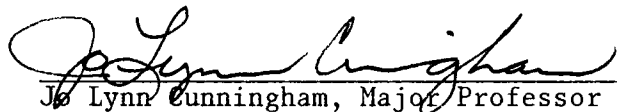


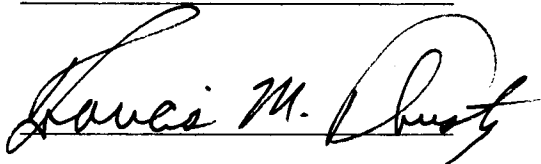
To the Graduate Council:

I am submitting herewith a dissertation written by Carol Jane Culler entitled "Compliance with the Child Passenger Protection Act: Effects of a Loaner Program for Low-Income Mothers." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Home Economics.


Jo Lynn Cunningham, Major Professor

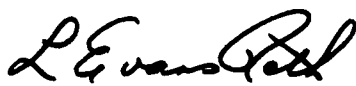
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COMPLIANCE WITH THE CHILD PASSENGER PROTECTION ACT:
EFFECTS OF A LOANER PROGRAM
FOR LOW-INCOME MOTHERS

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Carol Jane Culler

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In this world there are only two tragedies.
One is not getting what one wants,
and the other is getting it.

Oscar Wilde

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ABSTRACT

Since the enactment of the Child Passenger Protection Act in 1977, parents in Tennessee have been required to restrain their children under 4 years of age in child restraint devices (CRDs) when traveling in automobiles except under specified conditions. Compliance with the law has created hardships for some families, especially those with low incomes. Because of the life-style characteristics and beliefs of low-income individuals and the expense of child restraint devices, low-income families may find it difficult to acquire such devices.

To assist low-income families in their effort to comply with the law as well as save children from needless deaths and injuries, a child restraint device loaner program was established in Chattanooga, Tennessee, through the Hamilton County/Chattanooga Health Department. The purpose of this study was to determine the effects of this child restraint loaner program on the attitudes and behaviors of low-income mothers. Specific attention was given to the behavioral and attitudinal differences among mothers in three treatment groups, between mothers who obtained CRDs and mothers who did not obtain CRDs, and between mothers who used CRDs and mothers who did not use CRDs.

The independent variables included the three treatment groups and, in some cases, acquisition and use. The dependent variables included attitudes and behaviors regarding child passenger protection legislation, government intervention, health and safety issues, safety belts, and CRDs.

Participants in the study were assigned systematically to one of three treatment groups according to their hospital stay and were offered the opportunity to obtain CRDs by one of three options: (a) using their personal resources, (b) renting for a small fee, or (c) borrowing at no cost. The sample was drawn from low-income mothers on the maternity ward at Baroness Erlanger Hospital in Chattanooga.

Two levels of quantitative data were collected: the first at the hospital and the second 3 to 8 weeks later from mothers who either attended a special well-child clinic or returned the questionnaire via mail. Qualitative data were collected by means of face-to-face interviews from a smaller subsample of the initial sample. Sample size for the quantitative data was 109 for the first phase and 41 for the second phase; qualitative data were obtained from 25 mothers.

For the quantitative data, differences in beliefs of mothers in the three treatment groups and between the two conditions of the loaner program were tested using multivariate analysis of variance. To determine changes in mothers' attitudes over time, a repeated measures multivariate analysis of variance was used. Chi-square analyses were used to determine differences in beliefs between treatment groups in relation to both acquisition and use. To determine differences in beliefs between mothers in the two loaner program conditions from the qualitative data, the Fisher Exact Probability Test was used.

Mothers who were offered CRDs through the loaner program acquired CRDs more frequently than did mothers who had to obtain them through

their own resources. Mothers who paid small fees used the CRDs more than did mothers who got CRDs free. Of the mothers interviewed, more mothers who obtained CRDs also used their safety belts than did mothers who did not obtain CRDs.

No differences in attitudes were found in the initial hospital sample, but in the second phase of data collection the interaction between the loaner program conditions and CRD acquisition was significant. Mothers who had rented CRDs tended to have more positive attitudes about CRDs than did mothers who borrowed them, whereas mothers who chose not to borrow CRDs had more positive attitudes than did mothers who chose not to rent them. The latter group, however, had particularly favorable attitudes about safety belt use. Mothers who acquired CRDs tended to maintain their attitudes about the importance of obtaining CRDs, whereas mothers who did not acquire CRDs tended to respond less positively about the importance of obtaining CRDs after 6 to 12 weeks.

Most interviewed mothers thought the loaner program was a good idea and said their friends would use its services. About 2/3 of the mothers thought only the poor should be allowed to use a loaner program, whereas the rest thought it should be available to anyone. Most mothers suggested that \$5 to \$10 was a reasonable fee to charge for rental of a CRD.

It was concluded that, left to their own devices, low-income mothers did not obtain CRDs. However, given the opportunity to acquire CRDs from a loaner program, low-income mothers did obtain them.

Mothers that paid a small fee tended to use CRDs more than did mothers who got CRDs free. Because acquisition appears to be a barrier for many low-income families, attempts should be made to provide a CRD loaner service, especially when CRD use is mandated by law. More effective public information and education strategies are needed to develop and maintain a positive attitude toward passenger safety.

Further investigation of the issues regarding child passenger safety is needed. A theoretical model for analyzing usage decisions was developed as a basis for further research. Further examination is needed regarding incentives which will increase CRD usage among low-income families. It also is recommended that policy makers who determine rules and regulations should recognize various subcultural differences and consider alternatives which would assist all persons in complying with the laws.

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CHAPTER I

INTRODUCTION

According to the National Safety Council (1978), automobile-related accidents are the leading cause of death and disability in young children in the United States. In 1977 automobile accidents resulted in 1,600 deaths and injuries among children under the age of 4 years (National Safety Council, 1978). Motor vehicle accidents kill more children than any other single type of accident and far outweigh disease-related causes of death. National health programs have been successful in reducing the disease death rate through massive, ongoing immunization programs. In contrast, little is being done to protect children in car crashes.

Well-designed child restraint devices (CRDs) have been available for over a decade. Unfortunately, these lifesaving devices are not being used in great numbers. Researchers have shown that between 7% and 14% of families with young children use approved child restraint devices (Philpot, Perry, Hughes, Wyrick, Culler, Lo, Trent, & Geiss, 1979; Williams & Zador, 1976). Of those parents that use child restraint devices, only a small percentage use them correctly. It has been estimated that between 5.9% and 16% of CRDs being used are used properly (Hall & Council, 1978; Williams & Zador, 1976). Improper use does not provide adequate protection from death and injury.

Pediatricians and other physicians who frequently see children who have been injured in automobile accidents began promoting good

safety practices for children riding in automobiles. All across the nation, pediatricians have taken leadership in telling parents about the importance of using child restraint devices. In Tennessee, pediatricians were persistent in pushing for a law to require parents to restrain their children when riding in automobiles (Sanders, 1977).

In a historic move, Tennessee became the first state to pass a child passenger protection law. The Tennessee Child Passenger Protection Act¹ (see Appendix A), which became effective January 1, 1979, requires parents to restrain their children under 4 years of age in federally approved child restraint devices while traveling in their automobiles except under specified conditions.

The intent of the law is to protect children from needless deaths and injuries. Scherz (1976) has estimated that if children under 5 years of age were restrained properly, approximately 91% of the deaths and 78% of the injuries could be avoided. After a year of an intensive public information and education program, although 92% of the Tennessee residents with children under 4 years were aware of the state law, only 14.4% were in compliance with its provisions (Philpot, Heathington, Perry, & Hughes, 1978).

Rationale

Currently there is great concern about the impact of public policy on families. Although there is general consensus that the

¹Tennessee Code 59 § 930, 1977.

United States does not have an implicit family policy, most people also recognize that public policy in general affects families either in a positive or negative manner (Kahn & Kamerman, 1978; Kamerman & Kahn, 1976). Because there are a number of cultures or subcultures in our society, policy may affect these groups differently. What might be considered positive for one group may be detrimental to another group. A subgroup of the low-income population particularly may be affected by certain laws or policy. Because the low-income population lacks financial resources and many times social and educational experiences, they may have difficulty complying with some laws.

An analysis of the impact of public policy on families involves defining the goals of the policy, determining barriers which hinder compliance, and identifying alternate courses of action for achieving the stated policy goals (Jones & Thomas, 1976). Determination of short- and long-term costs and benefits to individuals, families, and society is necessary to understand the policy in the broader context.

Even without an extensive family impact analysis, the assumption can be made that some families will have a difficult time complying with the Child Passenger Protection Act. The price of a restraint device (\$18 to \$50) may cause a hardship on low-income families, whose expenses for meeting basic needs already may exceed the amount of family income. In a recent study, low-income parents (those with less than \$5000 annual income) who responded to a questionnaire cited cost as the major factor for their noncompliance (University of Tennessee, 1977). If a law is enacted with the specific intent of improving the

general welfare of society, it is important that all members of society have the ability to comply with the law.

A program through which low-income parents could borrow child restraint devices for a specified time might assist families in their attempts to comply with the law. The short-term initial costs of such a program might be offset by the long-term benefits of reducing deaths and injuries for individual families as well as society.

A loaner program has the potential of increasing parents' awareness about the importance of using child restraint devices, encouraging good behavior patterns by both parents and children which could carry over to future use as well as to other members in the family, and saving lives and reducing injuries. Although loaner programs in other states have been attempted (e.g., Jewett, 1977), the force of the law has not been behind them. These programs have been organized by civic groups and have served primarily middle-income families. As yet, no research has been conducted to determine the effectiveness of a loaner program with low-income families. Because incentives have been found to affect participation rates positively in other projects (Boger, Kuipers, Cunningham, & Andrews, 1974), they may do so with CRD loaner programs also.

Because CRD loaner programs have not been evaluated systematically, it is important to assess differences among alternate incentives. It is tempting to give child restraint devices to low-income families on the assumption that the seats will be used, resulting in both financial and psychological savings to society. However, use cannot

be assured automatically. Therefore, if parents pay a reasonable fee to rent a device, they may increase use because of their initial investment. Supporters of behavioral contracting have used this technique successfully in other areas (Mann, 1972).

To assess the impact of the Tennessee Child Passenger Protection Act on low-income families, it is necessary to develop an improved understanding of the nature and life-themes of the low-income family and the reasons for the possible lack of compliance with the law. In addition, a better understanding of attitudes pertaining to the Child Passenger Protection Act will contribute to the development of more effective strategies for public information and education programs. Examining behavior changes with regard to a loaner program will provide alternative methods and options for the further development of programming to help persons in financial need comply with the law.

Conceptual Framework

The framework for examination of CRD loaner programs is derived, in part, from the structure-functional perspective as presented by Hill and Hansen (1960). A major assumption of the structure-functional framework is that the family serves as the basic unit for the maintenance of society. The family is the major building block of society and interacts with the larger society. The interaction with the larger society determines in part the functions the family chooses to perform, which in turn help to maintain the predominant societal structure. The explicit and implicit functions of the family maintain

the status quo--to keep the family and thus society from becoming dysfunctional. Of principal concern from this perspective is the loss of old functions, the maintenance of and change in traditional functions, and the acquisition of new functions. Within the scope of this framework, family functions can be viewed from three perspectives: (a) subsystems of the family (parent-child), (b) the family and the personality of family members, and (c) the family and the larger society. Because of the breadth of these three primary foci, investigation of specific functions of families can be relatively extensive.

Considerations at both the macrofunctional and microfunctional levels need to be examined (Hill & Hansen, 1960). On the microfunctional level, care and socialization of offspring are vital functions which families perform. Care includes providing for the physical safety and protection of the child as well as for the child's psychological needs. Society gives support and guidance to help families perform these functions in accordance with societal norms.

At the macrofunctional level, society is concerned with how the family performs its functions and maintains its structure. If the family is dysfunctional, then society may impose parameters such as rules, regulations, and laws to define more adequately the functions of the family. These may impose new ways of carrying out specific functions of the family at the microfunctional level.

Analysis of the concepts at microfunctional and macrofunctional levels is relevant especially when considering low-income families. Families with low financial resources usually have a limited number of

experiences and opportunities available to them. Many times low-income families have had few educational opportunities, little experience in identifying and using community resources, and an inability to understand complex and abstract concepts. It is difficult for many of them to understand the consequences of their behavior and its impact on their own families as well as on society as a whole. For these reasons society assumes the right to mediate laws and rules to help families more accurately define their functions and determine their structures. Concrete rules and regulations help families to determine if they are functioning appropriately within society's parameters. Proper functioning maintains the status quo of society whether or not it is detrimental or beneficial to particular segments of society.

At the same time society realizes that laws alone are not the only determinants of proper functioning. This is especially true for families with limited resources. Therefore, society assumes the responsibility of providing social services to families that need them. Providing such services is a further attempt to encourage families to maintain society's parameters.

A related concept in viewing the family from a structure-functional approach is the interrelationship among attitudes, beliefs, and behavior. Rokeach's (1975) explanation of this relationship was that behavior is a function of the interaction between two attitudes--"attitude-toward-object" and "attitude-toward-situation." He further stated that the beliefs which compose these attitudes have three

components: (a) a cognitive component, (b) an affective component, and (c) a behavioral component. These components interact to determine beliefs, which in turn affect the attitude toward the given situation and the specific object in question, which in turn determines the behavioral outcome. Lemon (1973) stated that knowledge of previous behavior is likely to exert a powerful influence on an individual's judgment of his/her own attitude. He stated that "a prediction of attitude from behavior is likely to be more effective than the other way around" (p. 245).

Rokeach (1975) stated that belief systems are maintained only by isolation. A consequence of isolation is the accentuation of differences between beliefs (good actions) and disbeliefs (wrong actions). Through outside stimuli an individual is able to view his/her belief system in a new perspective. Well-articulated knowledge, societal regulations, and enforcement of rules are components which help persons alter their belief systems.

Therefore, an individual or family develops behavior patterns based on attitudes and beliefs formulated during the socialization process. Families in relative isolation (such as low-income families) maintain certain behaviors, including care and protection of their offspring in accordance with their belief systems. If these belief systems are in contradiction to the general belief system of society, then society has the right and responsibility to propagate rules, distribute knowledge, and enforce society's rules in an attempt to redefine the families' parameters. Dysfunctional families are encouraged

to change their attitude/belief/behavior systems to conform more appropriately with the status quo.

From the structure-functional approach, the family is viewed as a basic unit in society that functions according to society's rules. A dysfunctional family is encouraged to alter its behavior to fit the attitudes and beliefs of society in general. Thus, the maintenance of traditional functions and the acquisition of new functions is of principal concern in this conceptual approach.

The Child Passenger Protection Act represents established social norms for transporting children in automobiles. Families who do not follow this law therefore are labeled dysfunctional. For some families, especially low-income families, this policy inflicts financial hardships on them if they attempt to conform to society's expectations. Services such as loaner programs may help low-income families obtain and use CRDs, thus helping them comply with established policy.

Conceptual Definitions

The family is viewed as a basic unit of society with responsibilities of protecting, caring for, and socializing offspring and of maintaining norms as defined by society. Low-income families have little income and few other resources to meet their basic daily needs and may need additional help from society to carry out their basic functions and maintain societal norms.

A family makes decisions about its basic functions and behaves in accordance with a general belief system. A belief system is composed

of cognitive, affective, and behavioral components (Lemon, 1973; Rokeach, 1975) and encompasses both attitudes and behaviors. More specifically, attitudes are a position or manner indicative of feeling, opinion, or intention based on a belief system, whereas behavior may be viewed as a manifestation of attitudes and values. Therefore, belief is used as a general term which includes both attitudes and behavior.

Public policy is defined as government actions (or inactions) expressed by legislation, resolutions, programs, regulations, appropriations, administrative practices, and court decisions which are formed at the federal, state, or local level (Institute for Educational Leadership, 1978). The Tennessee Child Passenger Protection Act is an example of public policy. Compliance with the law is viewed as a determinant of the effectiveness of that public policy.

A child restraint device is a crashworthy car seat used in conjunction with the adult safety belt system to hold a child (usually one under 4 years of age) in a secure position inside a vehicle. A CRD must be used as stated in the manufacturers' users' manual to be effective. In this study, the general terms child restraint devices and CRDs were used for both infant restraint devices and toddler restraint devices except where specified.

For families who cannot obtain a CRD because of the financial constraints, a loaner program may be of benefit. A loaner program is a service which offers families an opportunity to obtain a CRD on a short-term basis through any of a variety of program options.

Assumptions

It has been shown that automobile-related accidents are the leading cause of deaths and injury in young children. Child restraint devices have been developed to protect children from this needless tragedy if used properly.

It is assumed that normally functioning families take seriously their tasks of protecting and caring for other family members. Some families do not have sufficient resources, either cognitive or financial, to carry out these functions effectively. It is appropriate for society to clarify the expectations of its members and to regulate parents' behavior through laws such as the Child Passenger Protection Act. The individual family as a subsystem of a larger society desires to comply with society's rules, regulations, and laws in an effort to maintain its structure and functions within the larger society. Therefore, social conduct can be analyzed for its contribution to a larger social order.

Some families with limited resources find it especially difficult to obtain CRDs and thus cannot comply with the Child Passenger Protection Act. Specific intervention techniques are necessary to help these families alter their behavior.

It is assumed that behavior is an overt expression of a larger belief system. Belief systems which include attitudes can be altered as a result of incentives.

Objectives of the Study

The purpose of the present study was to determine the effects of a child restraint loaner program on the attitudes and behaviors of low-income mothers. Specific attention was given to the differences in selected attitudes, including those related to CRDs, safety belts, health and safety issues, child passenger protection legislation, and government intervention. Acquisition and use of CRDs also were investigated. Specific objectives of this project were as follows: (a) to determine behavioral and attitudinal differences among three groups of low-income mothers--those who participated in treatment groups of acquisition by using personal resources, renting, and borrowing; (b) to determine behavioral and attitudinal differences between low-income mothers who obtained child restraint devices either from a loaner program or on their own and those mothers who did not obtain child restraint devices; and (c) to determine the behavioral and attitudinal differences between mothers who used child restraint devices and mothers who did not use child restraint devices.

CHAPTER II

REVIEW OF LITERATURE

Understanding the relationship of the attitudes and behaviors of low-income mothers in regard to a child restraint loaner program requires an insight into the nature of beliefs of low-income people as well as various elements of the passenger protection issue. Important components of the belief system of the low-income population, including life-style characteristics, attitudes regarding preventive health practices in general and child restraint in particular, perceptions of locus of control, and appropriate motivation and incentive strategies, are important to consider in such a study. Passenger protection issues suitable for discussion include beliefs concerning safety belts and child restraints and the impact of child passenger protection legislation. Services and programs which make available child restraint devices (CRDs) to help low-income parents comply with the law are components requiring consideration.

Beliefs

A belief is an opinion, expectation, or conviction that certain things are true. Much attention has been given to how beliefs are related to attitudes and how they, in turn, affect behavior. Rokeach (1975) explained the relationships among attitudes, knowledge, and behavior. Belief, he stated, is composed of three components: (a) a cognitive component, (b) an affective component, and (c) a behavioral

component. Behavior, he explained, is a function of the interaction between two attitudes: attitude-toward-object and attitude-toward-situation. These attitudes are affected by and contribute to beliefs. The relationship of behavior to the formation and revision of attitudes as well as the relationship of attitudes to the exhibition of certain behaviors is reciprocal.

Two major approaches to how beliefs are developed and revised include the congruence concept and the balance and dissonance perspective. Rokeach (1975) suggested that the more central a belief, the more it will resist change. It follows, then, that greater changes in the belief system are more likely to occur when more central beliefs are changed. Suedfeld (1971) proposed that in the balance theory, people are described as viewing each other based on feelings, whereas in the dissonance theory, inconsistencies held by an individual are described as being based on thoughts. Sources of inconsistencies might include new information, experiences in new settings, and influences of other people.

Graves (1974) suggested that behavior is basically developmental in nature. He proposed that people exist at different levels and exhibit behaviors and values characteristic of that level. Several components, including cognition, motivation, values, and existence, make up the eight levels under which people function according to Graves' model.

There exists a wide range of perspectives on the formation and modification of beliefs and attitudes. Hughes (1979) concluded that

the components are interrelated, that they probably are related in highly individualistic ways, and that changes in the environment stimulate some sort of interactions among them.

Beliefs of Low-Income Individuals

Since the late 1950, particular attention has been paid to the uniqueness of the low-income population as constituting a subculture all its own. The attitudes, values, and beliefs are distinct from the middle-class American culture and are passed on from one generation to the next. Although there is great diversity among the low-income population and not all low-income individuals hold the values of the lower class, certain themes represent the life style of the poor and are reflected in decision-making situations and in observed behavior. Rodman (1968) stated that behavior by persons of the lower class cannot be evaluated adequately by middle-class values. False interpretation of behavior may result if judged by middle-class standards.

Life-styles. Ireland and Besner (1965) outlined four general areas which comprise the low-income population's outlook on life. A comparative simplification of the experiences of the world leads low-income individuals to view themselves as having limited alternatives, both in choices and in ways to accomplish those choices. Secondly, the low income feel a sense of powerlessness which is the major source of their persistent fatalistic beliefs. Deprivation is a third limitation which affects their outlook on life. Fourthly, the

overwhelming feeling of insecurity reduces their willingness to take risks in situations not previously experienced.

Other authors (Besner, 1965; Chilman, 1965) have discussed the character of family life patterns of the poor, especially with respect to childrearing. Childrearing patterns have been described as being focused more on discipline and conformity training than on psychological development of the child.

The low-income population is trapped in a situation of relative helplessness, knowing themselves worse off than the rest of society, living on the edge of chronic emergencies, and seeing their own circumstances as formless and unpredictable. These attitudes are an overpowering influence on manifested behavior. Four distinct themes peculiar to lower-class behavior have been identified by Irelan and Besner (1965). These include fatalism, orientation to the present, authoritarianism, and concreteness.

The low-income population is insecure and comparatively powerless. From their own helplessness, they have generalized to the belief that most of life is uncomfortable. Although they accept typical American values, they are frequently lethargic in trying to attain them (Irelan & Besner, 1965).

Preventive health attitudes. The life-style modes of low-income persons carry over into attitudes concerning preventative health care. Low-income individuals tend to seek treatment in the later stages of illness and disease; illness is regarded as unavoidable (Irelan,

1965). Obvious middle-class preventive care, such as dental hygiene, is not valued in low-income families. The loss of teeth is considered a natural condition of living. A preference for personalized relationships will send a sick low-income person to the neighborhood druggist rather than to the doctor. A need to demonstrate material goods takes precedence over spending money on preventive care (Irelan, 1965).

In an attempt to analyze why people use health services, Rosenstock (1966) stated that a decision to take a health action is influenced by the individual's state of readiness to behave, by his/her socially and individually determined beliefs about the efficiency of alternative actions, by psychological barriers to action, by interpersonal influences, and by one or more cues or critical incidents which trigger a response. He concluded that prevention and detection services are used most by younger or middle-aged people, by females, by those who are better educated and have higher incomes (although not the very highest), and generally by whites rather than nonwhites. These results were supported in a later study conducted on male workers in Victoria, British Columbia (Coburn & Pope, 1974).

Wan and Gray (1978) looked at preventive health services for low-income children. They found that those families that had regular use of a neighborhood health center received the same number of immunizations and physical checkups as did those families with private physicians. The researchers concluded that having a regular source of care is a significant and important access factor in preventive health practices.

Methodological considerations. Many questions have been raised as to the reliability and validity of data collected from low-income respondents. Researchers have been concerned with the limited availability of low-income persons and with persons giving socially acceptable answers rather than personal attitudes and feelings. Weiss (1966) addressed these specific concerns. She believed that the interviewers' own ignorance of salient values of lower-class groups served as a major block in obtaining accurate information. She stated that the relative insignificance of time rather than their unwillingness to participate prevented people from meeting appointments. She also thought many low-income persons do not obtain an adequate education and therefore often lack appropriate words, are unable to use the language they have, or are incapable of developing abstract thought processes. It is difficult for low-income people to abstract and generalize, to explain motives, and to describe personal feelings and relationships. They presume their perceptions represent reality and feel little need to explain, qualify, or illustrate (Weiss, 1966). Other researchers (e.g., Geisman & LaSorte, 1963) have found that low-income families have been open and willing to talk about personal topics such as their marriages, sexual practices, and childrearing.

The interaction between the interviewer and the respondent may block accurate information. Dohrenwend, Colombotos, and Dohrenwend (1968) found that either too much or too little social distance will produce a bias in responses. They suggested that the interviewers and the respondents should share either ethnic or class status but not

both. Williams (1964) found that not only race and social distance are important variables related to biases; the potential threat of the questions themselves also can cause bias to occur in responses. Careful attention to all of these variables in the interviewing environment are essential if the most accurate data possible are to be collected.

Interviewing is not the only method of collecting information from low-income persons. Researchers have been cautious about using mail questionnaires for fear of low response rates. However, when Moles, Ireland, and Mackler (1967) offered \$2 for each questionnaire returned, their response rate, using adequate follow-up procedures, was 72%. To help the respondents, they also included pencils and self-addressed stamped envelopes. Their questionnaire was short and easy to read, which also may have contributed to its prompt return.

Although some researchers are reluctant to accept responses from low-income persons because of perceived invalidity and unreliability, there are several researchers (e.g., Martin, 1962; Weiss, 1968-1969) who have documented appropriate validity and reliability. It appears that, with caution and sensitivity, a researcher can collect relevant, accurate data from low-income respondents.

Beliefs About Child Restraint

Use of CRDs was identified by Hughes (1979) as a preventive health measure and analyzed within that framework. Neumann, Neumann, Cockrell, and Banani (1974) studied the interrelationships among

knowledge, attitudes, and behavior regarding restraint systems with parent-child pairs. The participants were attending either well-baby, walk-in, or specialty clinics at a pediatric unit in a major metropolitan hospital. The researchers reported that how a parent viewed herself or himself in relation to the world (internal vs. external locus of control) played a greater role in determining the extent to which parents used proper restraint systems for themselves and their children than did either knowledge or experience.

Hughes (1979) studied the interaction of beliefs, attitudes, and behavior in regard to child passenger safety. With adaptations from Green's (1976) model, she proposed that child restraint usage is the result of the influences of three broad categories which she called predisposing factors, enabling factors, and reinforcing factors (see Figure II-1). Hughes described these as follows:

The predisposing factors are those attributes which cause a person to be inclined toward a particular thing or type of action. This category includes the components of beliefs which are knowledge, attitudes, values, and past behavior.

Enabling factors are those characteristics associated with both the external and internal resources which a person can use to accomplish a particular thing or type of action. This definition includes characteristics of the parent, such as information-processing style and skills, as well as external characteristics related to accessibility and availability of things which a person needs in order to accomplish something or exhibit a particular type of action.

Reinforcing factors are those factors associated with the physical and psychosocial environment which influence belief systems (including behavior) in either relatively positive or relatively negative ways. This component includes such physical attributes as the amount of comfort associated with certain objects or actions. It also includes psychosocial attributes such as the approval of significant others, the observation of other peoples' behaviors, and assistance received from other

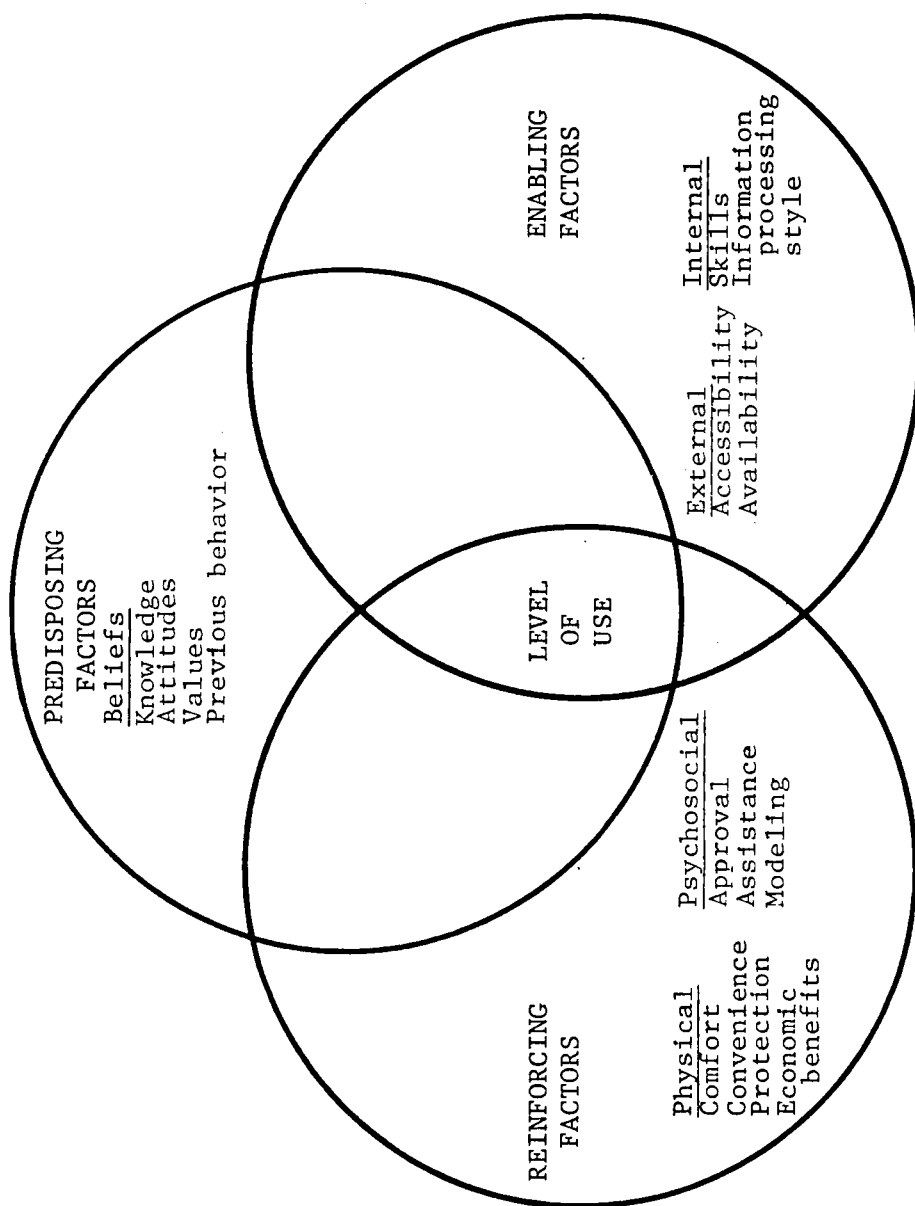


Figure II-1. Child restraint system usage decision model. (From Child Passenger Protection: Knowledge, Attitudes, and Behavior of Tennessee Parents, by E. C. Hughes, unpublished doctoral dissertation, University of Tennessee, 1979.)

people. Also, the perception of society's values in regard to certain objects or actions may be influenced particularly through the values portrayed in television programming, newspaper articles, and magazines. A law or other legal provision would have both psychosocial and physical attributes because, simultaneously, it could represent societal values related to the subject and, through fines, serve as a cost associated with certain behaviors. (pp. 83-85)

Hughes' model provides a basis for analyzing child restraint use in low-income families. All three factors contribute to the decision of a family to use a restraint device, although some of the factors appear applicable particularly to the low-income parent.

Belief Factors Related to Decision Making

Attitudes and behaviors are affected by the individual's decision-making process. Therefore, it is necessary to examine the forces behind which a person is moved to make decisions and that influence or encourage that process to take place. It also is important to examine the consequences of decision making and how decisions are justified and strengthened.

Motivation. Motivation is a drive which moves a person to action. Arkes and Garske (1977) defined motivation as the influences on the arousal, strength, and direction of behavior. They viewed motivation as being operationally different in different theories of behavioral motivation. However, they suggested that motivation is a major determinant in the decision-making process.

Kolsesnik (1978) discussed the difference between intrinsic motivation and extrinsic motivation. A person is said to be motivated

intrinsically when he/she recognizes the value derived from in a particular activity in and of itself. A person acts because of motives from within when he/she attains pleasure or some sort of satisfaction from the process of engaging in the activity. Extrinsic motivation occurs when a person acts to gain some sort of reward or to avoid punishment from some outside source. This source could be a relevant other, a role model, a figure of authority, or society in general.

A similar concept, labeled locus of control, was defined by Rotter (1966) as the perceived causality of behavioral outcomes. At one extreme (internal), the individual thinks of himself/herself as being responsible for his/her own behavior. At the other extreme (external), the individual sees others or luck or circumstances beyond his/her control as responsible for his/her behavior. Rotter demonstrated this classification of "internals" and "externals" in his research with school children. He suggested that a person enters a situation with expectancies concerning the probable outcome of his/her possible behaviors. These expectancies are based in part on a person's past experience and therefore become cyclical and difficult to alter. Rotter labeled the tendency to attribute responsibility for outcomes to luck, fate, chance, or powerful others as a generalized expectancy for external locus of control.

Platt and Eisenman (1968) found that internals have a longer future-time perspective than externals have. In other words, internals have an extensive view of time, and externals have a restricted view of time. Fanelli (1977) suggested that members of minority groups

behave more appropriately if they feel personally responsible in their immediate lives than if they feel powerless with regard to obtaining any reinforcements at all. However, low-income individuals who tend to be fatalistic, feel powerless, and operate from a present time orientation have the attributes of the externals. Therefore, they probably find it difficult, if not impossible, to operate from an internal locus of control. Having an external locus of control implies the need for extrinsic motivation to attain specified behavior.

Incentives. An incentive is a concept which influences action from an organism or individual. It encourages or stimulates behavior. Birch and Veroff (1966) suggested that particular consequences of actions have incentive value to the organism, which can indicate its attraction or repulsion to such consequences through its behavior. The incentive value of a consequence is an important determinant of the strength of a goal-directed tendency. An incentive defines the character of a goal activity which, in turn, is the basis for goal-directed activity. The expected character of the outcome of goal-directed action determines whether or not a particular action will occur.

Incentives need to be learned. Therefore, they are determined by previous experience and in turn determine current performances. Logan (1960) defined incentive as a hypothetical concept referring to what might be described as the subject's expectation of a reward. He suggested that some internal consequence of the reward had to be present

in order for his animal subjects to perform and before the actual reward was received. Likewise, Rachlin (1978) found that a low-cost incentive was effective in avoiding a more dramatic negative response later.

Behaviorists have found contingency contracting effective in changing behavior. Mann (1972) required his overweight subjects to surrender several valuable possessions, and they had to earn them back by losing weight according to their contracts. Tighe and Elliott (1968) used a similar technique to control behavior in natural settings. The incentive of giving up a valuable resource followed by an overt behavior to re-earn the resources has been shown to be effective in changing some behaviors.

Cognitive dissonance. The act of making decisions may create cognitive dissonance within a person. Festinger (1957) explained the elements of cognition which map or mirror reality as including what a person knows about himself/herself, about his/her behavior, and about his/her surroundings. All attitudes and opinions a person believes are correct, consequences of behavior, and satisfactions and dissatisfactions are among the concepts included in cognition (Festinger, 1957).

Dissonance, Festinger explained, is an incongruency of the person's cognition--two elements are dissonant if they do not fit together. Dissonance can occur when a person receives new information or is forced to decide between two equally attractive alternatives. The

presence of dissonance leads to action to reduce it. The more difficulty a person has in making a certain decision, the greater would be the tendency to justify that decision--or reduce the dissonance--afterward (Festinger, 1964).

Passenger Protection

Many believe our nation is plagued with a new epidemic. Over 46,000 deaths and 1,800,000 injuries per year result from automobile accidents. It has been estimated that the nation spends \$38 billion to provide medical care for the injured ("Child Automobile Safety," 1979). Of children under 5 years old, 1,000 die and 60,000 are injured each year in automobile accidents. The head and face are involved in approximately 60%, and brain damage occurs in 10% of the accidents of children under 5 years of age. Preventive measures are available for both adults and children but are not used widely ("Child Automobile Safety," 1979).

Researchers in the 1950s and 1960s suggested that restraint devices such as safety belts were instrumental in saving lives in automobile accidents. Garrett (1960), in a study of rural drivers, found that safety belts reduced injuries by 35%. In 1969, Kihlberg (1969) concluded that lap belts reduced the risk of injury in a crash by 29%, serious injury by 41%, and severe injury or death by 50%.

In a 1976 study, Knapper, Cropley, and Moore reported that most people believed that safety belts were effective, but most did not use them. Nonuse was attributed to the failure to acquire the habit of

buckling up rather than to a strong attitude against safety belts or a distrust of them.

Williams (1972) found that, in general, if parents wore safety belts, so did their children. Girls and mothers were found to have more internal control over the fate of their lives and thus tended to use their safety belts more frequently than did boys and fathers. People that viewed outcomes as resulting from fate, luck, or factors beyond their control tended not to use safety belts (Williams, 1972).

These findings were confirmed in part by Helsing and Comstock (1977). They found that nonusers in general were more likely to be dissatisfied with life, to feel powerless to change aspects of their lives, to be infrequent church attenders, to have less than a high school education, and to be classified as low-income individuals. However, they found that nonuse was higher among females than males and that married women were lower users than married men.

The fact that many parents do not use their safety belts may be related to reasons for low use among children. Some of the same reasons which are given for not using safety belts probably are ones that are transferred by parents to not using child restraint devices with their offspring. Thus, adults' attitudes and perceptions regarding their own safety practices is important in understanding how they determine safety practices used with their children.

Child Restraint Devices

Because of anatomical differences between small children and adults, safety belts have been found to be ineffective with young

children (Boughton, Lancashire, & Johnson, 1977). Since the Twelfth Stapp Car Crash Conference was held in Detroit in 1968 by the Society of Automotive Engineers, the nation increasingly has become aware of the potential harm which can be done to children riding in automobiles. Siegel, Nahum, and Appleby (1968) studied various types of child restraint devices and provided convincing evidence for the effectiveness of CRDs in reducing the severity of injuries sustained by children in automobile accidents. The most comprehensive studies of the effectiveness of the use of CRDs were done by Scherz in the state of Washington. He concluded that 91% of the fatalities and 67% of disabling injuries from automobile accidents might be avoided if children were restrained properly in child restraint devices (Scherz, 1978).

Use. Despite the overwhelming evidence of the benefits of using CRDs, usage rates are very low. In 1977, researchers from the Transportation Center at The University of Tennessee found that only 9.2% of parents observed in selected parking lots in various cities of Tennessee used child restraint devices with their children. After passage of a state law and a year of intense public information and education, only 13.4% of the parents were observed using child restraints (Philpot, Perry, Hughes, Wyrick, Culler, Lo, Trent, & Geiss, 1979). These results were consistent with earlier research findings. In a study in Maryland, Massachusetts, and Virginia, Williams (1976) found that only 7% of the children 10 years and under were restrained, 11% of the passengers 10 years and older were restrained, and only 22% of the drivers were restrained. In addition, Williams (1976) found

that 16% of the CRDs observed were not used, and of those in use 73% were not used correctly. Likewise, Hall and Council (1978) found that of the 26% of the children they observed riding in child restraint devices in North Carolina, only 5.9% were riding in seats that were secured properly.

Intervention. Although it has been assumed that knowledge is an important factor in determining if parents obtain and use CRDs, no conclusive evidence supports this assumption. Many researchers have attempted different intervention strategies yielding varying results.

Allen and Bergman (1976) used a control group plus three treatment groups which were assigned to different intervention techniques. The researchers found that with descriptive literature alone, 17% more parents purchased CRDs than did those in the control group. With literature plus a film, 34% more parents than in the control group purchased CRDs. However, when a demonstration of the seat was used in addition to the film and literature for Group 3, only 25% more parents than in the control group obtained CRDs. In another study, Miller and Pless (1977) found no differences in CRD use between baseline levels and when parents were contacted 2 weeks after the intervention programs.

Reisenger and Williams (1978) decided to give away infant devices to determine if that strategy would affect usage rates. They found no differences among parents in Group 1 (those who received the free seat along with literature), Group 2 (those who received literature and had easy access to purchase a seat), and Group 3 (those who received

literature, easy access to purchase, and a personal discussion about the importance of using a CRD).

Although researchers have not been able to identify the most influential strategy for informing parents about obtaining and using CRDs, they did suggest that behavior patterns that are started early tend to be maintained. Shelness and Charles (1975) reported that parents are most receptive to the idea of using a CRD prior to and immediately following the birth of a new baby. Scherz (1976) found that infants who start safe stay safe. He showed that 96% of the babies that started in restraint devices by 8 weeks were in them at 9 to 12 months of age. Many health personnel have promoted the idea that the infant's first ride home from the hospital should be in an approved child restraint device ("Child Automobile Safety," 1979).

It has been documented adequately that child restraint devices are capable of saving children from death and injury if used properly. However, a large majority of parents still do not use CRDs, even in Tennessee, where a state law mandates such use. In an attempt to identify the most influential intervention technique, researchers have tried various combinations of literature, films, discussions, ready access to CRDs for purchase, and free CRDs. No conclusive evidence is available as to the most appropriate intervention technique, although early intervention seems to be an important consideration.

Child Passenger Protection Legislation

In 1977, Tennessee became the first state in the nation to pass a child passenger protection law. The Tennessee Child Passenger

Act¹, which requires parents to restrain their children under 4 years of age in federally approved child restraint devices while traveling in automobiles except under specified conditions, became effective January 1, 1978.

Although no other country has specific child passenger protection legislation, several countries have safety belt laws which include children. For example, Australia has required the use of safety belts for all passengers in motor vehicles since 1971. During the period from 1972 to 1974, a reported 25% reduction in fatalities and a 20% reduction in injuries occurred. However, there were no significant reductions in fatalities and injuries to small children during this same period (Boughton, Lancashire, & Johnson, 1977). From these findings it is evident that special age-related restraint devices for children are needed. Over 19 countries have recognized the benefits of safety belts by requiring some level of usage by their citizens (Zeigler, 1977).

Because of the unprecedented nature of the Tennessee law, the National Highway Traffic Safety Administration (NHTSA) was interested in assessing this new policy. A 3-year project was funded through the Transportation Center at The University of Tennessee. As part of the research, Philpot, Heathington, Perry, and Hughes (1978) found that both the levels of income and education were related directly to CRD use. They reported higher CRD usage rates for families who owned

¹Tennessee Code 59 § 930, 1977.

their own vehicles, families who owned two vehicles, and families with one mate at home full time. Married parents were more likely to use child restraint devices than were single parents.

Child Restraint Device Loaner Programs

Very little about CRD loaner programs is in the literature. The reasons, in part, may be because of the newness of the issue of child safety and the lack of public policy in most states. There are, however, several programs in existence from which information can be drawn.

Description. CRD loaner programs generally have provided new parents the opportunity to borrow a device at an affordable cost and/or allowed parents an opportunity to try out a variety of devices before they purchased their own (Jewett, 1977; "A Summary," n.d.). A formal or informal educational component informing the public of the importance of using child restraints to protect children from injury and deaths usually is present in both types of programs.

Fees assessed for rental of CRDs have ranged from \$3 to \$7 for use for 9 months. These fees have varied according to several factors, including (a) the initial cost of the CRDs, (b) program subsidization, (c) cost involved in the ongoing administration of the program, (d) program maintenance or expansion, (e) anticipated need for replacement and repair of the seats, and (f) desired level of educational effort. No profit-making loaner programs have been identified. In addition to the rental fee, most programs also have required

a deposit, to be refunded upon the return of the CRD. Deposits have ranged from \$3 to \$6 in the various programs.

Very few written materials are available for the establishment of programs. The Jaycettes of Michigan developed a manual called Loan a Seat for Safety (n.d.) which is being distributed through Action for Child Transportation Safety. The National Highway Traffic Safety Administration also is distributing a similar manual which is called EarlyRider: Loan a Seat (n.d.). These publications contain administrative guidelines for establishing loaner programs.

Targeted audience. The initial loaner programs were available to anyone who wanted to take advantage of the services. Because the underlying purpose of loaner programs was education of the public regarding the importance of CRDs, wide use of the programs was viewed as desirable. Mostly well-educated, middle-income parents used these programs.

The Borgess Hospital program is an example of a program which was developed specifically for low-income families. Because the hospital administrators thought the program was important, they charged a minimal fee and subsidized the program so that it could be maintained. The program administrators found that not only low-income families were borrowing CRDs, but middle-income families also were requesting to use the restraint devices. By 1979, about half of the users were middle-income parents (Hletko, 1979).

The University of Tennessee Transportation Center initiated a loaner program in Memphis, Tennessee, which was restricted to use by

low-income parents. The program was administered through the Memphis-Shelby County Public Health Department with 300 infant seats which were provided through a special federal grant. A \$3 fee was charged for the use of the device until the child was 9 months old ("A Belt Law," 1978; Philpot, Perry, Hughes, Wyrick, Culler, Lo, Trent, & Geiss, 1979).

Research. Research is sparse regarding the usage rates of CRDs or the impact within the community in relation to loaner programs. From a survey in a parking lot in Michigan, it was shown that the usage rate increased from 7% before the program began to 45% after the program was well underway (Jewett, 1977). Although the controls were not very stringent and the results cannot be generalized beyond the parking lot users, it was concluded that the community loaner program did contribute positively to the usage rates.

Summary

Belief systems are composed of cognitive, affective, and behavioral components. The unique subculture of the low-income population perpetuates a belief system different from that of the policy makers. Therefore, perhaps different incentives are needed to help low-income families become motivated to change their attitudes and behaviors. Researchers have shown that different incentives help to change behavior. Proponents of behavior contracting have suggested that giving up a valuable resource will act as an incentive to change behavior. More

research is needed to explore effective incentives for the low-income population.

It has been documented that child restraint devices have reduced deaths and injuries among young children if used properly. However, no conclusive documentation has been provided regarding the most effective means of helping parents--and in particular low-income parents--incorporate this information into their belief systems. Researchers have studied various aspects of passenger safety, including use of safety belts and child restraint devices, in regard to the general population, but no one has focused specifically on the low-income population. The Child Passenger Protection Act poses a particular problem because it requires use of a CRD except under specified conditions. Obtaining a CRD may cause a hardship on many low-income families. No one has studied a loaner program designed to help low-income parents comply with the Child Passenger Protection Act. Further research is needed in this area.

CHAPTER III

METHODOLOGY

The present study was an extension of the Child Passenger Safety Program, a project funded by the Department of Transportation, National Highway Traffic Safety Administration (NHTSA), and based at the Transportation Center, The University of Tennessee. The general purposes of this 3-year project were to develop, disseminate, and evaluate a public information and education program regarding the provisions of the Child Passenger Protection Act and to evaluate the impact of the Tennessee law. Although the objectives and methodology of the present study were developed specifically for this project extension, the general purpose and approach were designed to fit within the framework of the larger project.

Hypotheses

It was hypothesized that there would be differences in the attitudes and behaviors among low-income mothers who participated in three treatment groups. It was expected that more mothers would obtain a device from a "borrow" program option than a "rent" option and that more mothers would obtain a device from a "rent" option than by use of their personal resources. Further, it was hypothesized that differences in attitudes and behavior would be found between low-income mothers who obtained child restraint devices (CRDs) and those mothers who did not obtain devices. Finally, it was hypothesized that differences would be found in attitudes and behaviors between mothers who

used child restraint devices and mothers who did not use child restraint devices.

Design

The basic design of the study included three treatment groups representing opportunities for acquiring a CRD: Group 1--use personal resources, Group 2--rent, and Group 3--borrow. For some questions, a second independent variable was used (i.e., acquisition or use). Acquisition had two levels: obtained and did not obtain. Use also had two levels: used and did not use. The dependent variables included attitudes and behaviors regarding child passenger protection legislation; government intervention (in regard to children's safety in general and child passenger protection particular); health and safety issues; safety belt use; and acceptance, effectiveness, importance, convenience, ownership, acquisition, and use of CRDs.

Low-income mothers who qualified for participation in the study were assigned systematically to one of three treatment groups according to their dates of hospital stay. All mothers who entered the hospital during a given week were assigned to the same treatment group. Group 1 mothers were given literature on appropriate child safety measures and a price list of locally available CRDs and were encouraged to obtain a restraint device through their own personal resources (e.g., purchase one; borrow one from a friend, neighbor, or relative; acquire one as a gift). Group 2 mothers were given child safety literature and an opportunity to obtain an infant device on a rental basis for a

fee of \$3 for 9 months. Mothers in Group 3 were given the same literature as the other two groups and the opportunity to obtain an infant restraint device on a loan basis for free for 9 months. The 3-week sequence was repeated five times for the purpose of eliminating possible contamination from public information and education efforts in the Chattanooga area.

Two phases of quantitative data were collected--the first during the mother's hospital stay and the second 3 to 8 weeks later. Qualitative information was collected 1 to 16 weeks after the first phase of quantitative data was collected. Each of the three succeeding phases was administered to a more restricted sample than the preceding one, as noted in Table III-1. The scope of the information obtained differed in each of the three phases, with each phase including progressively more detail regarding child passenger protection, child restraint devices, and loaner programs.

Sample

The initial sample was drawn from mothers who delivered their babies in Baroness Erlanger Hospital in Chattanooga, Tennessee, between April 16 and August 25, 1979, and who satisfied the following criteria: (a) met financial guidelines as established by the Baroness Erlanger Hospital, (b) owned a car or lived in a family that owned a car, (c) lived within the geographical limits of the greater Chattanooga metropolitan area, (d) received hospital care between 8:00 a.m. Monday and 5:00 p.m. Friday during the data collection period, and (e) had not obtained an approved child restraint device for this child. Mothers

Table III-1

Sample Size by Treatment Groups

Treatment groups	Initial sample ^a	Follow-up questionnaire ^b	Interview ^c
Group 1 (personal resources)	38	11	6
Group 2 (rent)	32	13	8
Group 3 (borrow)	39	17	11

^an = 109.

^bn = 41.

^cn = 25.

who met the criteria were asked to participate in the study. Of the 141 eligible mothers, 109 mothers completed the first questionnaire.

The second sample was obtained in part from mothers who attended a special well-child clinic. Mothers not attending the clinic were sent a follow-up letter and a questionnaire. From the initial sample of 109, 41 mothers (38%) completed this second questionnaire. Of these 41 mothers, 19 attended clinic and filled out the questionnaire there. The other 22 mothers returned their questionnaires via mail.

The third sample was a smaller subsample identified from the initial hospital participants. Health Department records were used to select three to five respondents from each of the two levels of acquisition within each of the three treatment groups. This was not possible in Group 1 because there were so few obtainers. In addition, an attempt was made to select respondents from across the time span of the study and from those that attended and did not attend clinic. Interviews were attempted with 57 mothers, but not all were able to participate because of reasons such as having moved with no forwarding address, not responding to phone calls, and not being at home. A total of 25 interviews were obtained. Based on additional acquisition information obtained in the interviews, it was determined that 14 mothers had acquired CRDs and 11 had not. Additional sociodemographic information for all three samples can be found in Table III-2.

Measurement

Both quantitative and qualitative methods of measurement were used in the study. All data were collected with instruments designed

Table III-2

Sociodemographic Characteristics of Participants

Characteristics	Questionnaire 1			Questionnaire 2			Interview		
	G1 ^a	G2 ^b	G3 ^c	G1	G2	G3	G1	G2	G3
Marital status									
Single	20	12	10	6	5	5	3	4	3
Married	13	18	24	4	8	11	3	2	8
Divorced	2	0	1	1	0	0	0	0	0
Separated	1	1	1	0	0	0	0	1	0
No response	2	1	3	0	0	1	0	1	0
Race									
White	19	21	22	3	9	10	3	5	7
Black	17	9	12	8	4	6	3	1	4
No response	2	2	5	0	0	1	0	2	0
Number of children									
1 child	18	17	21	5	7	10	4	4	6
2 child	14	8	10	4	3	3	2	1	3
3 children	3	3	2	1	1	0	0	2	0
4 children	0	2	3	0	2	3	0	0	2
5 or more children	1	1	0	1	0	0	0	0	0
No response	2	1	3	0	0	1	0	1	0
Living arrangements									
Alone or with child	3	2	3	1	2	2	0	1	2
With husband	14	17	15	3	7	7	3	2	5
With parents	15	9	10	6	3	5	3	4	3
With husband and parents	1	0	5	1	0	2	0	0	1
Other	3	3	2	0	1	0	0	0	0
No response	2	1	4	0	0	1	0	1	0

Table III-2 (Continued)

Work									
No	30	26	31	11	11	14	5	5	10
Yes, part time	2	2	0	0	0	0	1	0	0
Yes, full time	4	2	5	0	1	2	0	1	1
No response	2	2	3	0	1	1	0	2	0
School attendance									
No	30	23	35	9	11	15	5	5	10
Yes, regular school	3	5	1	2	0	1	1	0	1
Yes, night school	2	1	0	0	1	0	0	1	0
Other	1	2	0	0	1	0	0	1	0
No response	2	1	3	0	0	1	0	1	0
Education									
6th or below	2	0	0	0	0	0	0	0	0
7th	0	0	2	0	0	0	0	0	0
8th	1	1	2	0	0	0	0	0	1
9th	6	4	5	1	0	1	0	0	1
10th	7	4	8	3	3	4	1	3	2
11th	3	8	5	1	2	3	1	2	2
12th	11	8	9	3	3	6	1	1	3
Some college	6	6	2	3	5	0	3	1	0
B.S./B.A.	0	0	1	0	0	0	0	0	1
Some graduate work	0	0	2	0	0	2	0	0	1
No response	2	1	3	0	0	1	0	1	0
Visits to doctor during pregnancy									
None	1	0	1	0	0	1	0	0	0
1-4	4	5	3	1	2	1	1	0	2
5-10	11	8	8	2	2	4	0	3	3
11-15	14	8	14	6	4	6	5	1	2
16+	6	9	10	2	4	4	0	2	4
No response	2	2	3	0	1	1	0	2	0

^aG1 = Group 1 (personal resources)^bG2 = Group 2 (rent)^cG3 = Group 3 (borrow)

specifically for use in this study. The checklist was used to determine eligibility, and the Health and Safety Questionnaire was used to gather information regarding attitudes and sociodemographic information. The release form was used to record acquisition of CRDs from the Health Department loaner program if mothers obtained CRDs during their hospital stay or after they were released. The Car Seat Questionnaire was used to gather information regarding attitudes as well as information regarding CRD acquisition and use. Observations in the parking lot of the well-child clinic were planned to gather observed usage by mothers. Copies of instruments used in the study are found in Appendix B.

Instruments

To determine eligibility, the checklist was used. It contained the following three questions which were asked of mothers on the service wing of Baroness Erlanger Hospital:

1. Do you live within the city limits of Chattanooga?
2. Do you have a car in your family?
3. Do you own an approved child restraint device?

Mothers that answered yes to the first two questions and no to the third question were considered eligible to participate in the project.

The Health and Safety Questionnaire was developed for use as the initial survey instrument with the mothers in the hospital. It contains attitude scales with Likert-type items plus additional questions designed to elicit information concerning CRD possession and sociodemographic information.

The Car Seat Questionnaire was designed to be used with mothers who brought their babies to clinic. The attitude scales from the Health and Safety Questionnaire were included in this questionnaire along with additional questions concerning child restraint usage. A modified Car Seat Questionnaire was sent via mail to mothers who did not attend clinic. This questionnaire contained the same items as the Car Seat Questionnaire except Question A-5 (Did you bring your seat with you today?).

The release form was used as the instrument for determining acquisition of a child restraint device through the loaner program. It was developed in conjunction with the Health Department and also served as a release of liability statement.

A discussion guide was developed for the face-to-face interviews. Each question was asked directly if the answer was not given in the course of the conversation. The probes were used to elicit specific attitudes and opinions if they were not addressed directly. An attempt was made to keep the conversations informal and nonthreatening. However, the guides were used to assure that all questions were asked of all respondents. Interviews lasted from 20 minutes to 1 hour.

Data Collection

Eligibility of mothers to participate in the present study was obtained by psychology students from The University of Tennessee, Chattanooga, using the checklist. Both white and black female students were used. Each eligible mother was given an informed consent form to sign (see Appendix C) and the Health and Safety Questionnaire to fill

out. Upon completion of the questionnaire, each was given a packet of information containing the following: (a) a flyer containing information about the designated treatment group (see Appendix D), (b) a Transportation Center brochure containing CRD information, (c) an immunization brochure from the Health Department, and (d) assorted other health and safety pamphlets from the Health Department.

From 6 to 8 weeks after each mother was released from the hospital, she was sent a letter inviting her and her new baby to a well-child clinic at the Health Department (see Appendix D). A call was made to each mother with a phone to explain the clinic and encourage participation. Each mother that came to the clinic was given the Car Seat Questionnaire to complete. Other activities at the clinic included a discussion with the public health nurse, weighing and measuring the baby, and an opportunity to begin the baby's immunizations. These activities were not related directly to the study itself but provided a total atmosphere which emphasized the importance of health and safety for the child and the necessity for preventive care.

Observations in the parking lot of the well-baby clinic were planned to collect actual usage data. Participants were invited to park free in the clinic lot; directions for parking were included in a letter sent to each participant (see sample in Appendix C-2). Observers were stationed at the entrance to note use of CRDs. Because the mothers parked elsewhere, came on the bus, or were dropped off, only 2 out of the first 18 mothers were observed. Thus, this measurement was discontinued.

Mothers were given two opportunities to attend a well-child clinic. Care was taken to schedule each group at a different time so that contamination across treatment groups would not occur. Mothers that did not attend clinic were sent a letter explaining the survey (see Appendix D) and the Car Seat Questionnaire. A second follow-up letter was sent to those that did not respond to the first letter.

Qualitative data were taken from interviews with 25 mothers. Appointments were made with mothers that had phones. Those that had no phones received unannounced visits. A second attempt to interview each mother who was not at home at the time of the initial visit was made.

Reliability and Validity

The reliability and validity of the check list were determined partially through the orientation for the hospital contact persons. The orientation schedule included viewing the movie Don't Risk Your Child's Life (Physicians for Automobile Safety, n.d.), discussing the meaning of "approved" child restraint device, and using the four basic types of CRDs as pictured in the pamphlet.

The project coordinator and/or the public health educator accompanied each hospital contact person on her first three or four contacts to ensure that information on the checklist was collected in the same manner by all contact persons. Spot checks of each contact person were made throughout the project. Interrater reliability among contact persons was perceived by their supervisors as good. The face validity of the checklist was deemed adequate by professionals.

The attitude measures included in both the Health and Safety Questionnaire and the Car Seat Questionnaire were pilot tested on 17 low-income mothers at The University of Tennessee Center for the Health Sciences Hospital, Knoxville Unit. Items were grouped into scales for use in analysis. The scales were checked for clarity of items by professionals and analyzed for internal consistency using Cronbach's alpha. The measures were revised and used as part of the questionnaire. The reliability of the scales was computed from the 91 completed Health and Safety Questionnaires, and each revised scale had a reliability index of above .50. The results are listed in Table III-3.

Using factor analysis, the validity of the attitude measure was determined and was viewed as adequate. Construct validity also was deemed adequate by a group of professionals who analyzed the attitude measure.

An informal check was conducted on the validity and reliability of the other questions on both the Health and Safety Questionnaire and the Car Seat Questionnaire. Face validity was determined by professionals and was viewed as adequate. Reliability was determined by comparing similar items on both questionnaires with information gained in the face-to-face interviews. Reliability was perceived as acceptable through this procedure.

The release form was used to obtain a signature from each mother who obtained a device from the loaner program. Therefore, the reliability and validity were deemed high.

Table III-3
Internal Consistency of the Attitude Scales

Attitude scales	Number of items ^a	Cronbach's alpha
Child passenger protection legislation	9	< .72
Ownership of CRDs	10	< .79
Safety belt use	5	< .57
Health and safety issues	4	< .52
Government intervention	6	< .60
Acceptance of CRDs	5	< .53
Effectiveness of CRDs	4	< .57
Acquisition of CRDs	5	< .68
Use of CRDs:	5	< .67
Importance of CRDs	5	< .69
Convenience of CRDs	7	< .73
Government intervention in regard to child passenger protection	9	< .72

Note. $n = 91$.

^aSome items were used in more than one scale.

The discussion guide for the face-to-face interviews was developed and pilot tested on three low-income mothers. The face validity was examined by professionals. Revisions were incorporated using the suggestions obtained from both sources. Additional reliability was determined as a result of the comparisons of similar items with the two questionnaires.

Operational Definitions

The operational definitions of the independent variables were based on information from questions on the Health and Safety Questionnaire and the Car Seat Questionnaire and from Health Department records. The dependent variables were defined from the items on the attitude scales used in both questionnaires. Information from the interview guide and from Health Department records were used to define the dependent variables for the qualitative analysis.

Acquisition of a child restraint device. Respondents who obtained child restraint devices from the Chattanooga-Hamilton County Health Department Loaner Program signed release forms. Each respondent who obtained a child restraint device through the use of personal resources marked question A-4 on the Car Seat Questionnaire ("Where did you get your car seat?") with one of the following responses: (a) bought it, (b) borrowed it from a friend, (c) got it as a gift, or (d) other. During the interview, each respondent was asked if she had a CRD. If she did not have a CRD, Part I-A of the discussion guide was used to obtain further information; if the respondent reported she had a CRD,

Part II-B of the discussion guide was used. A mother was classified as an obtainer if she signed a release form, responded in any way to Question A-4, or said she had a CRD at the time of the interview. Mothers who did not respond in any of the above ways were classified as nonobtainers.

Use of a child restraint device. For the quantitative analysis, use was determined by each mother's response to questions concerning the use of a child restraint device. Use of the child restraint device was measured in two ways, both of which were self-report. In one item, mothers were asked the following question on the Car Seat Questionnaire: "How did your baby ride today?" Respondents that checked the response "In a car seat" were considered users. In two other items, mothers were asked to report how often they had used the CRDs with their children on both short and long trips. For mothers to be considered users, they had to indicate that they used the CRDs either 4 or 5 times out of 5 on both items. Use was defined operationally by a "user" response in both of these ways.

For the qualitative analysis, use was determined from Questions 1 and 2 in Part II-B of the Discussion Guide. A mother that reported having a CRD was asked to report about the last time she took her child for a ride with and without the CRD. Use was defined operationally by a response indicating that the CRD was used in the parents' own car on their last or next to the last trip.

Attitudes. Attitudes were defined for the quantitative analysis by the mothers' responses to the attitude scales. Attitude scales

included ideas about child passenger protection legislation; safety belt use; health and safety issues; government intervention; government intervention in regard to child passenger protection; and acceptance, effectiveness, importance, convenience, ownership, acquisition, and use of CRDs. For each item, each respondent indicated the intensity with which she agreed or disagreed by placing a check (✓) in the box which represented the most accurate description of her attitude about that item. Boxes were labeled strongly agree, mildly agree, no opinion, mildly disagree, and strongly disagree. In the scoring process, strongly agree was given a 5, mildly agree was given a 4, no opinion was given a 3, mildly disagree was given a 2, and strongly disagree was given a 1. Some items were flipped so a high score represented a favorable attitude for all items. The averages of the item responses for each scale were used in the analysis (Gardner, 1975). A summary of the various attitude scales with the items in each is given in Appendix E.

Attitude scales for the qualitative analysis were obtained from the mothers' response to various questions on the interview schedule. These attitudes corresponded to the attitude scales used in the quantitative analysis. A summary of the various attitudes measured in the interview is given in Appendix F.

Analysis

Data were analyzed using several techniques. For the quantitative data, multivariate analysis of variance (MANOVA) was used to determine

differences in attitudes of low-income mothers across the three treatment groups and between the two conditions of the loaner program. To determine differences in mothers' attitudes over time, a repeated measures MANOVA was used. A chi-square analysis was used to determine the relationship between treatment groups and acquisition. A chi-square analysis also was used to determine the relationship between use and loaner program conditions.

Qualitative data were analyzed using descriptive statistics, including frequency distributions and means. Differences in attitudes and behaviors were analyzed using the Fisher Exact Probability Test.

CHAPTER IV

RESULTS

Two levels of analysis were conducted in this study. The quantitative results are focused on a general examination of the differences in beliefs among low-income mothers. The qualitative results from the smaller subsample provide more in-depth information designed to provide a better understanding of both attitudes and behaviors among low-income mothers. Summaries of the interviews are found in Appendix F.

Treatment Groups

Information on the differences in beliefs among treatment groups was secured from all three levels of data collected. Acquisition information was analyzed from the Health and Safety Questionnaire, the Car Seat Questionnaire, Health Department records, and the in-depth interviews. Use of the CRDs was analyzed from the Car Seat Questionnaire and from in-depth interviews. Information on use of safety belts was obtained from the interviews. Attitude information was analyzed from the two questionnaires and from the in-depth interviews. Information regarding the loaner program was obtained from the interviews.

Behavior

To determine the behavior of mothers in each treatment group, a chi-square analysis was conducted with data from both the Health and

Safety Questionnaire and the Car Seat Questionnaire. As shown in Table IV-1, a difference in acquisition was found among mothers participating in the three treatment groups. More mothers acquired CRDs in each of the loaner program conditions than did mothers in Group 1, who had to obtain CRDs using their own resources.

A chi-square analysis also was used to determine differences between loaner program conditions for CRD use by mothers who attended clinic or returned the questionnaires mailed to them. As shown in Table IV-2, differences in use by mothers in the two loaner program conditions were found. More mothers who rented CRDs used them than did mothers who borrowed CRDs.

Differences in behavior were examined in the qualitative analysis on the basis of Health Department records and the in-depth interviews using the Fisher Exact Probability Test. As shown in Table IV-3, more mothers who had the opportunity to participate in the loaner program obtained CRDs than did mothers who had to acquire CRDs through their own resources. However, no difference in use was found between the mothers interviewed who rented and those who borrowed CRDs. A difference was found in safety belt usage between mothers who obtained CRDs and those who did not; more mothers who obtained CRDs also used their safety belts. No difference was found in safety belt use between users and nonusers of CRDs.

Attitudes

Attitudes were examined from the quantitative data using both the Health and Safety Questionnaire and the Car Seat Questionnaire. From

Table IV-1

Chi-Square Analysis for Relationship
Between CRD Acquisition and Treatment Group

Acquisition	Treatment groups		
	Group 1 (personal resources)	Group 2 (rent)	Group 3 (borrow)
Health and Safety Questionnaire respondents ^a			
Obtained	0	18	33
Did not obtain	44	17	7
Car Seat Questionnaire respondents ^b			
Obtained	5	12	15
Did not obtain	9	3	4

$$^a \chi^2(2) = 64.32, p < .0001.$$

$$^b \chi^2(2) = 9.30, p < .01.$$

Table IV-2

Chi-Square Analysis for Relationship
Between Use and Loaner Program Conditions
by Car Seat Questionnaire Respondents

Use	Loaner program conditions	
	Rent	Borrow
Used	8	5
Did not use	4	10

Note. $\chi^2(1) = 2.94, p < .1.$

Table IV-3

Fisher Exact Probability Test for Relationships
of CRD Acquisition and CRD Use
with Treatment Groups and Beliefs of
Interviewed Mothers

Variables	<u>n</u>	<u>p</u>
Acquisition		
Treatment groups		
Availability of loaner program	25	< .04
Safety belt use	25	< .07
Attitudes		
Safety belt law	25	< .12
Governmental ban on TV shows	25	< .03
Other health and safety laws	25	< .28
Use		
Treatment groups		
Loaner program conditions	13	< .20
Safety belt use	14	< .11
Attitudes		
Safety belt law	14	< .28
Governmental ban on TV shows	14	< .27
Other health and safety laws	14	< .41

Note. df = 1 for all tests.

a multivariate analysis of variance, no differences in attitudes were found for the interaction of treatment groups and acquisition of CRDs or for the main effects of treatment groups or acquisition in either questionnaire.

However, differences in attitudes were found in response to the Car Seat Questionnaire. The MANOVA for the interaction between the loaner program conditions and CRD acquisition was significant, $F(12, 15) = 2.72, p < .04$. The attitudes about safety belt use, effectiveness of CRDs, acquisition of CRDs, and convenience of CRDs were the variables making the greatest contributions to the multivariate test (see Table IV-4). As shown in Figure IV-1, mothers who obtained CRDs by borrowing them had higher scores on the scales for convenience of CRDs and acquisition of CRDs than mothers who obtained CRDs by renting them; in contrast, mothers who had opportunity to obtain CRDs by borrowing them but did not do so had lower scores than mothers who had opportunity to obtain CRDs by renting them but did not do so. A similar pattern was found for the effectiveness variable, except that Group 2 obtainers and nonobtainers as well as Group 3 obtainers had higher scores than Group 3 mothers who did not obtain CRDs. For attitudes toward safety belt use, Group 3 mothers who did not obtain CRDs had higher scores than did mothers from either group who did obtain CRDs, but Group 2 mothers who did not obtain CRDs had lower scores than did mothers from either group who did obtain CRDs.

A repeated measures MANOVA was used to determine differences in attitudes between the time the Health and Safety Questionnaire was

Table IV-4

Multivariate and Univariate Analyses of Variance
for Attitudes of Mothers in Relation to Interaction
Between Loaner Program Conditions and CRD Acquisition

Variables	<u>F</u>	<u>p</u>
Multivariate analysis (<u>df</u> = 12, 15)		
Attitudes	2.72	< .04
Univariate analyses (<u>df</u> = 1, 26)		
Child passenger protection legislation	.78	.38
Ownership of CRDs	.95	.34
Safety belt use	3.23	.08
Health and safety issues	.50	.49
Government intervention	.50	.48
Acceptance of CRDs	.06	.81
Effectiveness of CRDs	2.29	.14
Acquisition of CRDs	1.47	.24
Using CRDs	.05	.83
Importance of CRDs	1.06	.31
Convenience of CRDs	1.21	.28
Government intervention in regard to child passenger protection	.93	.34

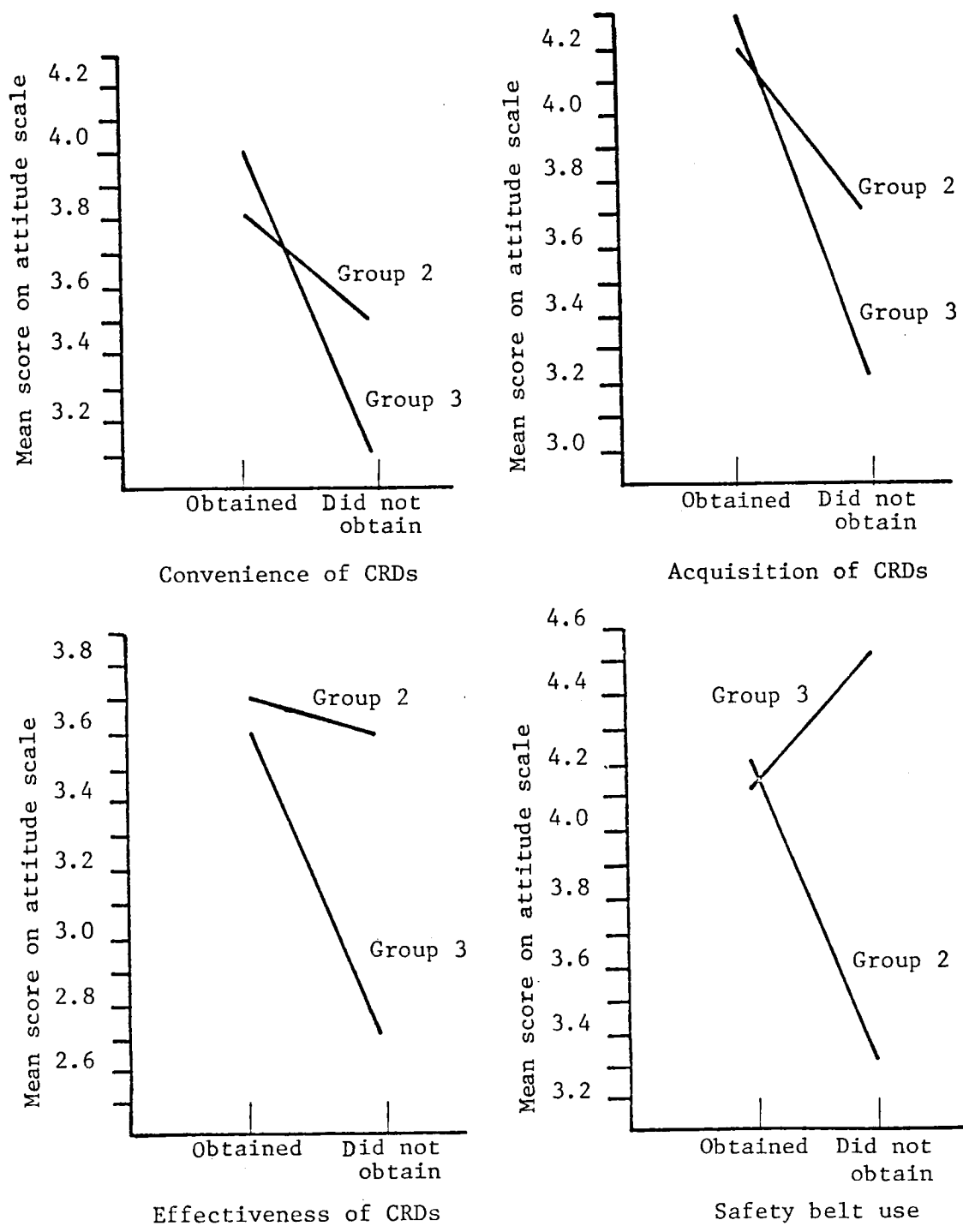


Figure IV-1. Attitudes of mothers about convenience of CRDs, acquisition of CRDs, effectiveness of CRDs, and safety belt use for the interaction between loaner program condition and CRD acquisition from Car Seat Questionnaire data.

administered and the time the Car Seat Questionnaire was administered. As shown in Table IV-5, some differences were found in attitudes in relation to an interaction between acquisition and time. As shown in Figure IV-2, mothers who acquired CRDs tended to maintain their attitudes concerning obtaining a CRD over time. Mothers that did not acquire CRDs tended to report less positive attitudes toward obtaining CRDs on the second questionnaire than they did on the first questionnaire.

Differences in attitudes were noted in the qualitative data also. As shown in Table IV-3, more mothers who obtained CRDs favored a ban on certain TV shows that are not good for children. However, no difference in attitude toward government intervention in TV shows was found between users and nonusers. Likewise, no differences were found in support of a safety belt law or other laws to promote the health and safety of children between either obtainers and nonobtainers or users and nonusers. All 25 mothers who were interviewed thought the Child Passenger Protection Act was beneficial and thought other states should pass similar laws to reduce the number of deaths and injuries among young children.

Loaner Program

Of the 25 mothers interviewed, 18 mothers said they had friends who would use the loaner program because of financial reasons, whereas 6 mothers mentioned safety as a reason for getting a CRD through the loaner program. Some mothers also reported they had friends who would

Table IV-5

Multivariate Analyses of Variance for Differences in
Attitudes of Mothers in Relation to Loaner Program
Conditions, Acquisition of CRDs, and Time

Sources of variation	F ($df = 12, 15$)	p
Loaner program conditions x acquisition x time	1.30	< .31
Acquisition x time	3.09	< .02
Loaner program conditions x time	1.35	< .29
Time	.79	< .66
Loaner program conditions x acquisition	1.55	< .21
Acquisition	1.82	< .14
Loaner program conditions	.79	< .66

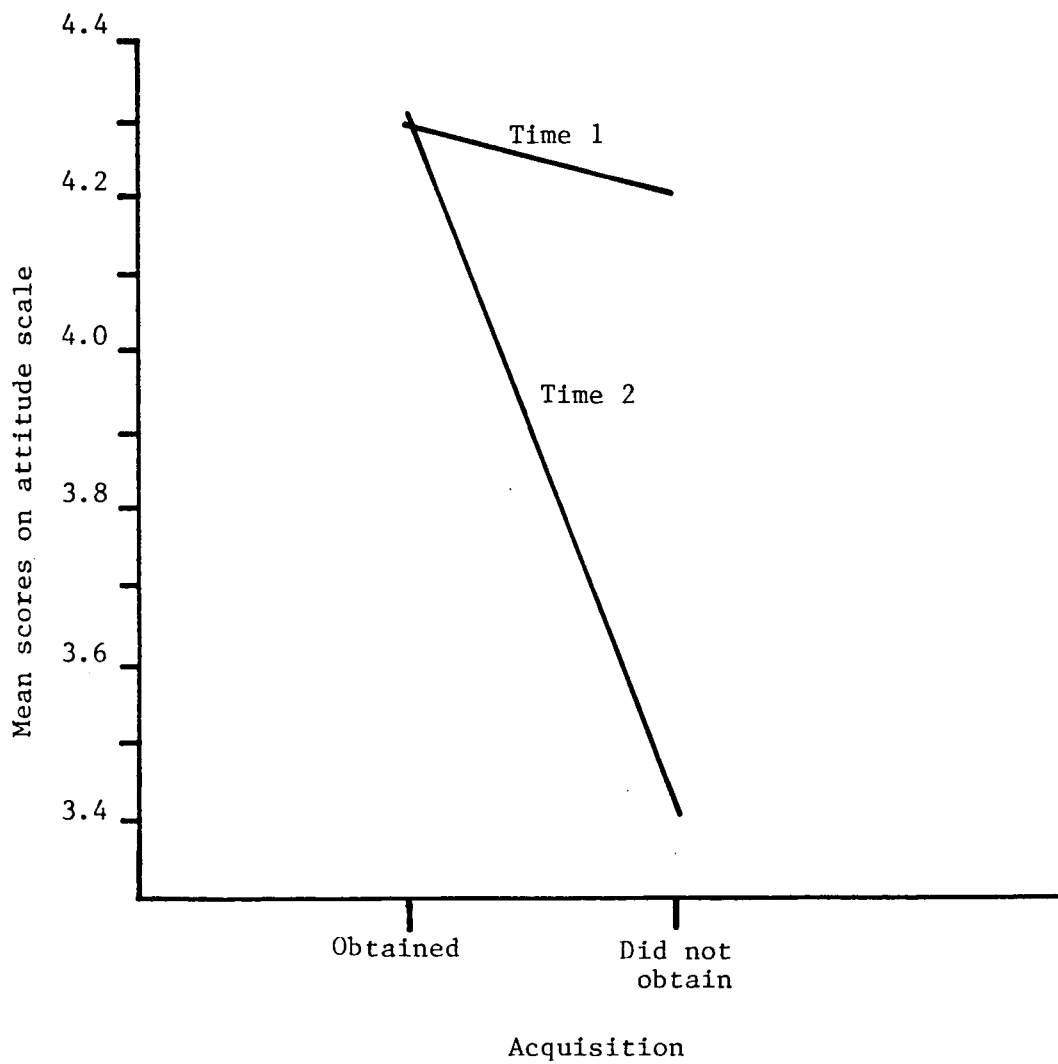


Figure IV-2. Differences in attitudes toward acquisition of CRDs in relation to acquisition behavior and time.

not use the loaner program. Reasons given included that they were too proud, were too lazy, did not want to bother with CRDs, did not want to assume responsibility for another's property, and wanted to purchase their own.

Of the 25 mothers, 16 mothers thought only the poor should have access to loaner program service, whereas 9 mothers thought anyone should be allowed to use it. Rationale given for allowing anyone to use the service was that with a loaner program, parents could spend their money on other things.

Most mothers thought \$5 to \$10 was a reasonable fee to charge for rental of a CRD but thought more people would acquire one if it were free. However, 10 mothers thought parents would use the seats more if they rented them, 8 mothers thought use would be greater if parents got the seats free, and 7 mothers thought there would be no difference in use whether parents rented or borrowed the CRDs.

When asked why they thought other people obtain CRDs, the most frequent response cited by mothers was safety. Mothers mentioned control of the child and the law as additional reasons. When asked why they thought other people do not obtain CRDs, mothers cited financial considerations, skepticism of CRDs benefits, and time constraints.

When asked why other mothers use and do not use CRDs, most respondents cited safety as the major reason for using CRDs. Reasons given for not using CRDs were because they were too much trouble and took too much room in the car. Respondents also said mothers were lazy and were bothered when the baby fussed. Frequently, the reasons the

mother gave for her own acquisition and use were similar to her responses about other people's acquisition and use.

Sociodemographic Data

Because of the findings from the analysis of the treatment groups, questions can be raised as to the importance of the sociodemographic characteristics of the sample. Therefore, various sociodemographic attributes, including age of mother, education, race, marital status, number of clinic visits, and number of previous children, were analyzed from both the quantitative and qualitative data.

Using a MANOVA to determine sociodemographic differences in program options and acquisition in the quantitative data, no differences were found (see Table IV-6). In the subsample of 25 mothers, the Fisher Exact Probability Test was used to determine sociodemographic differences both between obtainers and nonobtainers and between users and nonusers. As shown in Table IV-7, differences in acquisition and use were found in marital status and race. More married mothers obtained CRDs than did single mothers, and more whites were classified as users than were blacks. No differences either by acquisition or use were noted in the number of children, clinic visits, age, or education.

Table IV-6

Multivariate Analyses of Variance for Sociodemographic
Differences of Mothers in Relation to CRD
Acquisition and Treatment Group

Source of variation	<u>df</u>	<u>F</u>	<u>p</u>
Treatment group x CRD acquisition	4, 92	.58	< .67
Treatment group	8, 184	.42	< .91
CRD acquisition	4, 92	1.05	< .39

Table IV-7

Fisher Exact Probability Test for Relationships Between
Various Sociodemographic Characteristics
and CRD Acquisition and Use

Sociodemographic variables	<u>n</u>	<u>p</u>
Acquisition		
Marital status	24	< .10
Race	24	< .15
Number of children	24	< .30
Clinic visits	23	< .33
Age	24	< .18
Education	24	< .24
Use		
Marital status	13	< .39
Race	13	< .04
Number of children	13	< .28
Clinic visits	13	< .22
Age	14	< .37
Education	13	< .44

Note. df = 1 for all tests.

CHAPTER V

DISCUSSION

An examination of the differences in behaviors and attitudes among the three treatment groups provides improved understanding of the nature of beliefs exhibited by low-income mothers and insight into future programming efforts. Further, an examination of differences in sociodemographic characteristics provides additional information related to possible intervention techniques in child passenger protection and loaner programs.

Differences in Treatment Groups

Differences were found in behavior among mothers in the three treatment groups. Differences also were noted between mothers in the two conditions of the loaner program in acquisition, use, and attitudes.

Behavior

The results in regard to acquisition were predicted from the literature. Few low-income mothers believe they are able financially to obtain CRDs on their own, so it was expected that Group 1 mothers would not have a high level of acquisition. This is consistent with results found in another study of Tennessee parents (University of Tennessee, 1977); financial reasons were given by low-income parents who had not obtained CRDs.

Further, as predicted in the hypothesis, it was expected that even a small fee might deter some low-income mothers from obtaining CRDs. Comments from mothers who were interviewed indicated that they did not have \$3 with them or they had to ask someone else for money and thus obtain permission from that person. Group 3 mothers were expected to obtain CRDs more frequently than mothers in Group 1 and Group 2 because the CRDs were taken to their hospital rooms and mothers only had to sign release forms to obtain them. More mothers in Group 3 obtained CRDs than did mothers in Group 2, and more mothers in Group 2 obtained CRDs than did mothers in Group 1.

Data from the Car Seat Questionnaire showed that mothers who paid \$3 to rent CRDs from the Loaner Program reported using the seats more than mothers who got CRDs free. Thus, perhaps an incentive (\$3) did provide motivation toward the expected goal (use), as theorized by Birch and Veroff (1966). Perhaps the mothers, after paying the \$3, which in itself was a conscious decision, decided they had to use the car seats to get their money's worth. This rationale was apparent in comments from mothers who were interviewed.

Another explanation can be given at a higher level of conceptual analysis. If mothers internalized the potential financial and psychological trauma of having their children injured in an accident, then their payment of a small fee to prevent the larger cost might be a logical explanation (Racklin, 1978). Similarly, proponents of behavioral contracting (Mann, 1972; Tighe & Elliott, 1968) have suggested that relinquishing valuable resources, in this case a small

fee, is critical in causing behavioral changes to earn back the valuables. Although the \$3 would not be returned from the loaner program, mothers had to pay money in exchange for the use of CRDs which would provide protection for the child. Mothers who got the CRDs free did not relinquish anything valuable and therefore may have felt less obligation to use them.

Although data from the face-to-face interviews did not reflect differences in CRD use between the rent and borrow groups, the levels of probability were close-- $<.2$ compared to $<.1$ for the quantitative data. This discrepancy possibly was because of the small size of the interview sample, meaning a more conservative test had to be used. A larger interview sample would have allowed a less conservative test to be used and might have resulted in consistent results.

The beliefs of low-income mothers about acquisition and use of CRDs are congruent with the theoretical framework of this study. Many low-income mothers have been socialized with a present orientation toward life and with an external locus of control and in turn socialize their children with the same value system. Many believe it is less important to obtain CRDs than to purchase other necessities. Functioning as a subsystem within a larger society, mothers perform family functions as they were socialized. By passing the Child Passenger Protection Act, decision makers have set a standard of expected behavior. Given an opportunity to obtain CRDs with limited financial constraints, these low-income mothers could acquire CRDs. Thus with

appropriate incentives, mothers could integrate the new expected patterns of behavior into their belief systems.

Another behavior analyzed in this study was seat belt usage. Drivers from the general population who use their safety belts have been found to use CRDs more than those who do not use their safety belts (Perry, 1980). In the present study, more mothers who did obtain CRDs were seat belt wearers than were mothers who did not obtain CRDs. This finding with a low-income population is congruent with findings from a general population, thus supporting the idea that one person's passenger safety practices are related to attitudes and behaviors of other family members. Socialization of all family members toward passenger safety therefore is an important family function.

Attitudes

Comparisons of the fee and free conditions of the loaner program were based on data from the Car Seat Questionnaire. These analyses resulted in several variables which contributed to a multivariate interaction between CRD acquisition and loaner program conditions.

The pattern of attitudes about child restraint devices (acquisition, convenience, and effectiveness of CRDs) may be reflective of the mothers' attempt to resolve cognitive dissonance (Festinger, 1957) created by the two loaner program conditions. Mothers who had an opportunity to obtain free CRDs but did not do so may have justified their decision by placing less importance on child passenger safety than did mothers who did not take advantage of the fee offer. Nonobtainer mothers may have felt they had to justify their nonacquisition

behavior but not to the same extent as Group 3 nonobtainers because their decisions were based partially on a lack of financial resources.

A related explanation may be given for the somewhat different pattern of attitudes about safety belt use. Mothers who had opportunity to obtain CRDs free but did not do so may have rationalized their decision by responding favorably to seat belt use--perhaps seen as a substitute for CRD use. On the other hand, mothers who had opportunity to rent CRDs but did not do so may have justified their failure to pay the small fee involved by placing limited importance on passenger restraint in general, either CRDs or seat belts.

Differences in attitudes with regard to acquisition of CRDs were found also when comparisons were made between results of the two questionnaires. Again the cognitive dissonance theory may be used to explain the change of attitudes. Mothers in the loaner program option were told about the opportunity to acquire CRDs (either by borrowing or renting) after they had completed the Health and Safety Questionnaire. Mothers that chose not to get CRDs may have justified their decision that obtaining CRDs was not that important, and this was reflected in their answers on the Car Seat Questionnaire.

Another possible explanation for the difference in attitudes might be related to the fatalistic orientation to life which is common in low-income populations (Irelan & Besner, 1965). If mothers received information about the importance of CRDs but had not experienced an accident, they may have concluded that fate was with them and thus obtaining a CRD really was not that important. From the perspective

of a structure-functional framework, such a conclusion would be dysfunctional because it goes against the protecting and caring functions as well as against established public policy. If mothers have been socialized to believe that present concerns are important, they have a strong propensity to perpetuate those beliefs even though they may go against the status quo of society.

Ideas relating to government intervention were analyzed for mothers who obtained CRDs and mothers who did not obtain CRDs. It was anticipated that mothers who obtained CRDs would be supportive of other governmental regulations. This was true in one area; more mothers who obtained CRDs favored a government ban on TV shows that were not good for children to watch than did mothers who did not obtain CRDs.

The failure to find differences in support of the Child Passenger Protection Act and government intervention with regard to seat belt laws and other health and safety laws was anticipated in part. The verbal support for the Child Passenger Protection Act by all 25 mothers may reflect the influence of the literature distributed as part of the study and other public information and education strategies. Support for the Child Passenger Protection Act by Tennessee residents is consistent with results from other studies (Hughes, 1979; Perry, 1980; Philpot, Perry, Hughes, Wyrick, Culler, Lo, Trent, & Geiss, 1979).

Perhaps the lack of enthusiasm for other health and safety laws may be because of the wording and the open-endedness of the questions. Respondents may not have grasped the full meaning of the question.

For example, responses to suggestions of other health and safety laws included fences around the yard and sanitation standards in the homes of newborns. Thus the respondent's level of understanding and comprehension of the issue can be questioned. On the other hand, the number and variety of such responses may be indicative that the respondents felt little control over their own lives and that they may have felt a need for a variety of intervention strategies. The perceived lack of control over life may lead to a need for extrinsic motivation if specific behavior is to be attained (Rotter, 1966). The need for society to govern people's behavior through laws is consistent with the structure-functional framework. To maintain social order, societal norms must be maintained. However, a question may be raised if beliefs of a subculture may be detrimental to the maintenance of society.

Perhaps the approach to behavior taken in this study was rather simplistic. Graves (1974) theorized that behavior is an "unfolding, emergent, oscillating, spiraling process . . . alternating between focus upon the external world and attempts to change it and focus on the inner world and attempts to come to peace with it" (p. 72). The fact that some mothers may be at one level and other mothers at another level may help explain why some attitudes toward government intervention were related to CRD acquisition whereas others were not.

Attitudes Toward the Loaner Program

It was anticipated that differences would be found in attitudes regarding the loaner program among mothers by group and/or acquisition.

However, no differences were found. This finding may be because of the small numbers in some of the designated categories, which resulted in a conservative test. Another explanation may be related to the newness of the idea of such a program. Respondents may not have formulated specific beliefs about the program, especially those from Group 1, who might have heard about a loaner program for the first time when the questions were asked.

The open-endedness of the questions also may have contributed to the failure to find differences. However, because this was an exploratory study with regard to the loaner program concept, open-ended questions were used to obtain a broad base of responses.

Sociodemographic Differences

In the various sociodemographic information analyzed, differences in acquisition were found between the married and single mothers, and differences in use were found between black and white mothers. Married women tended to obtain CRDs more than did single women. This finding was supported in part by Perry (1980), who found users of CRDs were more likely than nonusers to be married/living with mates.

Other researchers have studied gender differences (Helsing & Comstock, 1977; Williams, 1972); however, no conclusive results have been found. No comparisons have been made between married and single women.

The fact that users were more likely than nonusers to be married may be explained by the fact that the married mothers may be more

prone to conform to societal mores than the single mothers, who may pose a challenge to the status quo. The conforming nature of married mothers may be transferred to or may be generalized from other behaviors, including compliance with the Child Passenger Protection Act.

Although no difference was found in acquisition of CRDs in relation to race, the finding that whites used CRDs more than blacks may be interpreted in part through the cultural differences in values. Whites may have a stronger internal locus of control and thus take more responsibility for protecting their children with CRDs. They may relate to the law more personally and submit to authority to a greater extent. Peer pressure to use CRDs also may be a factor in their decisions to use CRDs. On the other hand, blacks may not have been able to relate to the law as well because it was made and enforced mainly by white authority figures. Being a minority subgroup of society, blacks may not agree with general societal beliefs as strongly as do their white counterparts. Thus, they may pose a threat to the values implicit in the structure-functional framework from which this study was viewed.

The public information and education promotional materials also may not be designed in the cultural context of low-income blacks. The use of blacks in public information and education strategies may be effective if based on a profile of the low-income orientations (e.g., testimonials, concrete consequences such as control of child, present time orientation, authoritarianism).

Summary

The null hypothesis that no differences would be found in beliefs of low-income mothers who participated in different treatments was rejected. More mothers from Groups 2 and 3 than from Group 1 obtained CRDs. These results were consistent in both the quantitative and the qualitative analyses. However, for those that obtained CRDs, there were no differences in use across the three treatment groups. In both the quantitative and qualitative data, some differences were found in attitudes among mothers in the three treatment groups in relation to other variables (acquisition and time of assessment).

The second null hypothesis, that no differences in attitudes and behavior would be found between low-income mothers who obtained child restraint devices and mothers who did not obtain devices, was rejected. In the Car Seat Questionnaire, differences in attitudes were found in relation to the interaction between acquisition and loaner program condition. Obtainers, especially those in Group 3, reported generally more positive attitudes toward CRDs than did nonobtainers, especially those in Group 2. For safety belt use, however, nonobtainers in Group 3 had higher scores with regard to seat belt use than did nonobtainers in Group 2 or obtainers in either Group 2 or 3. Only one difference in attitudes among obtainers--i.e., government intervention in TV shows--was identified in the qualitative analysis. Obtainers favored a ban on certain TV shows more than did nonobtainers.

The third null hypothesis, that no differences in attitudes and behavior would be found between mothers who used CRDs and mothers who did not use CRDs, was not rejected. Although it was anticipated that users would have different beliefs from nonusers, no differences were found between attitudes of mothers who used CRDs and mothers who did not in either the quantitative or the qualitative analyses. Because use was self-reported, it can be taken only as an indicator of actual use. Actual use, in fact, might reflect different patterns.

CHAPTER VI

CONCLUSION

The purpose of this study was to determine the effects of attitudes and behaviors of low-income mothers with regard to a child restraint loaner program. It was concluded that, left to their own devices, low-income mothers did not obtain CRDs. However, given the opportunity to acquire CRDs from a loaner program, low-income mothers did obtain them.

Therefore, if policy makers believe it is necessary to make laws to regulate behavior, then they also need to consider the importance of providing resources to assist members of certain subcultures within society who otherwise may find it difficult to comply with the laws. One reason low-income families may have a difficult time complying with the Child Passenger Protection Act is that, because of their limited financial resources, they may not be able to acquire CRDs on their own. Providing the opportunity to low-income families to obtain CRDs through loaner programs might increase their chances of complying with the law.

Because mothers who invested a small fee used CRDs more than did mothers who got CRDs free, it seems advisable that a fee be charged for loaner program services. This practice would provide a resource base for the administration of a program as well as serve as an incentive for greater use. Although mothers in this study paid \$3 to rent CRDs, they thought most people could pay between \$5 and \$10 to rent CRDs.

More effective public information and education strategies need to be employed to maintain a positive attitude toward passenger safety. Mothers who chose not to take advantage of the loaner program may have justified their decision by believing that it was not important to obtain CRDs. More effective public information and education might help people realize the importance of obtaining and using CRDs. Particular attention should be given to reaching single mothers and blacks, as these two groups got CRDs less frequently than did whites and married mothers. Because CRD use was related to safety belt use of the mother, there should be publicity to promote the total picture of automobile safety for all family members.

Limitations of the Study

It is important to interpret the results of the study in relation to the various limitations. Among the limitations were ones related to sampling, various aspects of measurement, selection of variables, and the unit of analysis.

Sampling

Although the initial sampling procedure of contacting mothers during their hospital maternity stay was a sound method of obtaining a sample of low-income mothers with newborns, the findings cannot be generalized across all low-income families. Families that do not have cars or already have obtained CRDs may be different from those in this study.

The mothers who filled out the Car Seat Questionnaire may not be representative of the initial sample. Because they had to put forth a special effort to attend the well-child clinic or fill out the questionnaire at home, they may be classified as more motivated and interested in the health and protection of their babies than mothers that did not attend well-child clinic or return their questionnaires.

Although an attempt was made to contact mothers who met certain criteria to ensure a somewhat even distribution across the three treatment groups and between mothers who obtained and did not obtain CRDs in the two loaner program conditions, the interview sample may not be representative of the initial sample. Rather, interviews were taken to obtain a more in-depth view of attitudes and behaviors of low-income mothers than the quantitative data could give. These data should be used to help explain the quantitative data and to provide guidelines for further study.

The small sample size of the interviewed respondents was also a limitation. Because of the small number of Group 1 obtainers, a 2 x 3 design could not be used for analysis of the attitudes. Thus a 2 x 2 design was used in most analyses. With a larger sample size or a more evenly distributed sample, analyses could be done with a less stringent test and comparisons could be made using more categories within the sample.

Measurement

Because the instruments were designed specifically for this study, the reliability and validity have not been established firmly.

The somewhat low reliability indices for some of the attitude scales may have resulted in misleading results. Also, because some of the items were used in more than one scale, they were weighted more heavily than other items, thus possibly skewing the results.

Another limitation was that usage data were self-reported. Although an attempt was made to collect observed usage data, the behavior of the mothers who attended clinic made this a difficult task. Mothers were unaccustomed, fearful, or inconvenienced in using the Health Department parking lot. Analysis of observed behavior would strengthen the study.

Another concern is related to the ability of low-income mothers to fill out the questionnaire. Some of the mothers had low educational levels, so low reading levels also could be expected. Although an effort was made to offer to read the questionnaire to mothers, only a very few mothers asked for someone else to read the questions to them. However, it is questionable whether all respondents fully comprehended all the questions.

Weiss (1966) and others have expressed concern about obtaining valid information from low-income persons through an interview. Socially desirable answers may have been elicited because of the nature of the topic (Child Passenger Protection Act) and the possible, although unfounded, threat to mothers of having their children taken away. Although attempts were made to put respondents at ease, the validity of responses can be questioned. Had the observation of CRD

use in the parking lot been successful, it would have provided a check of the self-reported usage data.

Reliability among students who determined eligibility and passed out questionnaires in the hospital may have been a limitation of the study. Although attempts were made to orient all students the same, no systematic checks were done. However, most weeks the same students interacted with the mothers, which eliminated biases within that week's treatment group. Enough different students were used over the 15 weeks that biases among weeks could be viewed as random error.

Selection of Variables

The selection of the variables used to build the attitude scales may have been a limitation of the study. With little prior research regarding loaner programs, it was difficult to determine the various components which might affect attitudes concerning child passenger safety. Other more general variables such as time orientation, fatalistic attitudes, trust in authority figures, moral development, locus of control, and socialization patterns also may be related to attitudes concerning child passenger safety. On the other hand, novel variables may contribute to differences in attitudes among low-income mothers. As more information is gained regarding the beliefs of child passenger safety, further variables may become apparent.

Unit of Analysis

A possible limitation of the study was with the unit of analysis. Although mothers were selected and used as the subjects, it soon

became apparent that other family members also played a major role in many of the decisions concerning the new baby. Mothers had to ask fathers for money to rent CRDs from the loaner program, fathers attended clinic with the mothers and babies, and at times fathers helped fill out questionnaires and helped answer questions during the face-to-face interviews. Including fathers would have strengthened the study and given a broader understanding of the nature of beliefs in low-income families.

Implications

Factors associated with the effects of a loaner program on low-income mothers' acquisition of CRDs were considered in the present study. Numerous implications for further work in theory, research, and practice are evident, but additional attention needs to be given to these three areas.

Implications for Theorists

Because much of the literature in the area does not have a research base, it is important to consider various theoretical aspects suggested from the present research. Decisions concerning acquisition and use as well as motivational aspects have important implications. Also of concern are the suggestions regarding public policy.

Acquisition and use. The results of the study contributed to an improved understanding of low-income mothers' belief systems in regard to child passenger protection. The results support the model proposed

by Hughes (1979), which was based on Green's (1976) model and developed to assist in the consideration of the various components of the child restraint device usage decisions. All of the factors listed in the model are also viable for decision making with the low-income population. However, a modification of the enabling factor might strengthen the model for use with low-income populations. The revisions offer a more refined model which is appropriate for the general population as well.

Accessibility of child restraint devices for the low-income population is especially difficult given their financial limitations. The decisions surrounding this component are conceptually different for the low-income population. Acquisition is a prerequisite factor and should be given equal weight with the predisposing, enabling, and reinforcing factors as discussed by Hughes (1979). Viewing prerequisite factors separately allows further examination of the specific components involved in acquisition and an examination of their relationship with the other factors. As shown in Figure VI-1, the prerequisite factor includes those attributes associated with both life-style characteristics and financial resources. Life-style characteristics include time orientation, focal concerns, and locus of control. Financial resources include money, both that which is available immediately and that which can be accumulated as a lump sum.

The prerequisite factor also interacts with both the predisposing and enabling factors. The initial decision to acquire a CRD is based in part on the person's beliefs and the external and internal resources

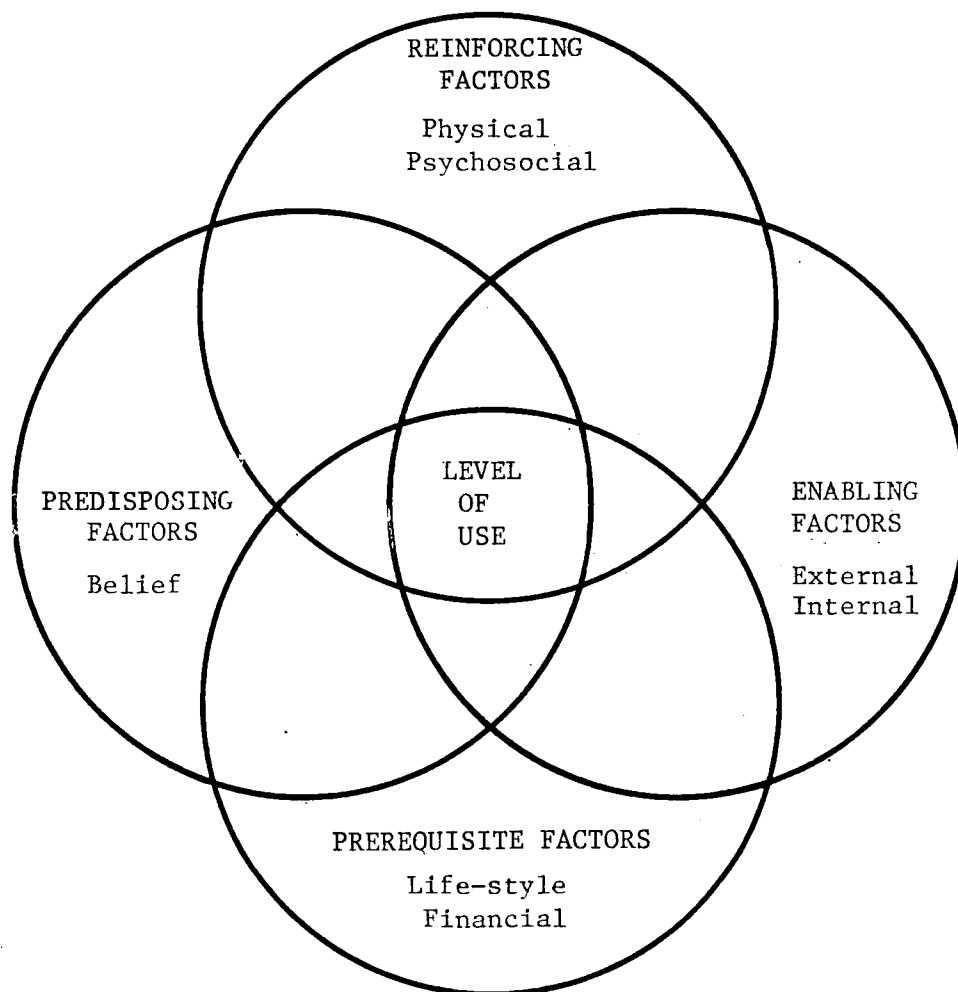


Figure VI-1. Modified child restraint device usage decision model.

which that person uses to accomplish a type of action. These then interact with the reinforcing factors to determine level of CRD use.

Motivation. Some interesting results with regard to motivation were obtained from this study. Incentives were used in a positive manner. If mothers invested something, they seemed more likely to take action toward the specified goal. Mann (1972) stated that because everyone has resources they value, those resources can be used as incentives which encourage or stimulate behavior. Persons who are motivated extrinsically may need external reinforcement to achieve a specified behavior. Many low-income persons operate from an external locus of control and need external rules and regulations to help formulate their behavioral patterns and reinforcements to help them maintain their behavior. Many theorists (e.g., Graves, Maslow) have addressed motivation of behavior from a developmental approach and suggested that as people master one level, they move to the next higher level. In this study it appeared that people were at the survival and security level (Graves, 1974) and therefore needed incentives that would motivate behavior consistent with the specific levels. Although it was beyond the limits of this study to determine the exact stage or level of each person or at what point a person moved from one level to a higher level, these problems would be relevant to consider in future studies.

Public policy implications. The impact of public policy on low-income populations may be understood more clearly by reviewing the

work done by Graves (1974). He stated that human beings exist at different levels and that an individual exhibits the behavior and values characteristic of people at that level. Low-income persons may be operating at a lower level or "behavior state" than those that have made the laws. If the basic motivational system of the low-income population is survival or security, then their learning systems (e.g., learning best when rewarded for tasks learned or when punished for errors) may be vastly different from those of the policy makers, who may be at higher behavior states and concerned with "restoring viability to a disordered world" (p. 79). Decision makers who operate under a basic cognitive existence may perceive that others approach life's tasks from the same perspective. When this perception is not accurate, conflicts may arise in relation to differences in the legal base and the actual compliance with the law. Further research is needed to explore these concepts in relation to public policy and its impact on low-income populations.

Implications for Researchers

Further information was added to the body of current research regarding acquisition and use of CRDs by low-income families. However, questions were posed in this study which need further investigation.

The differences of two incentives--renting and borrowing--were analyzed as a determinant of acquisition. Because mothers suggested that people could pay between \$5 and \$20, it would be relevant to examine the highest amount low-income families would be willing to pay to rent CRDs. Another related question would be to determine whether

different rental charges have different consequences with regard to acquisition and use.

In an attempt to accelerate usage, the behavioral contracting concept is worth further exploration. Parents could pay a fee to rent CRDs and then have the opportunity to re-earn a portion of that money through regular checks, perhaps in connection with clinic visits during the 9 months. This approach might be used to establish a behavioral pattern concerning passenger safety which might be maintained as the child grows older.

A question left unanswered by this study was the consequence of the loaner program on future behavior. Further research is needed to determine if an infant device loaner program promotes obtaining a toddler device and if use with an infant promotes use with a toddler who is more active and self-determining. If low-income families cannot acquire toddler devices on their own, a toddler device loaner program might be designed to study family behaviors regarding child passenger safety.

The effects of a loaner program on acquisition and use among populations other than those with limited resources would be an important study. Because infants are the most vulnerable in automobile accidents of any age group, they require special protection. An evaluation of a loaner program which is available to the general population may help to answer questions concerning acquisition, use, habit formation, and locus of control.

Future research which would include the entire family as the unit of analysis would contribute toward a better understanding of the beliefs about passenger safety. Studying the beliefs and role fathers play in the acquisition and use of CRDs would be helpful. A related question would be to consider the impact of the behavior of both older and younger siblings on the usage rate for a specific child. Including the entire family as the unit of analysis also would contribute toward a better understanding of the effectiveness of public information and education strategies aimed at particular family members.

Behaviors which are examined in future studies should be formulated in a more structured manner so as to determine consequences of behavior more accurately. Graves' (1974) theory focused on levels of existence might provide an appropriate framework from which to design a study. Because Graves included more complex variables than the ones used in this study, his concepts may be more consistent with actual life experiences. It also would be appropriate to investigate if the low-income population as a group fits into Graves' schema and if differences are apparent between the level at which the low-income population behave and the level at which the policy makers behave.

The body of current research concerning the low-income population was expanded with this study. With sensitivity and patience, data can be obtained regarding attitudes and behaviors of low-income respondents. The importance of obtaining data from subcultures is of particular relevance in relationship to the impact of public policy. Policy many times may discriminate against low-income populations, and empirical

data are needed to determine the extent of the impact and to provide guidelines for future policy decisions. Research with low-income audiences should be encouraged and strengthened.

Implications for Practitioners

There are implications from this study for the administration of loaner programs and for determination of public policy. Program evaluation, including empirical analysis upon which decisions can be based, should be included as part of ongoing programs such as loaner programs. Also, because it was found that CRD use and safety belt use were interrelated, it seems appropriate that passenger protection for the whole family should be delivered from the same source.

Blacks and singles in particular need to be the target of public information and education concerning passenger protection because of their low acquisition rates. Further research is needed to determine more specific characteristics of these two groups so that promotional materials can be adapted to motivate more adequately these two groups to obtain CRDs.

Because it was shown that more mothers who paid a fee used CRDs than did mothers who got CRDs free, a fee should be charged for rental of CRDs from a loaner program. Other incentives also might be tried to determine which incentive produces the greatest usage rate.

This study also has implications for public policy decisions. Policy makers need to be aware of various patterns of motivation which exist in the different subcultures of the society. Some persons may have severe restrictions which limit their ability to comply with a

particular law. Special provisions may need to be made to help certain populations, such as low-income families, to comply with the law.

As was shown in this study, attitudes about child passenger protection are related to the behavior of low-income mothers. Because beliefs consist of complex components, behavior cannot be attributed to simplistic causes. From a structure-functional perspective, families have to make complex decisions regarding intrafamilial functions and at the same time respond to society's expectations. These different expectations can be conflicting at times. For some families, the intrafamilial functions may have been viewed as more important, whereas in other families, societal pressures may have affected behavior patterns.

In summary, the present study has resulted in further elaboration of some of the factors associated with the effectiveness of child restraint loaner programs. Specifically, additional information has emerged regarding the impact of the Child Passenger Protection Act on low-income families and the effects of loaner programs on CRD acquisition. However, continued attention needs to be devoted to further research and the development of a stronger theoretical base of support. Implications for practitioners were evidenced from this study. However, continued evaluation and research are needed to improve the administration of loaner programs and the determination of public policy related to child passenger protection.

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APPENDICES

APPENDIX A

CHILD PASSENGER PROTECTION ACT

TENNESSEE CHILD PASSENGER PROTECTION LAW

59-930. Safety belts and child passenger restraint systems required —Violations—Penalties.—(a) It shall be unlawful for any person to buy, sell, lease, trade or transfer from or to Tennessee residents, at retail, an automobile which is manufactured or assembled commencing with the 1964 models, unless such automobile is equipped with safety belts installed for use in the left front and right front seats thereof. All such safety belts shall be of such type and be installed in a manner approved by the department of safety of the state of Tennessee. The department shall establish specifications and requirements of approved types of safety belts and attachments. The department will accept, as approved, all seat belt installations and the belt and anchor meeting the specifications of the Society of Automotive Engineers. Provided that in no event shall failure to wear seat belts be considered as contributory negligence, nor shall such failure to wear said seat belt be considered in mitigation of damages on the trial of any civil action.

(b) Effective January 1, 1978, every parent or legal guardian of a child under the age of four (4) years residing in this state shall be responsible, when transporting his child in a motor vehicle owned by that parent or guardian operated on the roadways, streets or highways of this state, for providing for the protection of his child and properly using a child passenger restraint system meeting federal motor vehicle safety standards, or assuring that such child is held in the arms of an older person riding as a passenger in the motor vehicle. Provided that the term "motor vehicle" as used in this paragraph shall not apply to recreational vehicles of the truck or van type. Provided further that the term "motor vehicle" as used in this paragraph shall not apply to trucks having a tonnage rating of one (1) ton or more. Provided that in no event shall failure to wear a child passenger restraint system be considered as contributory negligence, nor shall such failure to wear said child passenger restraint system be admissible as evidence in the trial of any civil action.

(c) Violation of any provision of this section is hereby declared a misdemeanor and anyone convicted of any such violation shall be fined not less than twenty-five dollars (\$25.00) nor more than fifty dollars (\$50.00) for each violation of subsection (a) of this section and not less than two dollars (\$2.00) nor more than ten dollars (\$10.00) for each violation of subsection (b) of this section. [Acts 1963, ch. 102, §§ 1, 2; 1977, ch. 114, §§ 1, 2.]

Amendments. The 1977 amendment designated the former first paragraph as subsection (a), the former second paragraph as subsection (c), added subsection (b) and added the material at the end of subsection (c) following "fifty dollars for each violation."

Effective Dates. Acts 1977, ch. 114, § 3. January 1, 1978.

Law Reviews. Ellithorpe—Adoption of Crashworthiness Via Strict Products Liability (Gail O. Mathes), 4 Memphis State U. L. Rev. 497.

Cited: Ellithorpe v. Ford Motor Company (1973), — Tenn. —, 503 S. W. (2d) 516.

APPENDIX B
INSTRUMENTS

CHECK LIST
for
Hospital contactors

[illegible]

HEALTH AND SAFETY QUESTIONNAIRE

Your Name _____ Your Date of Birth _____

Baby's Name _____ Baby's Date of Birth _____

Your Address _____ Your Phone Number _____

City _____ Zip _____
* * * * *

Please answer the following questions and return this form to the health educator or to the nurses' station before you leave the hospital. If you have any questions about the form, ask the health educator for help.

DIRECTIONS: For each statement below, place a check (✓) in the box which most accurately describes your opinion.

	Strongly Agree	Mildly Agree	No Opinion	Mildly Disagree	Strongly Disagree
1. There should be a law which requires only nontoxic paint to be used on children's toys.					
2. It is a good idea to have a law which requires parents to use special car seats with their children.					
3. Seat belts are uncomfortable.					
4. Most parents will <u>not</u> use car seats with their children even with a car seat law.					
5. The government should control the advertising on children's television programs.					
6. It is too much trouble to look for non-flammable garments for children in the store.					
7. Car seats cost more than they are worth.					
8. Having a child car seat law reduces the number of child deaths and injuries.					
9. Seat belts interfere with driving.					
10. The government should <u>not</u> require parents to use car seats with their children.					
11. There should be a law that children's garments be flame-proof.					
12. Most car seats are comfortable for children.					
13. Most parents do <u>not</u> like having a law requiring them to use car seats with their children.					
14. Children do <u>not</u> need to see a dentist until they are old enough to go to school.					
15. Seat belts are easy to use.					
16. It is more trouble to put a child in a car seat than it is to hold the child while riding in a car.					
17. There are so many different types of car seats it is too much trouble to decide which one to buy.					
18. All states should have laws requiring drivers and passengers to wear seat belts.					
19. Children behave better if they ride in car seats.					
20. Parents should be fined if they do <u>not</u> use car seats with their children.					
21. People should <u>not</u> wear seat belts because they may be trapped in the car in case of an accident.					
22. The best way to reduce the number of child deaths and injuries is to have a child car seat law.					
23. Children hardly ever like to ride in car seats.					
24. There is enough information to help parents decide about car seats for their children.					
25. It is important to make sure toys are painted with nontoxic paint.					
26. The government should <u>not</u> require child-proof lids on medicine bottles.					
27. Laws which require parents to use car seats with their children do not do any good.					
28. Most parents will <u>not</u> use car seats with their children unless there is a child car seat law.					
29. Car seats are too much trouble to find in the store.					
30. It is okay to wait until just before children start school for them to get their shots.					
31. People should wear seat belts to help protect them from death and injury in case of an accident.					
32. Children should never be allowed to ride in a car without being in special car seats.					
33. The government should <u>not</u> require children to get shots.					
34. Car seats are worth the money they cost.					
35. Even medicines with child-proof lids should be stored out of reach of children.					
36. All states should have laws requiring parents to use special car seats with their children.					

Over

DIRECTIONS: For each item below, put a check (✓) on the line by the statement which most correctly answers the question.

37. How many times did you visit the doctor before you had your baby?

- _____ none
- _____ 1 to 4 times
- _____ 5 to 10 times
- _____ 11 to 15 times
- _____ 16 or more times

38. Do you have an approved car seat for your new baby?

- _____ yes
- _____ no

39. Have you made plans to buy or borrow a car seat for your new baby?

- _____ yes
- _____ no
- _____ already have one

40. Do you work outside the home?

- _____ no, do not work outside the home
- _____ yes, work part time (less than 35 hrs/wk)
- _____ yes, work full time (35-40 hrs/wk or more)

41. Do you go to school?

- _____ no, do not go to school
- _____ yes, go to regular school
- _____ yes, home bound program
- _____ yes, night school
- _____ yes, other _____
(please list)

42. What is the last grade you completed in school?

- _____ 6th grade or below
- _____ 7th grade
- _____ 8th grade
- _____ 9th grade
- _____ 10th grade
- _____ 11th grade
- _____ 12th grade
- _____ some college but no degree
- _____ associate degree
- _____ B.S./B.A. in college
- _____ some graduate work
- _____ graduate degree

43. What is your marital status?

- _____ single
- _____ married
- _____ divorced
- _____ separated
- _____ widowed

44. What is your ethnic group?

- _____ white
- _____ black
- _____ Chicano
- _____ Asian
- _____ other _____
(please list)

45. How many children do you have (counting this baby)?

- _____ 1 child (this is my first baby)
- _____ 2 children
- _____ 3 children
- _____ 4 children
- _____ more than 4 children _____
(list number)

46. Where do you live?

- _____ alone or with my children
- _____ with my husband or boyfriend
- _____ with my parents
- _____ with my husband and parents
- _____ with a girlfriend(s)
- _____ in a group home for girls
- _____ other _____
(please list)

THANK YOU

CHATTANOOGA-HAMILTON COUNTY HEALTH DEPARTMENT

CAR SEAT QUESTIONNAIRE

Your Name _____

Your Address _____ Your Phone Number _____

City _____ Zip Code _____ Baby's Age: _____ weeks

* * * * *

DIRECTIONS: For each item below, put a check (✓) on the line by the statement which most correctly answers the question.

1. Did you see the film "Don't Risk Your Child's Life" (about car seats)?

- _____ Yes, I saw the film in the hospital when I had my baby.
 _____ Yes, I saw the film somewhere else.
 _____ No, I did not see the film.

2. How did your baby ride today?

- _____ Held by me
 _____ On someone else's lap
 _____ Lying on the seat
 _____ In a car seat
 _____ In a household carrier
 _____ Other _____
 (please list)

3. Do you have a car seat?

- _____ Yes (Go to Section A)
 _____ No (Go to Section B)

Section A

If YES to question #3, answer these questions only:

4. Where did you get your car seat?

- _____ Bought it
 _____ Borrowed it from a friend
 _____ Got it as a gift
 _____ Borrowed it from the Health Department
 _____ Other _____
 (please list)

5. Did you bring your car seat with you today?

- _____ Yes
 _____ No

6. Out of the last 5 short trips with your child (trip time 15 minutes or less), how many times did you use a car seat with your child? (Please circle the number.)

0 1 2 3 4 5

7. Out of the last 5 long trips with your child (trip time 45 minutes or more), how many times did you use a car seat with your child? (Please circle the number.)

0 1 2 3 4 5

8. What are the reasons you don't use the car seat with your child all the time? (Check ✓ all that apply.)

- _____ I forget to use it.
 _____ It's not worth the trouble for short trips.
 _____ My child does not like it.
 _____ It is too much trouble to use.
 _____ It takes up too much room in the car.
 _____ It is too difficult to install.
 _____ Someone else is using it.
 _____ Someone always wants to hold the baby.
 _____ I do not have a car.
 _____ I do not have seat belts in my car.
 _____ I do use the car seat all the time.
 _____ Other _____
 (please list)

Section B

If NO to question #3, answer these questions only:

4. Why do you not have a car seat?

- (Check ✓ all that apply.)
 _____ They are too expensive.
 _____ I did not know they were available.
 _____ My child does not like them.
 _____ I have not gotten around to getting one.
 _____ They are too difficult to install.
 _____ They are too much trouble to use.
 _____ They take up too much room in the car.
 _____ I did not realize my child needed one.
 _____ I do not have a car.
 _____ My car does not have seat belts.
 _____ Other _____
 (please list)

5. Have you made plans to buy or borrow a car seat for your baby?

- _____ Yes, I plan to get one.
 _____ No, I haven't made any plans to get one.
 _____ No, I probably won't get one.

Over

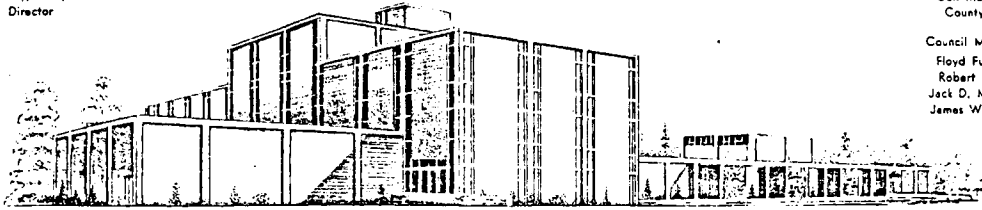
DIRECTIONS: For each statement below, place a check (✓) in the box which most accurately describes your opinion.

	Strongly Agree	Mildly Agree	No opinion	Mildly Disagree	Strongly Disagree
1. The best way to reduce the number of child deaths and injuries is to have a child car seat law.					
2. Seat belts interfere with driving.					
3. Even medicines with child-proof lids should be stored out of the reach of children.					
4. Most parents will <u>not</u> use car seats with their children even with a car seat law.					
5. Most car seats are comfortable for children.					
6. Seat belts are uncomfortable.					
7. The government should control the advertising on children's television programs.					
8. There is enough information to help parents decide about a car seat for their children.					
9. Laws which require parents to use car seats with their children do not do any good.					
10. Children behave better if they ride in car seats.					
11. Children do <u>not</u> need to see a dentist until they are old enough to go to school.					
12. Seat belts are easy to use.					
13. It is important to make sure toys are painted with nontoxic paint.					
14. There are so many different types of car seats it is too much trouble to decide which one to buy.					
15. Most parents do <u>not</u> like having a law requiring them to use car seats with their children.					
16. Car seats are worth the money they cost.					
17. It is a good idea to have a law which requires parents to use special car seats with their children.					
18. It is too much trouble to look for non-flammable garments for children in the store.					
19. People should wear seat belts to help protect them from death and injury in case of an accident.					
20. All states should have laws requiring drivers and passengers to wear seat belts.					
21. It is more trouble to put a child in a car seat than it is to hold the child while riding in a car.					
22. Most parents will <u>not</u> use car seats with their children unless there is a car seat law.					
23. People should <u>not</u> wear seat belts because they may be trapped in the car in case of an accident.					
24. There should be a law that children's garments be flame-proof.					
25. The government should <u>not</u> require parents to use car seats with their children.					
26. It is okay to wait until just before children start school for them to get their shots.					
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32. Having a child car seat law reduces the number of child deaths and injuries.					
33. Car seats are too much trouble to find in the store.					
34. All states should have laws requiring parents to use special car seats with their children.					
35. The government should <u>not</u> require children to get shots.					
36. Children never should be allowed to ride in a car without being in special car seats.					

R. R. Wooley, M.D., M.P.H.
Director

Don Moore, Jr.
County Judge

Council Members
Floyd Fuller, Jr.
Robert E. Long
Jack D. Mayfield
James W. Penley



CHATTANOOGA-HAMILTON COUNTY
HEALTH DEPARTMENT
921 East Third Street • Chattanooga, Tenn. 37403

R E L E A S E

In consideration for the leasing to me by The University of Tennessee of a child restraint device for use in a motor vehicle, I agree to indemnify, hold harmless and release The University of Tennessee from any claims resulting from or connected with the failure of said child restraint device to prevent injury or death to a child utilizing said child restraint device.

I specifically recognize that a properly utilized child restraint device of the type leased to me by The University of Tennessee does not guarantee full protection against injury or death in the event of an automobile accident.

I further agree that this indemnity, hold harmless and release agreement shall extend to protect the National Highway Traffic Safety Administration, U.S. Department of Transportation, the Tennessee Governor's Highway Safety Program, the Chattanooga-Hamilton County Health Department, the Hamilton County Government, Erlanger Medical Center which includes Baroness Erlanger Hospital, T.C. Thompson Children's Hospital, and Willie D. Miller Eye Center, and any officers, employees, or representatives of the foregoing parties, as well as those of The University of Tennessee, involved in the administration or operation of the child restraint device lease program.

I agree to lease the infant seat for a period not to exceed nine months for three dollars (\$3.00). On the due date, I agree to return the infant seat to the Chattanooga-Hamilton County Health Department. If I move away from the Chattanooga area, or am no longer using the infant seat, I will return it immediately to the Chattanooga-Hamilton County Health Department.

It is expressly understood and agreed to by the lessee that this service provided by The University of Tennessee, and the Chattanooga-Hamilton County Public Health Department is done as a public service in the interest of safety and that The University of Tennessee and the Chattanooga-Hamilton County Health Department are not dealers in this type of goods, and make no warranty expressed or implied as to the fitness of said seat.

This agreement is binding upon any heir, successors, or assigns.

SIGNATURE (mother)

SIGNATURE (father)

ADDRESS

TELEPHONE

DATE OF ISSUANCE

DUE DATE

Rec'd Payment _____

SEAT NO.

DISCUSSION GUIDE

I. Health and Safety - Government Intervention

1. The Health Department is trying to improve its services to new mothers. What do you think are the most important things new mothers need to know about the health and safety for their new babies?
2. We want to include some things about the Child Passenger Protection Law. Tell me what you think about the law?
3. Do you think other states should pass such a law? Why or why not?
4. When was the last time you wore your seat belt? When was the last time you didn't wear your seat belt? About how much do you wear it?
5. What would you think if the government passed a law requiring people to wear seat belts? Would you wear yours?
6. Do you think the government should ban certain TV shows if they are not good for children to watch?
7. What other laws do you think the government should pass to improve the health and safety of young children?
8. What laws do you think the government should pass to improve the health and safety of adults?

II. Status of CRD

A. If Respondent DOES NOT have a CRD

1. Why do people not get car seats?
2. Why did you decide not to get a car seat?
(What has prevented you from getting one? What kind of help could you use in getting one? If no car - what do you do when you ride in other cars?)
3. Tell me who you talked to about getting a car seat. What did they say? Did you agree?
4. Why do you think other people get car seats?
5. Why do you think other people use car seats?
6. How important do you think it is for parents to use car seats with their children?
7. What have you heard about the importance of using car seats with young children? Where did you hear it?
8. About how many of your friends with young children have car seats? How often do they use them? When? Why? When do they not use them? Why?

B. If Respondent HAS a CRD

1. Tell me about the last time you took your child for a ride with the car seat? (Where did you go? What did you do? Who was with you? Whose car? How did the child behave?)
2. Tell me about the last time you rode in a car without the car seat? (Where did you go? What did you do? Who was with you? Whose car? How did the child behave?)
3. Tell me about when you decided to get a car seat.
(Who did you talk to? What did they say? What made you decide to get it? Would you make the same decision again? How long have you had it? When did you start using it?)
4. Why do you think other people get car seats? Who influences them to get car seats?
5. Why do you think other people use car seats?
6. Why do you think other people don't use car seats?
7. When do you usually use your car seat?
(Where do you go? What do you do? Who goes with you? In whose car?)
8. When do you usually not use a car seat?
(Where do you go? What do you do? Who goes with you? In whose car?)

III. Lending Programs

Some people can't afford to buy a car seat - or say they don't have the money. To help these people, some groups have started lending programs so parents can borrow or rent a car seat instead of having to buy one.

1. What do you think of this idea?
(Have you heard of a lending program? Do you know people who have borrowed a car seat from a lending program? If a lending program were available, would you use it?)
2. How many of your friends with young children do you think would use a lending program? What reasons would they give?
3. How many of your friends with young children do you think would not use it? What reasons would they give? What could be done to encourage more of them to use it?
4. If we were to set up a lending program, what people do you think should be allowed to use it?
(Anyone? Or just people who can't afford to buy one - e.g. on welfare or foodstamps?)
5. How much money do you think people could afford to pay to rent a car seat?
(\$1, \$3, \$5, \$10, \$20, or more per 9 months?)
6. How many more people would borrow seats if they were free than if they had to pay a rental fee?
7. Who would use them more, the people who paid a fee to rent them or the people who borrowed them free?
8. Who are the best people to tell new parents about where to get car seats? (Pediatricians, police, health department officials, clinic nurses, friends, etc?)

APPENDIX C
INFORMED CONSENT FORMS

MOTHER'S INFORMED CONSENT FORM

I understand the following:

1. The purpose of this project is to find out how mothers feel about the health and safety of their children. This project will help to develop programs which will help other to new mothers.
2. As a new mother at Erlanger Hospital, I will receive information about child restraint devices and ways of obtaining them.
3. I will be asked some questions about how I feel about the health and safety of my child and to give some personal information about myself (such as age and education). This will take about 20 minutes of my time when my baby is born, when he/she gets his/her shots, and again when he/she is 9 months old.
4. Any information I am asked to give will be kept confidential. My name will not be used in any reports. Only summary information from a group of mothers will be used for reporting about this project.
5. No risks either to myself or my child are anticipated from my participation in this project.
6. I can decide at any time not to continue in this project. If I do withdraw, I still will be able to receive services from the Public Health Department.
7. Additional information regarding this project may be obtained by contacting Carol Culler, Transportation Center, The University of Tennessee, Knoxville, TN 37916 or Beverly Robinson, Chattanooga-Hamilton County Health Department, 921 East 3rd St., Chattanooga, TN 37403.

I _____, fully agree to participate in this project under the conditions stated.

Signed _____

Date _____

INFORMED CONSENT FORM FOR
PARENT OR GUARDIAN OF NEW MOTHER

I understand the following:

1. The purpose of this project is to find out how new mothers feel about the health and safety of their children. This project will help to develop programs which will help other new mothers.
2. As a new mother at Erlanger Hospital, my daughter will receive information about child restraint devices and ways of obtaining them.
3. My daughter will be asked some questions about how she feels about the health and safety of her child and to give some personal information about herself (such as age and education). This will take about 20 minutes of my times when my baby is born, when he/she gets his/her shots, and again when the baby is 9 months old.
4. Any information my daughter is asked to give will be kept confidential. Her name will not be used in any reports. Only summary information from a group of mothers will be used for reporting about this project.
5. No risks either to my daughter or her child are anticipated from her participation in this project.
6. My daughter can decide at any time not to continue in this project. If she withdraws, she still will be able to receive services from the Public Health Department.
7. Additional information regarding this project may be obtained by contacting Carol Culler, Transportation Center, The University of Tennessee, Knoxville, TN 37916 or Beverly Robinson, Chattanooga-Hamilton County Health Department, 921 East 3rd St., Chattanooga, TN 37403.

I _____, fully agree to
allow my daughter to participate in this project under the conditions stated.

Signed _____

Date _____

2714-4-4-d

MOTHER'S INFORMED CONSENT FORM

I understand the following:

1. The purpose of this project is to find out how mothers feel about the health and safety of their children. This project will help to develop other programs which will help other new mothers.
2. As a new mother at Erlanger Hospital, I will be able to rent a child restraint device from the Chattanooga-Hamilton County Health Department for \$3. I will be allowed to keep this device until my baby is approximately 9 months old.
3. I will be asked some questions about how I feel about the health and safety of my child and to give some personal information about myself (such as age and education). This will take about 20 minutes of my time when my baby is born, when he/she gets his/her shots, and again when he/she is 9 months old.
4. Any information I am asked to give will be kept confidential. My name will not be used in any reports. Only summary information from a group of mothers will be used for reporting about this project.
5. No risks either to myself or my child are anticipated from my participation in this project.
6. I can decide at any time not to continue in this project. If I do withdraw, I will return the rented child restraint device to the Health Department. I understand I still will be able to receive services from the Public Health Department.
7. Additional information regarding this project may be obtained by contacting Carol Culler, Transportation Center, The University of Tennessee, Knoxville, TN 37916 or Beverly Robinson, Chattanooga-Hamilton County Health Department, 921 East 3rd St., Chattanooga, TN 37403.

I _____, fully agree to participate in this project under the conditions stated.

Signed _____

Date _____

2715-4-4-d

INFORMED CONSENT FORM FOR
PARENT OR GUARDIAN OF NEW MOTHER

I understand the following:

1. The purpose of this project is to find out how new mothers feel about the health and safety of their children. This project will help to develop programs which will be help to other new mothers.
2. As a new mother at Erlanger Hospital, my daughter will be given the opportunity to rent a child restraint device from the Chattanooga-Hamilton County Health Department for \$3. She will be allowed to keep this device until her baby is approximately 9 months old.
3. My daughter will be expected to answer questions about how she feels about the health and safety of her child and give some personal information about herself (such as age and education). This will take about 20 minutes of her time when her baby is born, when the baby gets his/her shots, and again when the baby is 9 months old.
4. Any information my daughter is asked to give will be held confidential. Her name will not be used in any reports. Only summary information from a group of mothers will be used for reporting about this project.
5. No risks either to my daughter or her child are anticipated from her participation in this project.
6. My daughter can decide at any time not to continue in this project. If she withdraws, she will return the rented child restraint device to the Health Department. I understand she still will be able to receive services from the Public Health Department.
7. Additional information regarding this project may be obtained by contacting Carol Culler, Transportation Center, The University of Tennessee, Knoxville, TN 37916 or Beverly Robinson, Chattanooga-Hamilton County Health Department, 921 East 3rd St., Chattanooga, TN 37403.

I _____, fully agree to
allow my daughter to participate in this project under the conditions stated.

Signed _____

Date _____

4603-4-4-d

MOTHER'S INFORMED CONSENT FORM

I understand the following:

1. The purpose of this project is to find out how mothers feel about the health and safety of their children. This project will help to develop programs which will help other new mothers.
2. As a new mother at Erlanger Hospital, I will be given the opportunity to borrow a child restraint device from the Chattanooga-Hamilton County Health Department until my baby is 9 months old.
3. I will be expected to answer questions about how I feel about the health and safety of my child and to give some personal information about myself (such as age and education). This will take about 20 minutes of my time when my baby is born, when he/she gets his/her shots, and again when he/she is 9 months old.
4. Any information I am asked to give will be kept confidential. My name will not be used in any reports. Only summary information from a group of mothers will be used for reporting about this project.
5. No risks either to myself or my child are anticipated from my participation in this project.
6. I can decide at any time not to continue in this project. If I do withdraw, I will return the borrowed child restraint device to the Health Department. I understand I still will be able to receive services from the Public Health Department.
7. Additional information regarding this project may be obtained by contacting Carol Culler, Transportation Center, The University of Tennessee, Knoxville, TN 37916 or Beverly Robinson, Chattanooga-Hamilton County Health Department, 921 East 3rd St., Chattanooga, TN 37403.

I _____, fully agree to participate in this project under the conditions stated.

Signed _____

Date _____

9425-4-4-d

INFORMED CONSENT FORM FOR
PARENT OR GUARDIAN OF NEW MOTHER

I understand the following:

1. The purpose of this project is to find out how new mothers feel about the health and safety of their children. This project will help to develop programs which will help other new mothers.
2. As a new mother at Erlanger Hospital, my daughter will be given the opportunity to borrow a child restraint device from the Chattanooga-Hamilton County Health Department until her baby is 9 months old.
3. My daughter will be expected to answer questions about how she feels about the health and safety of her child and to give some personal information about herself (such as age and education). This will take about 20 minutes of her time when her baby is born, when the baby gets his/her shots, and again when the baby is 9 months old.
4. Any information my daughter is asked to give will be kept confidential. Her name will not be used in any reports. Only summary information from a group of mothers will be used for reporting about this project.
5. No risks either to my daughter or her child are anticipated from her participation in this project.
6. My daughter can decide at any time not to continue in this project. If she withdraws she will return the borrowed child restraint device to the Health Department. I understand she still will be able to receive services from the Public Health Department.
7. Additional information regarding this project may be obtained by contacting Carol Culler, Transportation Center, The University of Tennessee, Knoxville, TN 37916 or Beverly Robinson, Chattanooga-Hamilton County Health Department, 921 East 3rd St., Chattanooga, TN 37403.

I _____, fully agree to
allow my daughter to participate in this project under the conditions stated.

Signed _____

Date _____

4602-4-4-d

APPENDIX D
LETTERS TO RESPONDENTS



Did You Know...

Automobile accidents are the leading cause of death to children over one month of age.

During the last 10 years about 10,000 children under five died as passengers in cars: of the hundreds that were injured, many are permanently disabled either mentally or physically.

Even the strongest arms cannot hold a baby in a crash. At a mere 20 mph a 15 pound baby is thrown at a force equal to 300 pounds.

If proper car seats were used with infants and children under the age of five, 90% of the deaths and 78% of the injuries might be avoided.

Less than 23% of all young children in Tennessee use car seats on a regular basis.

Tennessee is the only state to have a law which protects children while riding in cars.

USE AN APPROVED CAR SEAT WITH YOUR NEW BABY ON EVERY TRIP YOU TAKE.

See enclosed information about the type and where to buy a car seat in Chattanooga.

IT'S NOT ONLY A GOOD IDEA

IT'S THE LAW



Did You Know...

Automobile accidents are the leading cause of death to children over one month of age.

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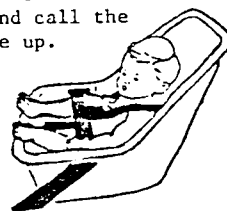
Less than 23% of all young children in Tennessee use car seats on a regular basis.

Tennessee is the only state to have a law which protects children while riding in cars.

USE AN APPROVED CAR SEAT WITH YOUR NEW BABY ON EVERY TRIP YOU TAKE.

You can rent an infant car seat (like the one pictured) from the Chattanooga Hamilton County Health Department. It will cost you \$3 and you can keep it for 9 months. You can get the car seat before you leave the hospital by telling the health educator. Or if you want to think about it awhile, keep this paper and call the Health Department when you get home and you can pick one up.

Phone: 757-2065



IT'S NOT ONLY A GOOD IDEA

IT'S THE LAW



Did You Know...

Automobile accidents are the leading cause of death to children over one month of age.

During the last 10 years about 10,000 children under five died as passengers in cars: of the hundreds that were injured, many are permanently disabled either mentally or physically.

Even the strongest arms cannot hold a baby in a crash. At a mere 20 mph a 15 pound baby is thrown at a force equal to 300 pounds.

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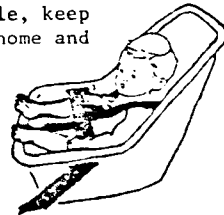
Less than 23% of all young children in Tennessee use car seats on a regular basis.

Tennessee is the only state to have a law which protects children while riding in cars.

USE AN APPROVED CAR SEAT WITH YOUR NEW BABY ON EVERY TRIP YOU TAKE.

For a limited time you can get an infant car seat (like the one pictured) FREE from the Chattanooga-Hamilton County Health Department. You can get the seat before you leave the hospital by telling the health educator. Or if you want to think about it awhile, keep this paper and call the Health Department when you get home and you can pick one up.

Phone: 757-2065

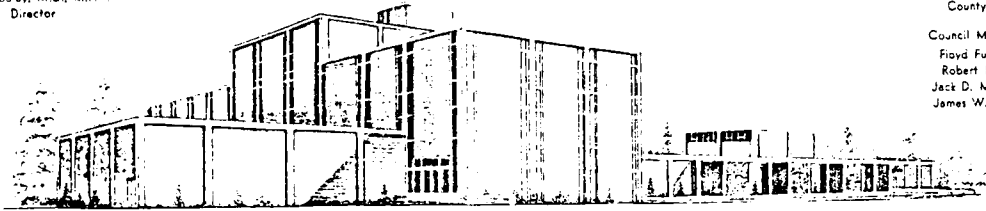


IT'S NOT ONLY A GOOD IDEA
IT'S THE LAW

R. R. Wooley, M.D., M.P.H.
Director

Don Moore, Jr.,
County Judge

Council Members
Floyd Fuller, Jr.
Robert E. Long
Jack D. Mayfield
James W. Penley



CHATTANOOGA HAMILTON COUNTY
HEALTH DEPARTMENT
921 East Third Street • Chattanooga, Tenn. 37403

Greetings!

It is time to immunize your new baby against childhood diseases. We have arranged for you to begin your baby's shots through a special clinic we are having for new mothers. A nurse will be there to weigh and measure your baby and to answer any questions you have in caring for your new baby.

DON'T DELAY! Come to this clinic on

TUESDAY, JULY 17, 1979 AT 2:30

in the meeting room on the 4th floor at the Health Department.

Other services provided by the Health Department will also be explained. You can make an appointment for your baby's check up or a check up for yourself. Information about the Tennessee law requiring parents to use car seats with their children will also be available.

About 4 to 6 other mothers will be invited to the clinic, so you will have plenty of time to ask your questions. We know you want to give the best care possible to your child and the Health Department stands ready to help you.

If you have any questions, call me at 757-2065. We will look forward to seeing you on Tuesday.

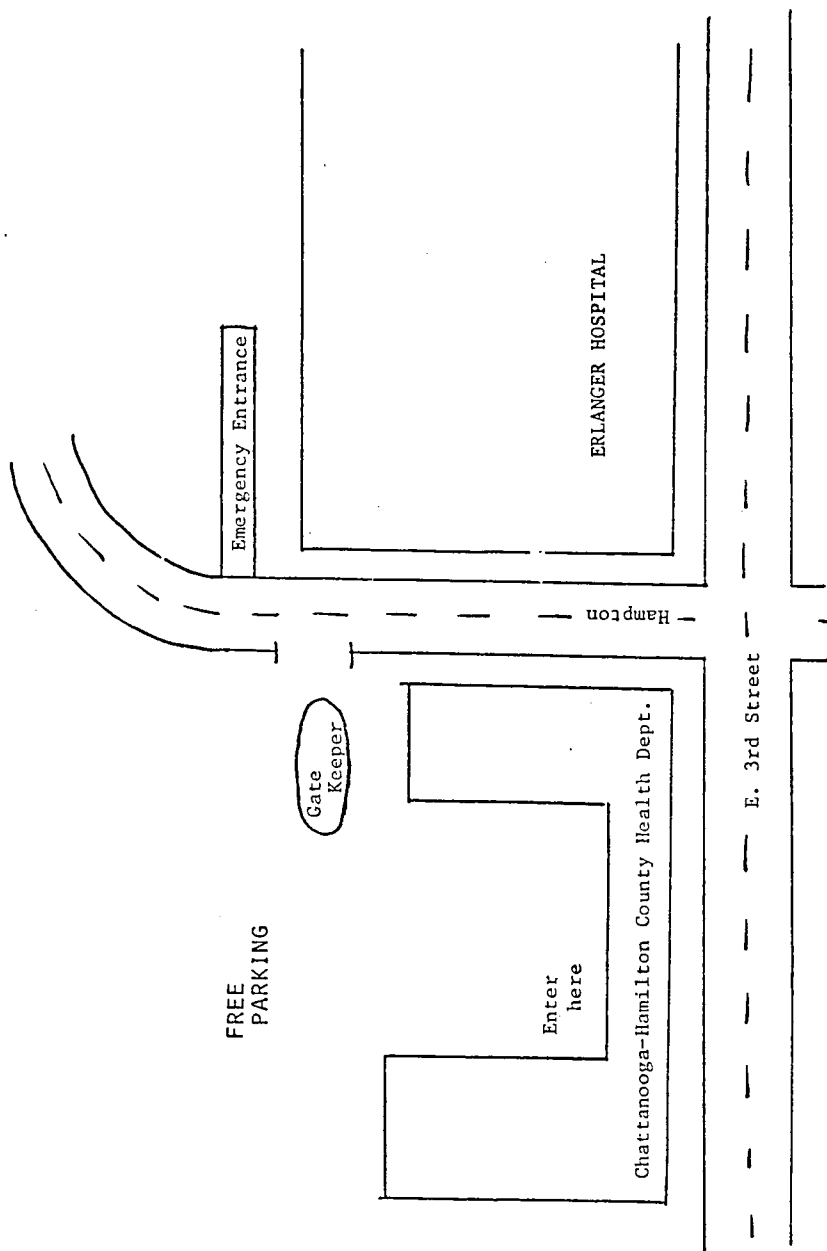
Sincerely,

Beverly Robinson

Beverly Robinson
Health Educator

P.S. FREE PARKING is available in the Health Department parking lot. Show this letter to the gate keeper and bring your parking ticket to the meeting to be stamped. See map on back where you park and where you come into the building.

N ←





TRANSPORTATION CENTER

The University of Tennessee
Knoxville, Tennessee 37916
Phone (615) 974-5255

Greetings!

The Chattanooga-Hamilton County Health Department and the Transportation Center is sponsoring a program to help new mothers protect the health and safety of their new babies. You filled out a questionnaire for us while you were in the hospital. You have been invited to special clinics to discuss questions about your baby and to begin your baby's shots.

Now we would like you to fill out the enclosed questionnaire about car seats for your baby. With this information we will be able to help other new mothers learn about health and safety for their babies.

Please take 15 minutes and fill out the form today. Put it in the enclosed envelope and drop it in a mail box. You do not need to add a stamp. When you send your form back, we will send you a free story book for your child.

We thank you for helping us in this important project.

Sincerely,

Carol J. Culler
Project Assistant

APPENDIX E

OPERATIONAL DEFINITIONS OF ATTITUDES

OPERATIONAL DEFINITIONS OF ATTITUDES

Quantitative Data

The 12 attitude scales used for analysis in this study are listed below, along with the corresponding items. The numbers preceding each item indicate the item numbers on the questionnaires. The first number is the item number as listed on the Health and Safety Questionnaire; the second number is the item number on the Car Seat Questionnaire. An asterick (*) indicates items that were reversed in scoring.

Child Passenger Protection Legislation

- * 2, 17 It is a good idea to have a law which requires parents to use special car seats with their children.
- * 4, 4 Most parents will not use car seats with their children even with a car seat law.
- 8, 32 Having a child car seat law reduces the number of child deaths and injuries
- * 9, 25 The government should not require parents to use car seats with their children.
- * 13, 15 Most parents do not like having a law requiring them to use car seats with their children.
- 20, 30 Parents should be fined if they do not use car seats with their children.
- 21, 1 The best way to reduce the number of child deaths and injuries is to have a child car seat law.
- * 27, 9 Laws which require parents to use car seats with their children do not do any good.
- 36, 34 All states should have laws requiring parents to use special car seats with their children.

Ownership of CRDs

- * 7, 27 Car seats cost more than they are worth.
- 12, 5 Most car seats are comfortable for children.
- * 16, 21 It is more trouble to put a child in a car seat than it is to hold the child while riding in a car.
- * 17, 14 There are so many different types of car seats it is too much trouble to decide which one to buy.
- 19, 10 Children behave better if they ride in car seats.
- * 23, 29 Children hardly ever like to ride in car seats.
- 24, 8 There is enough information to help parents decide about a car seat for their children.
- * 29, 33 Car seats are too much trouble to find in the store.
- 32, 36 Children never should be allowed to ride in a car without being in special car seats.
- 34, 16 Car seats are worth the money they cost.

Safety Belt Use

- * 3, 6 Seat belts are uncomfortable.
- * 9, 2 Seat belts interfere with driving.
- 15, 12 Seat belts are easy to use.
- * 21, 23 People should not wear seat belts because they may be trapped in the car in case of an accident.
- 31, 19 People should wear seat belts to help protect them from death and injury in case of an accident.

Government Intervention

- 1, 28 There should be a law which requires only nontoxic paint to be used on children's toys.
- 5, 7 The government should control the advertising on children's television programs.

- 11, 24 There should be a law that children's garments be flame-proof.
- 18, 20 All states should have laws requiring drivers and passengers to wear seat belts.
- * 26, 31 The government should not require child-proof lids on medicine bottles.
- * 33, 35 The government should not require children to get shots.

Acceptance of CRDs

- 2, 17 It is a good idea to have a law which requires parents to use special car seats with their children.
- * 10, 25 The government should not require parents to use car seats with their children.
- * 13, 15 Most parents do not like having a law requiring them to use car seats with their children.
- 20, 30 Parents should be fined if they do not use car seats with their children.
- 36, 34 All states should have laws requiring parents to use special car seats with their children.

Effectiveness of CRDs

- * 4, 22 Most parents will not use car seats with their children even with a car seat law.
- 8, 32 Having a child car seat law reduces the number of child deaths and injuries.
- 22, 1 The best way to reduce the number of child deaths and injuries is to have a child car seat law.
- * 27, 9 Laws which require parents to use car seats with their children do not do any good.

Acquisition of CRDs

- * 7, 27 Car seats cost more than they are worth.

- * 17, 14 There are so many different types of car seats it is too much trouble to decide which one to buy.
- 24, 8 There is enough information to help parents decide about a car seat for their children.
- * 29, 33 Car seats are too much trouble to find in the store.
- 34, 16 Car seats are worth the money they cost.

Use of CRDs

- 12, 5 Most car seats are comfortable for children.
- * 16, 21 It is more trouble to put a child in a car seat than it is to hold the child while riding in a car.
- 19, 10 Children behave better if they ride in car seats.
- * 23, 29 Children hardly ever like to ride in car seats.
- 32, 36 Children never should be allowed to ride in a car without being in special car seats.

Importance of CRDs

- * 7, 27 Car seats cost more than they are worth.
- * 17, 14 There are so many different types of car seats it is too much trouble to decide which one to buy.
- * 29, 33 Car seats are too much trouble to find in the store.
- 32, 36 Children never should be allowed to ride in a car without being in special car seats.
- 34, 16 Car seats are worth the money they cost.

Convenience of CRDs

- 12, 5 Most car seats are comfortable for children.
- * 16, 21 It is more trouble to put a child in a car seat than it is to hold the child while riding in a car.
- * 17, 14 There are so many different types of car seats it is too much trouble to decide which one to buy.

- 19, 10 Children behave better if they ride in car seats.
- * 23, 29 Children hardly ever like to ride in car seats.
- 24, 8 There is enough information to help parents decide about a car seat for their children.
- * 29, 33 Car seats are too much trouble to find in the store.

Government Intervention in Regard to Child Passenger Protection

- 1, 28 There should be a law which requires only nontoxic paint to be used on children's toys.
- 2, 17 It is a good idea to have a law which requires parents to use special car seats with their children.
- 5, 7 The government should control the advertising on children's television programs.
- * 10, 25 The government should not require parents to use car seats with their children.
- 11, 24 There should be a law that children's garments be flame-proof.
- 18, 20 All states should have laws requiring drivers and passengers to wear seat belts.
- * 26, 31 The government should not require child-proof lids on medicine bottles.
- * 33, 35 The government should not require children to get shots.
- 36, 34 All states should have laws requiring parents to use special car seats with their children.

Health and Safety Issues

- 6, 18 It is too much trouble to look for nonflammable garments for children in the store.
- * 14, 11 Children do not need to see a dentist until they are old enough to go to school.
- 25, 13 It is important to make sure toys are painted with nontoxic paint.
- 35, 3 Even medicines with child-proof lids should be stored out of reach of children.

Qualitative Data

The 12 attitude scales for the qualitative analysis were based on items from the Discussion Guide. The scales with the corresponding items are listed below.

Child Passenger Protection Legislation

- We want to include some things about the Child Passenger Protection Law. Tell me what you think of the law.

Ownership of CRDs

- Tell me about when you decided to get a car seat. (Who did you talk to? What did they say? What made you decide to get it? Would you make the same decision again? How long have you had it?)
- Why do you think other people get car seats? Who influences them to get car seats?
- Why do you think other people use car seats? Why do you think other people don't use their car seats?
- Why do people not get car seats?

Use of Safety Belt Use

- When was the last time you wore your seat belt? When was the last time you didn't wear your seat belt? About how much do you wear it?

Government Intervention

- Do you think other states should pass such a law (Child Passenger Protection Law)? Why or why not?
- What would you think if the government passed a law requiring people to wear seat belts? Would you wear yours?
- Do you think the government should ban certain TV shows if they are not good for children to watch?

- What other laws do you think the government should pass to improve the health and safety of young children?
- What laws do you think the government should pass to improve the health and safety of adults?

Acceptance of CRDs

- Why do you think other people use car seats?
- Why do you think other people don't use their car seats?

Effectiveness of CRDs

- Why do you think other people get car seats? Who influences them to get car seats?
- Why do you think other people use car seats? Why do you think other people don't use their car seats?

Acquisition of CRDs

- Tell me about when you decided to get a car seat? (Who did you talk to? What did they say? What made you decide to get it? Would you make the same decision again? How long have you had it?)
- Why do you think other people get car seats? Who influences them to get car seats?
- Why do people not get car seats?
- Why did you decide not to get a car seat?

Use of CRDs

- When do you usually use your car seat? (Where do you go? What do you do? Who goes with you? In whose car?)
- When do you usually not use a car seat? (Where do you go? What do you do? Who goes with you? In whose car?)
- Why do you think other people use car seats?

Importance of CRDs

- We want to include some things about Child Passenger Protection Law. Tell me what you think of the law.
- Do you think other states should pass such a law? Why or why not?
- Why do you think other people use car seats? Why do you think other people don't use their car seats?
- How important do you think it is for parents to use car seats with their children?
- What have you heard about the importance of using car seats with young children? Where did you hear it?

Convenience of CRDs

- Tell me about the last time you took your child for a ride with the car seat? (Where did you go? What did you do? Who was with you? How did the child behave? Whose car?)

Tell me about the last time you rode in a car without the car seat? (Where did you go? What did you do? Who was with you? How did the child behave? Whose car?)

- When do you usually use your car seat? (Where do you go? What do you do? Who goes with you? In whose car?)
- When do you usually not use a car seat? (Where do you go? What do you do? Who goes with you? In whose car?)

Loaner Programs

- What do you think of this idea (lending program)? (Have you heard of a lending program? Do you know people who have borrowed a car seat from a lending program? If a lending program were available, would you use it?)
- How many of your friends with young children do you think would use a lending program? What reasons would they give?
- How many of your friends with young children do you think would not use it? What reasons would they give? What could be done to encourage more of them to use it?

- If we were to set up a lending program, what people do you think should be allowed to use it? (Anyone? Or just people who can't afford to buy one, e.g., on welfare or foodstamps)?
- How much money do you think people could afford to pay to rent one? (\$1, \$3, \$5, etc. per month or per year?)
- How many more people would borrow seats if they were free than if they had to pay a rental fee?
- Who would use them more, the people who paid a fee to rent or the people who borrowed them free?
- Who are the best people to tell new parents about where to get car seats? (Pediatricians, police, health department officials, clinic nurses, friends?)

Health and Safety Issues

- What do you think are the most important things new mothers need to know about the health and safety for their new babies?

APPENDIX F
CASE STUDIES

MOTHER: Ms. A

ACQUISITION: Obtained

GROUP: 1 (Own resources)

USE: Used

Ms. A was 20½ years old when she had her first baby. She was married and lived with her husband. She completed 12th grade and attended college but did not receive a degree. She saw the doctor between 11 and 15 times during her pregnancy. She did not attend the well-child clinic nor did she complete the Car Seat Questionnaire. Ms. A obtained a CRD from her own resources after she left the hospital. Her child was 12 weeks old at the time of the interview.

CRD Use

Ms. A reported she began using her CRD when the baby was 2 months old. She said she usually used the car seat for every trip except when the baby was asleep. Then she held the baby while her husband drove. She obtained her car seat because she witnessed a friend's 2-year-old distracting her while she was driving. She thought other people get car seats for safety reasons and because it is easier to handle children when they are in car seats. She thought other people use car seats because of safety reasons and because it is easier when driving alone. She thought other people do not use car seats because of "too many problems" and "the time it takes to put the child in and get him out."

Loaner Program

Ms. A thought the loaner program was a good idea and said she had two friends who would use the services because they could not afford

to buy CRDs. However, she thought three or four of her friends would not use a loaner program because they already had their own CRDs. This mother thought only low-income people should be able to use the program and thought they could pay between \$5 and \$10 to rent a seat for 9 months.

She said a lot more people would borrow seats if they were free than if they had to pay a rental fee. She believed those that got them free would tend to use them more than people that paid a fee. Doctors, friends, TV, general media, and police were sources this mother listed as being able to influence new parents regarding the importance of car seats.

Child Passenger Protection Law

Ms. A said she thought the Child Passenger Protection Law was a good one because her husband operated a wrecker service and saw what could happen in accidents. She thought other states should pass similar laws because of the safety aspect.

Government Intervention

Ms. A reported she last wore her seat belt about 2 weeks before. She said she usually wore it about 50% of the time. She was unsure if a seat belt law would be a good idea. She had a friend who was in a wreck but claimed he was uninjured because he was not wearing a seat belt. This mother said the government could ban some of the more violent TV shows but really felt parents should control what their children watch. She would not want the government to censor everything.

She thought other helpful laws would include one providing dental care to children and one mandating safety caps on medicine bottles.

Related Health and Safety Issues

When asked what programs the Health Department should provide for new parents, this mother had several suggestions. She thought they needed information on immunizations, feeding, bathing, and car seat safety.

MOTHER:	Ms. B	ACQUISITION:	Did not obtain
GROUP:	1 (Own resources)	USE:	Not applicable

Ms. B was almost 23 years old when she delivered her second child. She was single and lived with her parents in the inner city of Chattanooga. She had completed the 12th grade and attended some college classes. She visited the doctor between 11 and 15 times prior to delivery. She attended the well-child clinic when her baby was 9 weeks old and was interviewed when her baby was 16 weeks old. She had not obtained a CRD at the time of the interview.

CRD Use

Ms. B reported that she was unemployed and had no money to buy a CRD. She said she "walked most places" and therefore did not need a CRD. She was not on welfare and felt strongly against applying. She thought welfare was for people who were just lazy and did not want to work. She reported that it took about 45 days to be accepted on welfare and she hoped to have a job by then. She reportedly had looked into a few jobs but had not applied as yet.

She thought other people would get and use CRDs because children behave better in car seats. She thought it was very important for parents to use car seats with their children because they cannot drive and watch the children at the same time.

She thought other people do not get and use car seats because people are in a rush and car seats take too much trouble. She also

mentioned that people might think car seats are not safe enough if they were in a wreck. This mother said she had no personal friends that used car seats because she did not have many friends with young children.

Loaner Program

Ms. B expressed some doubt about a loaner program because if the car seat got "torn up" she would have to pay for it. However, in the next breath she said if she had a car, she would get a seat from the Health Department's loaner program. She felt the movie was influential in helping parents see the need for a CRD. She thought just people that cannot afford to buy a CRD should be allowed to use the services of a loaner program and that although most people would not care, the interested people would take the time to get a CRD.

Ms. B thought people could afford to pay \$15 to rent a car seat but that most people would borrow them if they were free. She thought the usage rates would be about the same for those that borrowed them and those that rented them. She felt the Health Department was the most effective agency in telling new parents about car seats.

Child Passenger Protection Law

Ms. B saw the movie at the clinic and therefore expressed support for the Child Passenger Protection Law. She thought people would use CRDs because car safety is important. She thought other states should pass such laws because "you don't know when you will have an accident."

Government Intervention

This mother had not worn her seat belt for a long time because the family had an old car and the seat belts were lost down behind the seats. She said that if there were a seat belt law people would wear seat belts so they would not have to pay a fine.

Ms. B said TV shows such as the ones with violence and shooting helped children learn to deal with reality and helped them learn to defend themselves in a threatening situation. She said she would like to see more grooming commercials, Sesame Street shown on national TV on Saturday, and more shows that expressed a loving relationship between sisters and brothers.

Related Health and Safety Issues

Ms. B appeared very concerned about her baby and asked questions to gain reinforcement that she was caring for him properly. She had several suggestions for the Health Department to include in their programs for new mothers, such as nutrition information, when to feed solid foods, and immunization.

MOTHER: Ms. C

ACQUISITION: Did not obtain

GROUP: 1 (Own resources)

USE: Not applicable

Ms. C was 17 years 8 months old when she had her first baby. She was single and lived with her parents. She had completed 11th grade and was attending 12th grade. She visited the doctor between 11 and 15 times during her pregnancy. She did not attend the well-child clinic and did not return the Car Seat Questionnaire. She had not obtained a CRD by the time of the interview, which occurred when her baby was 14 weeks old.

CRD Use

Ms. C said she could not afford to buy a CRD. She also reported she did not have access to a car at the time of the interview. When asked what she did when she rode in other cars, Ms. C reported she held the baby in her lap or used a household carrier and strapped it in with a seat belt. She reported other people do not get CRDs because they cannot afford them, they do not need them, or they do not have cars. She thought other people get car seats because of the law and also for safety reasons. She said other people use car seats for safety reasons but quickly added that "most people do not use car seats, they just hold their babies." Ms. C thought it was very important for parents to use car seats with their children but reported none of her friends had or used them. She reported she heard about the importance of using car seats from the hospital, at school, and in magazines.

Loaner Program

Ms. C had not heard of a loaner program before but said it was a great idea and she would use its services. She thought all her friends would use a loaner program too because they would not spend the money to buy CRDs on their own. She thought about three of her friends would not use a loaner program because they did not want to protect their children in that kind of car seat. She said "commercials on TV" (public service announcements) would encourage her friends to use CRDs.

Ms. C thought anyone, even the rich, should be allowed to use a loaner program and that parents could afford to pay \$35 to rent a CRD. She thought more people would get seats if they were free because "they would borrow them to use them." Likewise, the people that got them free would use them more because they would not "have to worry about paying money." This mother thought the most influential sources to inform new parents about car seats were people that already had CRDs, friends, the health department, other health-related services, social workers, police, and judges.

Child Passenger Protection Law

Ms. C thought the Child Passenger Protection Law was a good idea because it protected children. She thought other states should adopt such laws also.

Government Intervention

This mother reported she never wore her seat belt but thought a seat belt law would be good and she would wear hers for safety reasons.

She thought soap operas ought to be banned from TV. Ms. C had many other ideas for additional laws to improve health and safety of young children including control of child abuse, need for social workers to check regularly on adopted children, availability of medicine and clothes for children, and protection of children from small sharp objects around the house.

Related Health and Safety Issues

Ms. C suggested that protection of the child both in the home and in cars needed to be taught to new parents. She also was interested in information regarding care of a sick baby. She suggested that counseling was needed to help single girls decide if they should keep their babies.

MOTHER: Ms. D

ACQUISITION: Did not obtain

GROUP: 1 (Own resources)

USE: Not applicable

Ms. D was 27½ years old when she delivered her second child. She was married and lived with her husband. She reported completing the 12th grade and attending some college courses. She visited the doctor between 11 and 15 times prior to delivery. She attended the well-child clinic when her baby was 7 weeks old and was interviewed when her baby was 13 weeks old. She had not obtained a CRD at the time of the interview.

CRD Use

Ms. D said she could not afford to buy a CRD but wanted to get one when she could afford it. She thought other people do not get CRDs because they cannot afford them or they felt they would not be the ones to have an accident. She reported other people get and use CRDs to protect their babies. She thought it was very important for parents to use car seats with their children. She heard about the importance of car seats in the hospital, at the well-child clinic, and from the paper. She reported she had no friends with babies at home and therefore did not know anyone with a CRD.

Loaner Program

Ms. D thought the loaner program was a good idea and said all of her friends that could not afford to buy a seat would borrow one. She thought a loaner program should be just for people with low incomes

and that they could afford to pay \$10 to rent a seat for 9 months. She thought 100% more people would borrow the seats if they were free than if they had to pay a fee. However, she thought the people that had to pay the fee would use them more because they would be more concerned. This mother thought doctors, police, and the Health Department would be good sources to inform new parents about the car seats.

Child Passenger Protection Law

Ms. D thought the Child Passenger Protection Law was a good law. She had seen the film and read articles which convinced her that a restrained child was safer. She thought every state ought to have such a law because of the safety aspect.

Government Intervention

This mother reported she last wore her seat belt over a year ago but explained the seat belts in her car were in bad condition and needed to be replaced. She said she would wear hers if there were a law to that effect. Ms. D strongly believed that certain TV shows should be banned. She reported that she did not allow her older son to watch shows with violence and obscenities. She thought the government should ban certain toys such as dart boards for certain age groups and should guarantee that toys be made well so they could not be torn apart. She also thought there should be a law against toys made with toxic paint.

Related Health and Safety Issues

Ms. D suggested the Health Department teach new parents general care of babies, what to do with a colicky baby, and tips on feeding babies. She also thought they should offer information on the care of older children.

MOTHER: Ms. E

ACQUISITION: Did not obtain

GROUP: 1 (Own resources)

USE: Not applicable

Ms. E was almost 23 years old when she had her first child. She was single and lived with her parents. She completed the 10th grade and reported she visited the doctor only 1 to 4 times during her pregnancy. She did not attend the well-child clinic but sent the Car Seat Questionnaire back when her baby was 8 weeks old. She was interviewed when her baby was 15 weeks old. She had not gotten a CRD at the time of the interview.

CRD Use

Ms. E said she had not had a chance to get a CRD yet because she "had to rely on her father or brother." She reported that the baby's father convinced her she needed to get one. She said other people do not get car seats because they are too lazy and the seats are too expensive. She thought other people get car seats because of safety reasons and the fact the child can look around. She responded that it was important for parents to use car seats with their children. She was aware of the importance from TV and friends. However, she reported that only two people she knew had car seats--one was her sister who liked it and the other was a woman who did not use hers.

Loaner Program

Ms. E thought the loaner program was a good idea and knew of a friend who had borrowed a CRD from the Health Department. She reported

having three other friends who also would use the loaner program services. She thought the program should be available only to those people who cannot afford to buy a CRD and said they could pay \$30 to \$40 to rent one for 9 months. She thought a lot more people would borrow the seats if they were free than if a rental fee were charged. Those that got the seats free would use them more, according to this mother, because more people would take advantage of the services. The Health Department, doctors, and social workers, Ms. E thought, would be the most influential in telling new parents about the seats.

Child Passenger Protection Law

Ms. E said she thought the Child Passenger Protection Law was a good law because her niece was in a car wreck and went through the windshield. She thought other states should have such laws because of the safety aspect.

Government Intervention

Ms. E reported never wearing her seat belt but said she would wear hers if there were a law. She responded strongly that the government should not ban TV shows. However, she thought the government should intervene by requiring safety caps on medicine bottles and that household cleaning products be locked away from small children.

Related Health and Safety Issues

Ms. E gave two suggestions for the Health Department's prenatal classes. These included information regarding the general growth and development of children and eating habits and practices of babies.

MOTHER:	Ms. F	ACQUISITION:	Did not obtain
GROUP:	1 (Own resources)	USE:	Not applicable

Ms. F was 19½ years old when she had her first baby. She was married and lived with her husband in a one-room apartment in a large older house. She completed 10th grade and reportedly saw the doctor between 11 and 15 times during her pregnancy. She attended the well-child clinic when her baby was 8 weeks old. She had not obtained a CRD at the time of the interview.

CRD Use

Ms. F said she did not get a car seat because of the expense and because her sister said she could have hers. She thought other people do not get car seats because they are too expensive. She reasoned that other people get car seats because "other people got them" and also for safety reasons. She said other people use car seats to protect their babies. However, other people do not use car seats because they think "nothing will happen to them." She thought it was very important for parents to use car seats with their children because no one knows "when an accident will happen." She reported she heard about the importance of CRDs from her sister, at the hospital, and on television. She said one of her friends had a car seat and used it most of the time.

Loaner Program

Ms. F did not think the loaner program was a good idea. She said she would not rent one because she could use that money to buy one

that she could keep. She did not think any of her friends would rent one either for the same reason. She thought if such a program were set up, it should be primarily for welfare recipients, but others that could not afford seats also should be allowed to use the service. This mother thought people could afford to pay a \$10 rental fee for use of the seat for 9 months. However, she thought a "whole lot more people" would borrow seats if they were free than if they had to pay a rental fee. She could not decide who would use them more. On one hand, she thought those that borrowed them would use them more because more people would get them initially, but on the other hand, those who rented them would use them more because "they would not pay money for nothing." Doctors, friends, and maybe police were reported to be most influential in telling new parents about car seats, according to Ms. F.

Child Passenger Protection Law

Ms. F felt the Child Passenger Protection Law was a good one because the CRDs make it safer for children. She thought other states should pass similar laws.

Government Intervention

Ms. F said she wore her seat belt about once a week. She believed it was safer to wear seat belts and a seat belt law would be good because it would make people wear seat belts. She felt certain TV shows, such as those that contain "sex and cussing," should be banned. She could think of no other laws that the government might pass to improve the health and safety of children or adults.

MOTHER: Ms. G

ACQUISITION: Obtained

GROUP: 2 (Loaner Program--Fee)

USE: Used

Ms. G was 25 years 9 months old when she delivered her first baby. She was married and lived with her husband. She worked full time and had taken some college courses after graduating from high school. She did not attend the well-child clinic but returned the Car Seat Questionnaire when her baby was 12 weeks old. She was interviewed when her baby was 15 weeks old. Ms. G obtained a CRD at the Health Department when her baby was 2 weeks old.

CRD Use

Ms. G reported that she used the car seat all the time, even on short trips to the store. Sometimes this entailed switching the car seat from her husband's car.

She reported she got the car seat because she had worked as a hospital aide and saw children that had been in car accidents. She did not get the car seat when she was in the hospital because she was in pain and had too many other things to think about. She used a household carrier prior to obtaining the car seat but realized that would provide little protection in case of an accident.

She thought other mothers get car seats so they do not have to hold the child and use car seats for the sake of the child's safety. This mother thought other people do not use car seats because they are too much trouble when getting in and out of the car, there is little or no room in the car, or people think more of the looks than of the

safety aspect for their children. She reported she did not use her car seat when they rode with someone else or when there were no seat belts in the car.

Loaner Program

Highly supportive of the loaner program, this mother said that it gave people an opportunity to obtain a device with no excuses. She thought all her friends would use a loaner program service in order to find out more about safety for children.

When asked if she had any friends that would not use the loaner program, she stated there were three who would not want to take the time to go pick one up. She also reported that her sister would not get one because she was afraid to go to the Health Department. She described her sister as "not a very talkative person."

She thought just the people who cannot afford to buy car seats should be allowed to use a loaner program and that parents could afford to pay \$6 to rent a seat for 9 months. She thought if they were free everybody would want to get one but the people that paid for them would use them more. She elaborated by saying that if they were free, people would not attach a value to them and would take advantage of the program. If, on the other hand, they had to spend their hard-earned money to rent car seats, they would be more apt to use them. She praised the loaner program and exclaimed that the girl in the hospital saved her from worrying about having a fatal accident with her child.

Child Passenger Protection Law

Ms. G supported the Child Passenger Protection Law, citing that it protected children. She was aware that babies can be killed in automobile accidents and she worried about her own baby. She stated it was an important enough law that other states should have similar ones. This mother said that the best people to tell new parents about car seats were people that had previous experience in accidents and people with authority, such as police and ambulance rescue squads.

Government Intervention

Ms. G reported that she wore her seat belt all the time. When asked when was the last time she did not wear it, she replied, "in April," which was at the end of her pregnancy. She was not sure if people would wear seat belts if the government passed such a law because people are not aware that seat belts save lives.

This mother expressed a strong opinion that the government ought to ban certain TV shows, such as cartoons which contain guns or violence, police shows, and newscasts that show car wrecks and shootings. She said these shows scared children.

Related Health and Safety Issues

Ms. G offered many ideas for the Health Department to include in their program for new mothers, including general information on child development, information about best food sources without preservatives, and information concerning teeth and passifiers. She also said there ought to be more advertising of government programs such as WIC.

MOTHER: Ms. H

ACQUISITION: Obtained

GROUP: 2 (Loaner program--Fee)

USE: Used

Ms. H was 25 years old when she delivered her second child. She was single and lived with her parents. She completed 10th grade in school and saw the doctor 16 or more times during her pregnancy. She did not attend well-child clinic but returned the Car Seat Questionnaire when her baby was 8 weeks old. Ms. H obtained a CRD from the Health Department when the baby was 9 days old. She was interviewed when the baby was 5 weeks old.

CRD Use

Ms. H reported that she usually used the car seat on long distances but not when she was going just to the store. She said the seat belt in the front seat moves and so she planned to put the car seat in the back seat. She reported she got the seat because it "made her nervous when she had to drive" by herself. She thought other people get and use car seats because of safety reasons and it "keeps the kids still." She thought other people do not use car seats because they do not take the time to put their children in the seats.

Loaner Program

Ms. H. viewed the loaner program as a good idea because she could not afford to buy a CRD. She thought all her friends and "anybody else that had small children and a car" would use the loaner program because of safety reasons and for convenience when mothers had to drive alone.

She thought anyone "except the rich" should be allowed to use the loaner program and that they could afford to pay \$10 to rent the seat for 9 months. She said "quite a few" more people would get CRDs if they were free than if they had to pay a rental fee. However, this mother thought that those who paid the fee would use them more because "you use things more if you pay." Health Department officials, police, doctors, and other parents who have used car seats are the best people to tell new parents about car seats, according to this mother.

Child Passenger Protection Law

Ms. H thought the Child Passenger Protection Law was a good idea and thought other states should pass such laws. She said she tried to carry the baby in a household carrier but realized it was not safe.

Government Intervention

Ms. H said it had been 2 to 3 years since she last wore her seat belt. She said if there were a law she would wear hers but went on to report that some cars do not have seat belts. She thought the movies that portrayed sex should be banned from TV.

MOHTER: Ms. I

ACQUISITION: Obtained

GROUP: 2 (Loaner program--Fee)

USE: Used

Ms. I was 24 years old when she had her third child. She was single and lived with her parents. She finished 11th grade in school and saw the doctor between 5 and 10 times during her pregnancy. She did not attend the well-child clinic. Her hospital roommate talked her into getting a seat, but then she received a car seat as a gift from a friend a day after her baby was born. She was interviewed when her baby was 7 weeks old.

CRD Use

Ms. I was enthusiastic about car seats and reported that she usually used hers. She said the baby appeared to like the seat and looked around when riding in the seat. She reported that she did not use the car seat in the Health Center van that picks her up. She said she used a car seat with her 6-year-old when she was younger. She said other people get car seats because they are "told to," although she believed they do not really use them. When asked why she thought other people used car seats, she replied that it was convenient while driving, safer, and more comfortable for the child. She thought when the baby was cranky, people would not use the car seat. For herself, she said she did not use the car seat in the van and when the baby was cranky.

Loaner Program

Ms. I thought the loaner program was a good idea and was planning to rent a seat before she received one as a gift. She responded at first that all her friends would use the loaner program because they did not have the money to buy CRDs. Then she reflected that "several, maybe five or six" would not get seats from the hospital because they would be afraid they would "lose it or tear it up." She thought anyone should be allowed to use the loaner program, even the rich people, because she felt you could trust what the Health Department was giving out but you "never know what you got out of the store." She thought the cost of \$3 to rent a seat was a good price but maybe people could spend \$5 to \$10. She did not think a larger number of parents would borrow the seats if they were free than if they cost because "some would rather pay." She also thought those that rented the seats would use them more because "they paid out money." She mentioned that those people that were "really poor would take care" of the seats. She thought doctors, Health Department officials, and friends would be most influential in informing new parents about car seats; however, she thought people would not listen to the police.

Child Passenger Protection Law

Ms. I strongly supported the Child Passenger Protection Law because she saw a girl fall out of a car. She thought other states should pass similar laws.

Government Intervention

Ms. I said she never wore her seat belt because she had to watch the other children. She was undecided about a seat belt law. She thought it might be beneficial in some cases but said that if the car caught on fire the people could not get out. She said she guessed she would wear her seat belt if there were such a law. She thought police stories and some movies should be banned from TV. She thought another helpful law would be to fence play yards. She thought there were enough laws but that they needed stricter enforcement.

Related Health and Safety Issues

Ms. I had several suggestions for new mothers' classes. These included information regarding immunizations, milk and feeding issues, and detergent and its effect on children.

MOTHER:	Ms. J	ACQUISITION:	Obtained
GROUP:	2 (Loaner program--Fee)	USE:	Did not use

Ms. J was 15 years 11 months old when she had her first child. She was married and lived with her husband. She had completed the 10th grade in school. She visited the doctor between 5 and 10 times during her pregnancy. She attended the well-child clinic when her baby was 6 weeks old and got a car seat the same day. Her baby was 12 weeks old at the time of the interview.

CRD Use

Ms. J reported she had used the car seat one time since she came home from the hospital. She explained that the car did not have seat belts. She said she did not drive and therefore she held the baby in an infant carrier. When asked how she decided to get a car seat, she replied she had seen the movie at the clinic and realized the protection the seats offer. She thought other people get and use CRDs because of the safety aspect. She thought other people do not use car seats because they do not think they will have a wreck.

Loaner Program

Ms. J expressed her support of the loaner program because she was using it. She thought most of her friends also would use the loaner program because they could not afford to buy their own seats. She thought one friend would not use the loaner program because she had two children and would consider it too much trouble. She thought

anyone ought to be allowed to use the loaner program and that they could afford a \$5 to \$10 fee for use of the seat for 9 months. However, she thought more people would borrow seats if they were free. She thought the best people to tell new parents about the use of car seats were Health Department and hospital personnel.

Child Passenger Protection Law

Ms. J said she thought the Child Passenger Protection Law was a good one because a lot of children had been saved because of it. She thought other states should pass such laws also.

Government Intervention

Ms. J reported she never wore her seat belt because the car did not have any. She said she would wear seat belts if there were a law requiring one to do so but repeated the fact that her car did not have any. She thought the government should ban certain TV shows but did not say which ones or why.

Related Health and Safety Issues

Ms. J responded that she did not know what information the Health Department should provide to new mothers. She reported that her mother and mother-in-law told her everything she needed to know.

MOHTER:	Ms. K	ACQUISITION:	Obtained
GROUP:	2 (Loaner program--Fee)	USE:	Did not use

Ms. K was 26½ years old when she delivered her third child. She was single and lived alone with her children. She had completed 11th grade in school. She reported visiting the doctor between 11 and 15 times prior to delivery. She attended the well-child clinic when her baby was 6 weeks old. At the time of the interview, which occurred when her baby was 5 weeks old, she reported she had the CRD which she had gotten from the loaner program a week earlier.

CRD Use

Ms. K reported she had not used the seat since she got it. She did not know why other people get car seats. She thought other people use car seats because of the law. She responded that those who do not use car seats think it is too much trouble.

Loaner Program

Ms. K heard an announcement on the radio regarding the loaner program and decided to get one because it was a good idea and she got tired of holding the baby. She thought the program in general was a good idea because many people could not afford to buy CRDs. She said all her friends had financial limitations and would be interested in using the loaner program. She thought the program ought to be just for those that cannot afford to buy a CRD and that people could afford to pay \$5 to \$10 for rental for 9 months. She thought a lot more

people would get car seats if they were free than if they had to pay a rental fee. She also thought those that got CRDs free would use them more because "they didn't have to pay for them" and therefore they would "put more use in them." Hospitals, radios, clinics, and friends were listed as good resources of information for new parents. This mother thought the police might be a good resource for some people but not for others.

Child Passenger Protection Law

Ms. K said the Child Passenger Protection Law was a good law because she had seen "lots of children hang out the car window." She thought it was a good idea for other states to adopt similar laws.

Government Intervention

Ms. K reported she never wore her seat belt in the past but lately had worn it "all the time." She thought a seat belt law would be good. She said it takes time to buckle up but it is a good idea. She thought the government ought to ban TV shows that contain killings, gangsters, and homosexuals. She also suggested that the government should mandate plastic lights on bicycles instead of glass ones.

MOTHER:	Ms. L	ACQUISITION:	Obtained
GROUP:	2 (Loaner program--Fee)	USE:	Did not use

Ms. L was 26 years 7 months old when she had her second baby. She was married and lived with her husband. She did not attend well-child clinic nor did she fill out a Car Seat Questionnaire. Her baby was 5 weeks old at the time of the interview. She obtained a car seat while in the hospital.

CRD Use

Ms. L said she had not used the car seat because their car was not working. She said she got the car seat because her older child slid off the seat when she stopped suddenly, and that scared her. She thought other people got car seats for protection and because of the law. She suggested that other people do use car seats because they offer better protection but that they do not use car seats when the child rebels.

Loaner Program

Ms. L thought the loaner program was a good idea but did not have any friends with new babies that might be interested in using the loaner program. She thought anyone ought to be allowed to use the loaner program because then they could borrow one while they were paying for one in layaway. She thought people could pay \$3 to rent one but that quite a few more people would borrow them if they were free. She was not certain who would use it more. Because she paid

for hers, she said she would use it. However, she went on to say that even if she did not pay for it, she would use it too. She thought pamphlets in doctor's offices, hospital officials, friends, and police, to a degree, would be effective resources in telling new parents about car seats.

Child Passenger Protection Law

Ms. L thought the Child Passenger Protection Law was a really good idea because "accidents happen so quickly." She thought other states ought to pass similar laws because "Tennessee is not the only state with children."

Government Intervention

Ms. L reported that she had not worn her seat belt for over a year. She thought a seat belt law would be a good law but questioned "how many people would abide by it." She thought parents should monitor what their children watch but said that many children are left with unreliable babysitters. Therefore, she believed the government should ban shows that portray things such as police stories, street scenes, drugs, and killings. She thought the government also should set health and sanitation standards in homes.

Related Health and Safety Issues

When asked what things are most important for mothers with new babies, Ms. L cited two areas of concern. These were car safety and the sanitation of the homes of newborns.

MOTHER:	Ms. M	ACQUISITION:	Did not obtain
GROUP:	2 (Loaner program--Fee)	USE:	Not applicable

Ms. M was just over 23 years old when she had her first child. She was single and lived with her parents. She reported that she worked full time and that she had finished 12th grade. She visited the doctor between 5 and 10 times prior to delivery. She did not attend clinic and did not fill out the Car Seat Questionnaire. Her baby was 15 weeks old at the time of the interview. She had not obtained a CRD at the time of the interview.

CRD Use

Ms. M reported she was unemployed and did not have the \$3 to rent a seat from the lending program. She believed other people get and use car seats for safety reasons. She reported that four of her friends with young children have car seats and use them every time the children ride in a car.

Loaner Program

Ms. M thought the loaner program at the hospital was a good idea but said that she would prefer to get her own CRD. She thought two or three of her friends might use a loaner service because it would be cheaper than buying a car seat. She said some of her friends would not use the loaner service because they were independent and would prefer to buy their own CRDs. She thought a loaner program should be available only to people that cannot afford to buy car seats. She

expressed strong feelings against people on welfare and thought they should be working. She said most people could afford to pay up to \$5 to rent a car seat for 9 months, but she thought everyone would borrow car seats if they were free. She went on to say that more people would use car seats if they got them free than if they had to pay a fee to rent them. She stated that doctors, the Health Department personnel, and the police are the most influential people to tell new parents about car seats.

Child Passenger Protection Law

Ms. M supported the Child Passenger Protection Law because it provided safety benefits for the child. She acknowledged that the driver sometimes cannot stop in an emergency and that car seats can help prevent deaths. She thought other states ought to pass similar laws for the same reasons.

Government Intervention

Ms. M reported she did not usually wear her seat belt but would if there were a seat belt law so that she would not be fined. She thought that children should be allowed to watch anything on TV because it helps them learn about the world.

Related Health and Safety Issues

Ms. M did not have many ideas for the Health Department program. When probed, she suggested food needs, prenatal care, and influences of smoking as possible discussion topics for new mothers.

MOTHER:	Ms. N	ACQUISITION:	Did not obtain
GROUP:	2 (Loaner program--Fee)	USE:	Not applicable

Ms. N was 20 years 4 months old at the time she delivered her first baby. She was separated, lived with her parents, and reported having completed the 10th grade. She saw the doctor 16 or more times during her pregnancy. She did not attend clinic nor fill out the Car Seat Questionnaire. She had not obtained a CRD at the time of the interview, which occurred when her baby was 12 weeks old. At the time of the interview, there were several other young girls and babies in the house. All looked hungry, dirty, and not well cared for. Some of the other adults helped this mother answer the questions when she hesitated after the questions were asked.

CRD Use

When asked about getting a CRD, Ms. N replied she "hadn't thought about getting one." She said she heard about CRDs in the hospital. She thought other people did not get car seats because they could not afford to buy CRDs or they did not want seats because they thought it was not important. She thought other people get and use car seats because of convenience and safety but that other people do not use car seats because it is too much bother. She reported that one of her friends had a CRD but did not use it at all because it was easier not to use it.

Loaner Program

Ms. N thought a loaner program was a nice idea and reported that a lot of her friends would use it. She said that anyone should have access to using loaner programs. She said that even if people could afford to buy CRDs, they may not want to spend their money on them and through a loaner program they could have access to getting them. She thought from \$3 to \$5 for 9 months would be an acceptable rental fee. She thought quite a few more people would get seats if they were free than if they had to pay a fee because people just do not want to spend money on CRDs. She thought that people that got CRDs free would use them more because "if you got something free you would want to use it." Doctors, friends, and the Health Department would be the best sources to inform others about CRDs, according to Ms. N. She said some people would listen to the police, but others probably would not.

Child Passenger Protection Law

Safety was the reason given for thinking the Child Passenger Protection Law was a good idea. Safety was also the reason given for the recommendation that other states pass similar laws.

Government Intervention

Ms. N reported she never wore her seat belt but probably would have to if there were a law. She thought parents should control what a child watches on TV and that the government should not ban any TV shows. She could think of no other laws the government should pass to improve the health and safety of young children.

MOHTER: Ms. O

ACQUISITION: Obtained

GROUP: 3 (Loaner program--Free)

USE: Used

Ms. O was 17 years 10 months old when she had her first child. She and her husband lived in a room in her parents' house. She had completed the 12th grade. She reported that during her pregnancy she had visited the doctor 16 or more times. She did not attend the well-child clinic but returned the Car Seat Questionnaire when her baby was 9 weeks old. She was interviewed when her baby was 14 weeks old. Ms. O obtained a CRD through the Health Department's loaner program.

CRD Use

Ms. O reported she used the CRD whenever she drove or rode in her car. She reported that at first the baby did not like the car seat, but now he does not mind it. She felt other people get car seats because they care about their children and because the law requires them to use CRDs. Safety was the reason most people use CRDs, she thought. She said other people did not use car seats because they had trouble fastening the seat belt, it took too much time to use the seat correctly, sometimes the child cried, and the sun made the seats hot and uncomfortable.

Loaner Program

Ms. O thought the loaner program was a good idea. She said she had no friends with young children and therefore knew of no one else

that would use the loaner program. She thought a loaner program should serve just the lower income families and that parents could afford to pay \$10 for use of a seat for 9 months. She said there would be no difference in number of people using the service if the seats were free or if a rental fee were charged. However, she did express the opinion that those people that paid money to obtain CRDs would use them more. This mother thought doctors, friends, and TV commercials would be the most influential sources for new parents to learn about car seats.

Child Passenger Protection Law

Ms. O thought that the Child Passenger Protection Law was a good idea. She realized that many lives could be saved by using CRDs. She thought other states should pass such laws because young children are so defenseless in automobiles.

Government Intervention

Ms. O reportedly wore her seat belt when she was in the car with her baby. She thought a law requiring people to wear seat belts would not do any good because "people do what they want anyway."

This mother felt strongly about the government's banning certain TV shows or censorship of any kind. She said that decision is the parents' responsibility. She could not think of other laws the government could pass to improve the health and safety of young children.

Related Health and Safety Issues

Ms. O gave several suggestions for the Health Department to include in their prenatal program. Some of these ideas included how to bathe a new baby, what to do when a baby is sick, how to use a thermometer, and the importance of a car seat.

MOTHER: Ms. P

ACQUISITION: Obtained

GROUP: 3 (Loaner program--Free)

USE: Used

Ms. P was 25 years old when she had her second child. She was married and lived with her husband. She had completed 11th grade and reported 16 or more visits to the doctor during her pregnancy. She did not attend well-child clinic nor did she fill out a Car Seat Questionnaire. Ms. P obtained a CRD while in the hospital. Her baby was 11 weeks old at the time of the interview.

CRD Use

Ms. P reported that she used her car seat for 2½ weeks prior to the interview. She reported using it whenever she took the car. She had been thinking of getting one when she was approached in the hospital with the opportunity to borrow one for 9 months. She said other people get and use car seats for safety and protection reasons. She did not know why other people did not use car seats but realized they were taking a big chance.

Loaner Program

Believing a loaner program was a good idea, Ms. P thought all her friends would use such a service. She thought only those persons who cannot afford to buy a seat should be allowed to use the loaner program and that people could afford to pay \$5 to rent a seat for 9 months. She thought everybody would get seats if they were free and that they would be less likely to get seats if they had to pay a rental fee.

She also suggested that the same number of people would use them whether they got them free or for a fee. Other new parents, friends, and people who work in the social services area at the hospital would be most influential in telling new parents about car seats, this mother reported.

Child Passenger Protection Law

Ms. P thought the Child Passenger Protection Law was a good one because it offered protection to children. She thought other states should pass such laws also.

Government Intervention

Ms. P reported she wore her seat belt the previous day. She said she wore it "just about all the time" while traveling on the interstate, but on short trips she was too hurried and forgot to use it. She thought a seat belt law would be "pretty good" and guessed she would wear hers. She thought some shows ought to be taken off TV altogether. She could not suggest other laws to improve health and safety for children.

Related Health and Safety Issues

Ms. P. had several suggestions for information to be included in the Health Department's services for new mothers. She said she would like to see information on eating patterns, when to feed solids, and what to do for stomach aches.

MOTHER:	Ms. Q	ACQUISITION:	Obtained
GROUP:	3 (Loaner program--Free)	USE:	Used

Ms. Q was 18 years old when she delivered her first baby. She reported she was married and lived with her parents. She had completed 10th grade and reported seeing the doctor between 11 and 15 times while she was pregnant. She did not attend well-child clinic but returned her Car Seat Questionnaire when her baby was 8 weeks old. She obtained a car seat while in the hospital. Her interview took place 11 weeks after she delivered her baby. Her mother and sister offered ideas to help her answer the questions.

CRD Use

Ms. Q reported that she began using the car seat right after she got it. She said she used it most of the time except when she was going short distances (two blocks). She said she decided to get a car seat after she was approached in the hospital and her mother encouraged her to get it. She thought other people get car seats because of the safety aspect and because they are helpful." She thought other people do not use car seats because they are too lazy.

Loaner Program

Ms. Q thought the loaner program was a good idea. She thought three of her friends would get CRDs from the loaner program because they "couldn't afford to buy one." She said just the people who cannot afford to buy them should be allowed to use the services and

they should be charged according to their ability to pay. She thought people on welfare could not afford to pay anything. Ms. Q thought everyone would get seats if they were free and those that did would use them more because "if they could get them free, they could use their money on other things." Doctors, police, Health Department officials, and friends who have had experience were viewed by this mother as most influential in telling new parents about car seats.

Child Passenger Protection Law

Ms. Q felt the Child Passenger Protection Law was a great idea because it was "good for the baby." She thought other states should pass similar laws.

Government Intervention

Ms. Q said she last wore her seat belt the morning of the interview and reported that this was usual behavior for her. However, she said she usually did not wear a seat belt on really short trips. She thought the government should pass a seat belt law. She also thought the government should ban certain TV shows because some of them are not good for children's education. In addition, she thought there should be a law against leaving children in a car alone.

Related Health and Safety Issues

Ms. Q did not offer any ideas about services to new mothers. However, her mother suggested sterilizing bottles, washing diapers, and deciding to use cloth or disposable diapers as topics for new mothers.

MOHTER: Ms. R

ACQUISITION: Obtained

GROUP: 3 (Loaner program--Free)

USE: Used

Ms. R was 16 years 3 months old when she delivered her second baby. She was married and lived with her parents. She had completed 8th grade and reported visiting the doctor 1 to 4 times during her pregnancy. She did not attend well-child clinic nor did she complete a Car Seat Questionnaire. She got a car seat while she was in the hospital. Her baby was 8 weeks old at the time of the interview.

CRD Use

Ms. R reported that she began using the CRD when the baby was 4 days old. Because the seat belts were not large enough to fit around the CRD, she used a rope tied to the car and looped it around the CRD. She said she used a car seat that hooked over the front seat for her first child, but it did not require the use of a seat belt. Sometimes she said she had to take the infant carrier out of the car to make room for all the people to ride in the car. At one point she said the baby loved to be in the car seat, but later in the conversation she said the baby preferred to use the household carrier. However, she stressed that she always used the CRD or the household carrier because she knew it was better to start children early so "they get used to it."

This mother said other people get and use car seats so children will not get hurt and so they can ride in the back seat. She thought other people do not use car seats because sometimes the children cry

and scream and make the driver nervous, which might cause a wreck. She reported that a friend of hers was in a wreck.

Loaner Program

Ms. R thought the loaner program was a good idea and reported she had three friends who might use it. She thought the car seats were too expensive to buy and use for only 9 months. She thought anyone should be able to use the loaner program because if they had CRDs, maybe they would use them. She did express some concerns about a loaner program. One was related to people who have small cars and do not have room for a CRD. Another concern was the responsibility of the parent in case the car was stolen. She also thought that if they were free, some people would get them because it "makes them look good." This mother thought people could pay \$5 to rent a seat but that a lot more people would borrow seats if they were free. However, she thought that the people who paid a fee would use them more because they would pay only if they really wanted one. She thought parents who have been in accidents and friends would be the most influential in telling new parents about car seats.

Child Passenger Protection Law

Ms. R at first said the Child Passenger Protection Law was a good one because she knew of a little boy that was in a car wreck but was not injured because he was in a car seat. Later in the interview, she mentioned that there did not have to be a law because parents should

decide what is best for their own children. She thought other states should pass similar laws so that children can "see out the window."

Government Intervention

Ms. R reported that she usually does not wear her seat belt. When asked about a seat belt law, she replied that she would wear her seat belt, although she thought most people would not. She strongly expressed the belief that the government should not pass other laws. She thought that parents need to decide what is good for their children. She said that "people don't follow the laws anyway."

MOTHER: Ms. S

ACQUISITION: Obtained

GROUP: 3 (Loaner program--Free)

USE: Did not use

Ms. S was 16½ years old when she delivered her first baby. She was single and lived with her parents. She was in the 11th grade at the time of delivery. She visited the doctor 5 to 10 times during her pregnancy. She did not attend clinic but returned the Car Seat Questionnaire when her baby was 7 weeks old. She got a CRD before she left the hospital. Her baby was 14 weeks old at the time of the interview.

CRD Use

Ms. S said she never used the CRD she got at the hospital. She originally got the CRD because she was going on a long trip which did not materialize. She reported she had not taken the baby out in the car. When she went out she left the baby at home with someone else. At times she walked to church with the baby.

She thought other people got car seats "to be getting them because it is the thing to do." She also mentioned that some people valued the protection the seats gave and that car seats help babies get used to sitting by themselves. She thought other people use car seats for the protection and because they do not want to hold the children. She said other people do not use car seats because it takes up too much time, it is too much trouble, and people do not want to be bothered by the seats.

Loaner Program

Ms. S thought the loaner program was a good idea. She knew four or five friends that might use the loaner program because they could not afford to buy CRDs. She thought only people who cannot afford them should be allowed to use the loaner services and that they should have to show evidence that they cannot afford CRDs. She thought people could afford to pay \$10 for use of a seat for 9 months. She reasoned that a lot more people would borrow seats if they were free than if they had to pay a rental fee. Friends and the Health Department, according to this mother, were the best sources to tell new parents about CRDs.

Child Passenger Protection Law

Ms. S thought the Child Passenger Protection Law was a good law but that people did not obey it because they could not afford the CRDs or thought it took too much trouble to use them. She also stated that people do not know what kind to buy. However, she thought other states should pass similar laws.

Government Intervention

Although Ms. S reported she usually did not wear her seat belt, this mother thought it would be a good idea to have a seat belt law because it would offer better protection. She was reluctant to say the government should ban certain TV shows but thought certain shows could be shown at different hours and not during the children's hours.

Related Health and Safety Issues

To improve services to new mothers, Ms. S suggested that booklets were needed explaining how to care for babies and what to expect. She also mentioned a need for information concerning the protection of children in automobiles and the danger in laying a baby loose on a seat in the car.

MOTHER: Ms. T

ACQUISITION: Obtained

GROUP: 3 (Loaner program--Free)

USE: Did not use

Ms. T was 31½ years old when she had her fourth child. She was married and lived with her husband, who was a minister. She reported she had done some graduate work in college. She visited the doctor 5 to 10 times during her pregnancy. She attended well-child clinic when her baby was 5 weeks old. She obtained a CRD before she left the hospital. She was interviewed when her baby was 8 weeks old.

CRD Use

Ms. T reported she never used the CRD because it took up too much room in the car. She also complained that the internal harness was difficult to use and she knew the seat was of little use if she did not use the straps. She defended her behavior by saying she did not take her baby many places, except to church, and then she went with her family and her mother- and sister-in-law. She also relayed the fact that the heater in the car could not be turned off and the baby got hot if she was in the car seat.

This mother thought other people get car seats to protect their children. Having seen the film, she realized that a child not in a CRD could get hurt "real bad" in a wreck. She said she thought other people do not use car seats because they take up too much room in the car and it is a hassle getting the child in and out of the seat.

Loaner Program

Ms. T thought only a few of her friends might use the services of a loaner program because they were concerned about their babies. On the other hand, she thought half of her friends would not use a loaner program because their children were too big. She thought anyone should be allowed to use the loaner program and that people could afford to pay \$5 to rent a CRD. She thought people would not think car seats are important until something happened to them. She replied that not any more people would get car seats if they were free than if they had to pay a fee. However, she thought those that paid the fee would use them more to "get their money's worth." She suggested hospitals were the best place for new parents to learn about car seats, although she thought that once they got the seats home, they would not use them.

Child Passenger Protection Law

Ms. T thought the Child Passenger Protection Law was a good idea, but she found the seats too big. She felt other states should pass similar laws.

Government Intervention

Ms. T said the last time she wore her seat belt was "a long time ago." She said that if there were a seat belt law she would wear her seat belt for fear of getting a ticket. She thought the government ought to ban certain TV shows but did not elaborate on what kinds.

She thought another law ought to mandate fences around the yard to help protect children.

Related Health and Safety Issues

Ms. T suggested two topics for information to be given to new mothers. These were information about feeding proper foods and immunizations.

MOTHER: Ms. U

ACQUISITION: Obtained

GROUP: 3 (Loaner program--Free)

USE: Did not use

Ms. U was 18 years 9 months old at the time she delivered her first child. She was married and lived with her husband. She had completed 12th grade and reported seeing the doctor 16 or more times during her pregnancy. She got a car seat while in the hospital. She was interviewed when her baby was 3 weeks old. She did not attend clinic but returned her Car Seat Questionnaire when her baby was 7 weeks old.

CRD Use

Ms. U reported that she had not used the car seat she obtained in the hospital. Instead she either held the baby or used the car seat when traveling in the automobile. She thought other people get and use car seats because they "care what happens to their kids." She responded that other people do not use car seats because they "don't want to bother with it" or they are in too much of a hurry.

Loaner Program

Ms. U said she thought the loaner program was a terrific idea. She named one friend with two children that she thought would use a loaner program because she could not afford to buy a CRD. She thought just the people that cannot afford to buy a seat should be allowed to use the loaner program and that they could afford to pay between \$5 and \$10 for its use for 9 months. She thought a lot more people would

borrow seats if they were free than if they had to pay a fee but that those who paid would use them more because "if they cared that much they would use them." Other parents and family planning staff were deemed good resources for telling new parents about car seats.

Child Passenger Protection Law

Ms. U thought that if a Child Passenger Protection Law did not exist, people would not bother using car seats. She thought it would be a great idea if other states passed similar laws because it would be safer and would result in a lower infant death rate.

Government Intervention

Ms. U reported she never wore her seat belt because she had a friend that had a wreck and landed in some water. She rationalized that if he had been wearing his seat belt, he would have drowned. She expressed her fear of not being able to unbuckle her seat belt if she were in an accident. She did not think many people would wear seat belts even if there were a law. She felt strongly that parents should decide what TV shows their children watch. She suggested that laws should exist that restrict lead in paint and that there should be safety catches on cupboard doors in new homes.

Rrlated Health and Safety Issues

Ms. U had many suggestions for prenatal classes for new parents. She thought they need to know more about diaper rash, choking, feeding schedules, whether to breast feed or bottle feed, and how to drive in a car alone.

MOTHER: Ms. V

ACQUISITION: Did not obtain

GROUP: 3 (Loaner program--Free)

USE: Not applicable

Ms. V delivered her first baby at Erlanger Hospital. She was married and lived with her husband. She completed 12th grade and had seen the doctor 16 or more times during her pregnancy. She did not attend the clinic but returned the Car Seat Questionnaire 7 weeks after leaving the hospital. She had not obtained a CRD at the time of the interview, which occurred when her baby was 14 weeks old.

CRD Use

Ms. V reported that she "never got around to getting [a CRD]" while she was in the hospital. Now she reported she had no car available to her. When she rode in other cars, she said she held the baby on her lap.

She felt other people do not get car seats because they cannot afford them, they take up too much room in the car, or it is too much of a hassle to use them. She expressed the belief that other people get car seats because they do not want to hold the baby, or they are by themselves in the car. She also realized that if a child stood up on a seat, he/she could fall and get hurt.

She said it was very important for parents to use car seats with their young children. She reported having one friend who used her CRD all the time.

Loaner Program

Ms. V thought the loaner program was a good idea. She thought her friends would use the program if they knew about it because they did not know where to buy CRDs. She thought the loaner program should be just for those who cannot afford to buy CRDs and that \$5 for 9 months would be a reasonable rental fee. She believed a lot more people would borrow the seats if they were free than if a rental fee were charged. She said those that got the seat free would use it more but could not give a reason for her belief. She thought friends and the Health Department would be the most influential in telling new parents about car seats. She said they would not listen to police.

Child Passenger Protection Law

Ms. V reported that she thought the Child Passenger Protection Law was a good idea. She thought it would be a good idea if other states had such laws because they would cut down on deaths.

Government Intervention

Ms. V reported it had been a long time since she wore her seat belt. However, she thought it would be a good law to require people to wear seat belts and said she would wear hers if there were seat belts in the car. She thought certain TV shows should be banned by the government, especially the ones that portrayed violence.

Related Health and Safety Issues

When asked about other government regulations, Ms. V suggested that immunizations should be delayed until the child is 6 months old.

She said immunizations given when the child was too young caused too many deaths. She suggested that new mothers might want to know about sickness in young babies and how to fix formula.

MOTHER:	Ms. W	ACQUISITION:	Did not obtain
GROUP:	3 (Loaner program--Free)	USE:	Not applicable

Ms. W was almost 30 years old when she had her second child. She was married and lived with her husband. She reported having completed the 9th grade. She visited the doctor 5 to 10 times during her pregnancy. She did not attend clinic nor return the Car Seat Questionnaire. She did not get a CRD while in the hospital, nor had she obtained one by the time of the interview, which occurred when her baby was 14 weeks old.

CRD Use

Ms. W reported she did not get a CRD because it takes too much time to use and she thought it did not work. She reported that she strapped the 4-year-old in with the seat belt and held the baby. She thought other people do not get car seats because "they don't think about it." She reported other people get car seats for safety reasons. When asked how important it is for parents to use car seats, she reported she had no friends with car seats.

Loaner Program

Ms. W thought the loaner program was a good idea; however, she said that none of her friends would get CRDs because they were too proud to go to the Health Department. Instead they would wait until they could afford to buy them. She thought a loaner program should be just for those people who cannot afford to buy one and that parents

could afford to pay \$5 for 9 months to rent one. She thought the same number of people would get CRDs if they were free or if they had to pay a rental fee. However, she expressed her belief that those that paid fees would use them more in order to get their money's worth. She thought doctors would be the best people to tell new parents about car seats and that police and friends would be ineffective.

Child Passenger Protection Law

Ms. W thought the Child Passenger Protection Law was a good idea because it kept children from getting killed. She thought other states should pass such laws. She said she heard about the law on TV.

Government Intervention

The previous month was the last time Ms. W reported wearing her seat belt. She usually did not wear it much, she reported. She said she probably would not wear her seat belt even if there were a law because it was uncomfortable. She thought certain TV programs should be shown later in the evening rather than banning them altogether. She also thought people would not comply with any other health and safety laws because they are "stupid or lazy."

Related Health and Safety Issues

Ms. W suggested that information on general care of babies was needed by new mothers. She also suggested information on how to hold a baby when diapering and care when the baby was sick were other needed topics.

MOTHER: Ms. X

ACQUISITION: Did not obtain

GROUP: 3 (Loaner program--Free)

USE: Not applicable

Ms. X was 27 years old when she delivered her fourth child. She was single and lived alone with her children. She had finished 10th grade in school. She reported she saw the doctor between 1 and 4 times during her pregnancy. At the time of the interview, which was 4 weeks after her baby was born, she had not gotten a CRD. She attended the well-child clinic when her baby was 6 weeks old.

CRD Use

Ms. X reported she had not gotten a CRD because she did not have any money, did not have access to a car, and had not been to the Health Department. She thought other people get CRDs to "protect kids" and that they do not get CRDs because they cost too much money. She thought other people use car seats because they "can't drive and hold the baby" and to protect them in case of an accident. She said other people do not use car seats because "they don't think about putting on their seat belt." This mother realized the importance of car seats because she heard on the radio about a mother who had an accident but whose child was safe because she was in a car seat. Ms. X also saw a film clip on TV which showed a dummy going through the windshield and realized the difference it made in using car seats.

Loaner Program

Ms. X thought the loaner program was a very good idea because it gave parents a chance to use CRDs. She expressed a desire to get one

later. She thought all of her friends would use the program because they had no money to buy CRDs. She said anyone should be able to use loaner program services and that they could afford \$20 to rent a CRD for 9 months, although she had never priced one in the store. She said everybody would get seats if they were free, but those that paid rental fees would use them more. She thought the Health Department would be the best resource for informing new parents about the seats.

Child Passenger Protection Law

Ms. X was highly supportive of the Child Passenger Protection Law and thought everyone should obey it and that other states should pass similar laws. She reported that "kids are the lightest thing in the car" and "they'd be the first ones to fly" around.

Government Intervention

Ms. X reported she did not wear her seat belt because "they were lost behind the seats." A seat belt law would be good because "unless they demand it, they won't wear it." She said shows that portray violence and the "devil taking over a person" should be banned from TV.

Related Health and Safety Issues

Ms. X had many ideas to include in a class for new parents. She suggested when to start feeding solids and how to fix milk, handle and care for a child, and identify signs of sickness and kinds of crying.

She thought anyone should be able to use the loaner program and that people could afford \$5 to rent a seat. She felt a "whole lot" more people would borrow seats if they were free than if a rental fee were charged. She was not sure if the renters or borrowers would use them more. She said people would get them just to have them but would use them only once or twice. Doctors, hospital personnel, and friends were suggested as the best people to tell new parents about car seats. Police were viewed as effective resources if they enforced the law.

Child Passenger Protection Law

Ms. Y thought the Child Passenger Protection Law was a good one because "lots of babies get killed" unnecessarily. She thought other states should pass similar laws because the seats saves lives.

Government Intervention

Ms. Y reported she hardly ever wore her seat belt. If there were a seat belt law, she said "we would have to wear it" and that probably it would be a good idea because seat belts keep people from going through the windshield. She said parents should select what TV shows they want their children to watch and the government should not interfere. However, she said the government should mandate immunizations.

Related Health and Safety Issues

Ms. Y had only one suggestion regarding services to new mothers. She said they needed information on ensuring that children eat right.

VITA

Carol Jane Culler was born in Mansfield, Ohio, on February 7, 1942. She graduated from Lucas High School in 1960. She attended Wittenberg University in Springfield, Ohio, and Ohio State University in Columbus, Ohio. In March of 1964, Carol graduated from Ohio State University with a Bachelor of Science degree in home economics education.

In June of 1964, Carol began training as a Peace Corps Volunteer in Norman, Oklahoma. Carol served her 2-year volunteer tour in Comarapa, Bolivia, South America, as an assistant to the extension home economist in the province.

Upon her return to Ohio, Carol served as an extension home economist in Miami County. In June of 1967, she joined the research staff at Children's Hospital at Ohio State University to work on the National Preschool Nutrition Survey. Developing and pretesting survey instruments were among her duties.

In 1969, Carol began graduate work at Michigan State University in East Lansing, Michigan. While working on her degree, she served as a graduate research assistant at the Head Start Evaluation and Research Center. In June of 1970, she graduated with a Master of Arts in family and child sciences from the College of Human Ecology. Later that year she began work as the coordinator of a 2-year federal demonstration project entitled "Aid to Disadvantaged Homemakers" in Lansing, Michigan.

In the fall of 1972, Carol joined the Department of Child Development faculty at Iowa State University. As part of her responsibilities during her first year, she served as the day care consultant in selected low-income day care centers in Des Moines. In 1975, Governor Robert Ray appointed Carol as the Executive Coordinator of the Iowa Council for Children. In this position she established, developed, and obtained permanent funding for the Council, which functioned as an advocate for children and families in Iowa and served as a sounding board for public policy decisions.

In 1978, Carol formally began graduate study toward the Doctor of Philosophy degree at The University of Tennessee, Knoxville. While working on her degree she served as a graduate research assistant on the Child Passenger Safety Program at the Transportation Center. In June of 1980, she received her Ph.D. degree in home economics with a specialization in child and family studies and supporting areas in housing and in educational administration and supervision.

Carol is a member of the American Home Economics Association, National Association for the Education of Young Children, National Council on Family Relations, Omicron Nu, and Phi Upsilon Omicron. She currently is employed as an Assistant State Leader in Home Economics, University Extension Service, at Iowa State University.