleep is a time for the body and mind to rest - A vital time where most growth occurs for children. Most importantly, sleep is a learned skill parents should deeply value and instill.

There are two basic categories of sleep. First, there is active (rapid eye movement) sleep in which most of our dreaming takes place. Second, there is quiet (non-rapid eye movement) rest in which deep sleeps occurs. Both types interchange within sleep cycles throughout one's night of sleep. Children tend to have shorter cycles of active and quiet sleep when compared to adults. However, they tend to wake more when moving between active and quiet sleep. Sleep associations (pillow, light and other comforting items) aid them in falling back to sleep without remembering waking up. As children grow they become accustomed to sleep associations forming healthy sleep patterns. Furthermore, their need for a good night's sleep and daytime naps alter as they grow.

Additional Information:

- 50 percent of children six years old and younger have problems sleeping.
- Not enough sleep results in irritability, frustration, unhappiness and at times tardiness.
- Illness may disturb sleep patterns.
- When children experience overtiredness, they produce cortisol, a hormone which helps them stay awake.
- Children at times have trouble negotiating busy days with quiet times like nap and bedtime.
- Around the age of one, children at times have a hard time being/sleeping away from their parent(s).
- In some cases, children around 18 months old will resist sleep as a form of power struggle.
- Nightmares and monsters come into play around the ages of two and six.
- Having too much food and drink may interfere with sleep.
- Exercise effects sleep. Not participating in enough physical activity makes it hard for a child to wind down at the end of the day.
- Television before bedtime excites children and may create fear.

Catching ZZZ's:

- It is best to start at birth to form your child's sleeping routine. Overall, a routine helps provide a sense of safety and control for the child.
- Determine a non-negotiable bedtime for your child.
- Set up a countdown system where your child is aware of the approaching time.
- Let your child prepare for bedtime by choosing which pajamas to wear and what stuffed toy he/she would like to sleep with. A good suggestion is to warm the pajamas up in the dryer for a few minutes before getting dressed.
- Play relaxing music or a story tape in the background.
- Talk about the day.
- Read a story.
- Check and make sure the room temperature is appropriate, there is no outside noise and the lighting is soothing.
- Leave a bottle of water on the bedside table for him/her to drink.

What's enough sleep?

- **Newborns:** 16-20 hours
- **1-2 yr. olds:** 13-14 hours of sleep (including naps)
- **2-5 yr. olds:** 11-13 hours of sleep
- **5-8 yr. olds:** 10-11 hours of sleep
- **8-12 yr. olds:** 9-10 hours of sleep
- **Teens:** An additional 2-3 hours due to the rapid growth and maturing the body is trying to achieve

-Sources:

- Editors of *Parenting* magazine, "Smart Snoozing," *Parenting*, www.parenting.com (March 1999)
- Raising Kids-Children/Parenting Skills, "Family Field Guide: Sleep," www.familyfun.go.com
- Rosemary Black, "Zzz's for Good Behavior," *Parenting*, www.parenting.com (1999)
- Parents & Kids, "How much sleep does your child need?" www.familyfun.go.com

THE ABC'S OF HEPATITIS

Hepatitis is the inflammation of the liver caused by a virus, drug, medication or other aspect. There are six known categories of Hepatitis labeled A, B, C, D, E and G. The three most common types are A, B and C. All are very different in how long they last, the way they are transmitted and how they affect a body.

	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)	Hepatitis D (HDV)	Hepatitis E (HEV)
What is it?	HAV is a virus that causes swelling of the liver. It does not lead to chronic disease.	HBV is a virus that causes swelling of the liver. This infection can lead to cirrhosis, chronic liver disease, and/or liver cancer.	HCV is a virus that causes swelling of the liver. This infection can lead to cirrhosis, chronic liver disease, and/or liver cancer.	HDV is a virus that causes swelling of the liver. It only infects those persons who are also infected with HBV.	HEV is a virus that causes swelling of the liver. It is rare in the U.S. There is no chronic state.
Incubation Period	15 to 50 days. Average 30 days	4 to 25 weeks. Average 8 to 12 weeks.	2 to 25 weeks. Average 7-9 weeks.	4 to 26 weeks.	2 to 9 weeks. Average 40 days.
How is it spread?	Transmitted by fecal/oral route, through close person to person contact, oral sex, or ingestion of contaminated food and/or water.	Contact with infected blood, semen, and vaginal fluid through sex, injectable drug use, or human bites. Also from infected mothers to babies at birth.	When infected blood from one person enters the body of another person. Mostly through sharing street drugs, needles, and works.	Contact with infected blood or contaminated needles. Sexual contact with HDV infected person.	Transmitted through fecal/oral route. Outbreaks associated with contaminated water supply in other countries.
Symptoms	Children may have no symptoms. Some persons have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever.	Same as HAV.	Same as HAV.	Same as HAV.	Same as HAV.
Treatment of chronic disease	Not applicable.	New treatments are available with varying success. Consult your doctor or seek a gastroenterologist or hepatologist.	New treatments are available with varying success. Consult your doctor or seek a gastroenterologist or hepatologist.	New treatments are available with varying success. Consult your doctor or seek a gastroenterologist or hepatologist.	Not Applicable.
Vaccine	Two doses of vaccine to anyone over the age of two years. Doses are given 6 months apart.	Three doses may be given to persons of any age. Two doses may be given to children 11-14 years of age. Consult a health care provider.	There is not a vaccine to prevent HCV. However, persons infected with HCV should be vaccinated to prevent hepatitis A and hepatitis B infections.	Hepatitis B vaccine may also prevent Hepatitis D infection.	None
Who is at risk?	Household or sex contacts of infected persons. Persons living in areas with HAV outbreak. Travelers to developing countries, men who have sex with men, and injection drug users.	Infants born to an infected mother, people who have sex with an infected person or multiple partners, injection street drug users, emergency responders and healthcare workers, men who have sex with men, and hemodialysis patients.	Anyone who had a blood transfusion before 1992, recipients of clotting factors before 1987, healthcare workers, injection street drug users, hemodialysis patients, infants born to an infected mother, and people with multiple sex partners.	Injectable street drug users, men who have sex with men and those having sex with a HDV infected person.	Travelers to developing countries.
Prevention	Vaccination and possibly immune globulin. Flush soiled toilet paper and wash hands after going to the toilet. Clean surfaces contaminated with feces, such as changing tables.	Vaccination of anyone at risk. Safer sex. Clean up blood with bleach and wear protective gloves. Do not share razors or toothbrushes. Do not share needles when injecting drugs.	Do not share drugs, needles or works when injecting drugs. Clean up blood with bleach. Wear protective gloves when touching blood. Do not share razors or toothbrushes.	Hepatitis B vaccine to prevent HBV infection. Safe sex.	Avoid drinking or using potentially contaminated water.

How to Handle Bad Language and the Art of Talking Back

Everyday your child is constantly learning and growing. As a parent there are many things you can and can't prevent your child from experiencing - For example, the experimentation of language. On one hand it is vital that your child experiment with language to be successful in education, communication and life. However, learning the limits of language is equally important to your child.

Bad language

There is no guarantee your child won't come across bad language during their childhood, as well as use it. Additionally, there is no guarantee you will be able to avoid bad language any given moment. A child who hears bad language will learn to talk back respectfully. Vice versa, a child who hears respectful language will learn to talk back that lead.

TIPS:

~Respond quickly to your child's inappropriate language calmly and without anger. Let him know his words were badly chosen and won't be allowed.

~Make sure you condemn the inappropriate language, not your child.

~Offer the option of starting over with use of appropriate language to express his/her anger and frustration. When he is finished, thank him for his help and respectfulness.

Talking back

At times children will express their feelings in the form of back talk. Talking back may be a sign of stress, anger, frustration, sadness and/or discouragement. Children usually talk back to adults they are comfortable with (i.e. parents and caregivers). For children the reward of talking back is attention and control. Most of the time sarcasm and/or the silent treatment will be their best weapon.

TIPS:

~Don't fight back with anger. Doing so will create a power struggle.

~When your child is being disrespectful, give him a choice - Talk to me with respect or not at all.

~Ask your child to calm down and then allow him to talk to you. Make sure you state in the conversation that

you are eager to listen and understand him.

~At all times express your love for him!

Remember, kids say the darndest things. It may not be what you want to hear and when you want to hear it, but they are still learning and growing. Give them a hand in learning what's within the boundaries of experimenting with language.

-Sources:

Marianne Nelfert, M.D., "Little Kids, Big Mouths, www.parenting.com
Raising Kids - Children/Parenting Skills, www.familyfun.go.com

ABC's continued from page 2

CAUTION: Having one type of Hepatitis doesn't protect someone from contracting another form of HV. It is strongly advised that persons at risk get both HA and HB vaccinations. Be aware of the symptoms and visit your physician for further assistance.

Youth Associate Drinking With Popularity

A new study reveals that 57 percent of young people believe that peers who are popular are more likely to consume alcohol. The study asked 14- to 22-year olds which risky behaviors young people believed were associated with popularity. Researchers at the Annenberg Public Policy Center found that 57 percent of respondents thought their popular peers drank alcohol, while only nine percent believed that unpopular kids are likely to drink. A third of respondents thought popularity made no

difference on drinking.

"When you associate behavior with popularity, it makes the products more desirable," said Kathleen Hall Jamieson, director of the Annenberg Public Policy Center.

The study was released at the recent Adolescent Risk Conference held at the University of Pennsylvania.

-Published with permission by Team Fort Collins, *TEAM works* September 2002, www.cadca.org

Available in Spanish by request

Parenting Matters

Published quarterly by
Partners in Parenting
**Colorado State University
Cooperative Extension**

Program Coordinator:
Christine Cerbana-Whaley
Editor: Renee Hewell
Questions or comments?
Call us at (800) 457-2736

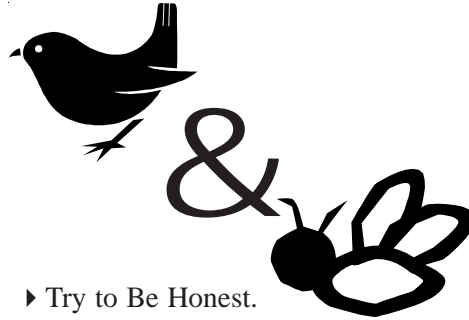
Talking With Kids: A Parent's Guide to Sex Education

Numbers you should know:

- ▶ Nearly two-thirds of parents of 8- to 11-year olds (61 percent) report that their children initiated the first conversations about the basics of reproduction, according to a Kaiser Foundation/Children Now/Nickelodeon survey.
- ▶ In the same survey, two out of five families' discussions about puberty (40 percent) and HIV/AIDS (38 percent) also were initiated by the child.
- ▶ One-third of 10- and 11-year olds (33 percent) say that pressure to have sex is a "big problem" for kids their age.

Pointers:

- ▶ Start Early.
- ▶ Initiate Conversations with Your Children...
- ▶ ...Even about Sex and Relationships
- ▶ Create an Open Environment.
- ▶ Communicate Your Values.
- ▶ Listen to Your Child.



- ▶ Try to Be Honest.
- ▶ Be Patient.
- ▶ Use Everyday Opportunities to Talk. (i.e. while viewing a public service TV commercial)
- ▶ Talk About it Again. And Again.

Tips for when to teach your children (age appropriate topics):

Elementary School

- ▶ The correct names of sexual organs and body parts
- ▶ Explaining sex and reproduction
- ▶ Pregnancy

- ▶ Building healthy relationships
- ▶ Setting personal boundaries and respecting others' boundaries

Middle School

- ▶ Sexual decision-making
- ▶ Emotions and consequences of sexual relationships
- ▶ Sexually transmitted diseases

High School

- ▶ Dating and relationships
- ▶ Sexual decision-making
- ▶ Emotions and consequences of sexual relationships
- ▶ Sexually transmitted diseases
- ▶ Contraception

-Excerpted with permission from the National PTA brochure *Talking with Kids: A Parents Guide to Sex Education*, copyright 2002, available online at www.pta.org/parentinvolvement/healthsafety/index.asp

Colorado State University, U.S. Department of Agriculture and Colorado counties cooperating. Cooperative Extension programs are available to all without discrimination.



Produced by PARTNERS IN PARENTING (PIP) A joint project of CSU Cooperative Extension and Red Rocks Community College with funding from the Alcohol & Drug Abuse Division and CSAP.

Colorado State University
Cooperative Extension
244 Aylesworth Hall NW
Fort Collins, CO 80523
(800) 457-2736
www.coopext.colostate.edu/PIP



Presorted Standard
U.S. POSTAGE PAID
FORT COLLINS, CO 80523
PERMIT NO. 19