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Sources of Parenting Information in Low SES Mothers

Samantha B. Berkule-Silberman^{1,2}, Benard P. Dreyer¹, Harris S. Huberman³, Perri E. Klass¹, and Alan L. Mendelsohn¹

¹ New York University School of Medicine, New York, NY, USA

² Manhattanville College, Purchase, NY, USA

³ SUNY Downstate Medical Center, Brooklyn, NY, USA

Abstract

This study examined 3 questions: (1) What are sources from which low socioeconomic status (SES) mothers of newborns receive parenting information? (2) To what extent are sociodemographic characteristics associated with sources? (3) To what extent are sources associated with intentions regarding activities with infants? In this cross-sectional analysis, mothers were interviewed during the postpartum period about potential sources of information about parenting and asked if and when they planned to initiate shared reading and television exposure during infancy. Maternal high school graduation, US birth, non-Latina ethnicity, language English, higher SES, and firstborn child were each associated with one or more categories representing important sources of parenting information. In adjusted analyses, print, physicians and other health care professionals, and family/friends as important sources of information were each significantly associated with increased frequency of intention to begin shared reading in infancy; television as an important source was associated with intention to begin television in infancy.

Keywords

parenting; child development; anticipatory guidance

Introduction

An important consideration in the transition to parenthood is mothers' sources of parenting information. There has been limited study of the people, places, and experiences that comprise these sources. This is an important issue for families at risk for adverse child developmental outcomes related to poverty. It is possible that associations between socioeconomic status (SES) and parenting attitudes and behaviors¹ are in part mediated by differences in sources of information; however, this has not been studied. Better understanding of the type and diversity of sources of parenting information would be useful for primary care pediatricians who have significant opportunities to implement strategies to prevent developmental delay in at-risk children.

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Corresponding Author: Samantha B. Berkule-Silberman, Manhattanville College, 2900, Purchase Street, Purchase, NY 10577, USA, berkules@mville.edu.

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This study was designed to answer 3 questions:

1. What are the sources from which low SES mothers of newborn babies receive information about parenting?
2. To what extent are sociodemographic characteristics associated with type and diversity of sources of parenting information?
3. To what extent are sources of information associated with intentions regarding activities that are potentially helpful (reading aloud) or harmful (television exposure) to child development?

Sources of Parenting Information

There has been limited study of the sources of information that influence attitudes and behaviors related to parenting. However, there is likely to be overlap with sources of information in a related area: health. In a recent survey of the general population of the United States, commonly identified primary sources of health information included print media, traditional electronic media (television and radio), Internet, health care professionals, and family/friends.² This study of low SES families assessed each of these as potential sources of information.

Print—A variety of print materials, including parenting books and magazines, is available to middle class mothers. Limited research regarding low SES, at-risk families suggests discrepancies in access to information from print sources.³

Television—A range of information about parenting is available via television. Parents of children 6 months to 6 years, on average, watch television more than 2 hours per day.⁴ In addition, 32% of children who are 6 years and younger live in homes where the television is left on all or most of the time.⁴ Although many television programs include content related to parenting, whether these programs are accessible to low SES mothers is unknown.

Internet—Little is known about low SES mothers' use of the Internet for parenting information.⁵ However, low SES families are likely to have disparities in exposure, as they have limited access to computers and Internet⁶ and greater difficulty navigating these than high SES users.⁷

Physicians and other health care professionals—Obstetricians, nurses, and midwives frequently provide counseling to expectant mothers regarding parenting, including physical safety, feeding practices, sleeping practices, and medical concerns.⁸ Following the birth of the baby, pediatricians, family physicians, and nurses routinely provide anticipatory guidance during child health care visits; examples include physical safety, feeding practices, sleeping practices, and medical concerns.^{8,9} Although anticipatory guidance is directed to all families regardless of SES,¹⁰ disparities in access to care might have an impact on the degree to which health care professionals represent a source of information for low SES mothers.¹¹ Strategies to provide guidance to enhance shared reading and parent-child interaction in low SES families have been implemented in pediatric primary care through programs such as Reach Out and Read (in which families are provided with children's books and counseling during well-child visits) and the Video Interaction Project (in which videotapes are made of mother-infant dyads prior to physician visits and reviewed by a child development specialist to identify strengths); these programs have been shown to be associated with enhanced early developmental outcomes.^{12,13}

Family and friends—Previous studies have demonstrated the benefit of support from family and friends on mothers' parenting attitudes and behaviors. Mothers with greater

social support have reported positive feelings about parenting and have demonstrated greater responsiveness toward their infants.¹⁴ However, there does not appear to have been a study in which mothers have been assessed regarding their receipt of parenting information from individuals who provide them with social support.

Parenting Activities and Their Impacts on Early Development

Better understanding of sources of information may potentially affect parenting activities in early childhood, and thus affect early language development. An example of an activity likely to enhance language development is shared reading; an example of an activity with potential to impede development is television exposure.

Shared reading—Shared reading activities have been shown to be associated with language development,¹⁵ vocabulary, and cognitive development.¹⁶ These impacts are largely because of verbal interactions between mothers and children.¹⁷ Shared reading activities are more likely to begin during infancy and early childhood in families with higher income and education.¹⁸

Children's television exposure—There has been a dramatic increase in television programming directed toward infants. This has occurred despite recommendations from the American Academy of Pediatrics (AAP) that children younger than the age of 2 years should not watch any television.¹⁹ Early exposure to television may have adverse long-term consequences and limited potential for benefit. Television exposure prior to age 3 has been linked to inattention and lower reading achievement in early elementary school.²⁰ In very young children, many studies do not suggest benefits from television exposure.²¹ In our work, television exposure in 6-month-old infants was associated with limited language interactions,²² whereas preschool exposure was associated with reduced reading and teaching activities.²³ Television exposure is most frequent among children whose mothers have low education and whose families have low income.²⁴

Early Attitudes and Their Relationship to Parenting Activities

The impact of sources of information on parenting behaviors related to development is likely to be indirect, mediated through attitudes and intentions. A significant body of research has documented that attitudes and intentions related to parenting may form early, by the time of delivery or during infancy.^{25–27}

These early attitudes have been shown to influence later parenting practices. In our work with a low-income, primarily Latina, at-risk sample, we found that plans for shared reading during infancy predicted shared reading behaviors at 6 months.²⁸ Attitudes related to shared reading continue to be associated with behaviors during the preschool period.²⁹ Parental attitudes about television exposure are associated with viewing among school-age children³⁰; however, there has been no study regarding the degree to which attitudes about television are associated with viewing in preschool children.

Sources of Information and Parenting in Low SES Families

Sources of information and their relationship to parenting attitudes and practices are especially important in families at increased risk of adverse child developmental outcomes because of low SES¹ and associated factors, such as low education³¹ and limited English.³²

Research on the sources from which parents obtain their information about childrearing can lead to improved provision of anticipatory guidance for families in the context of the transition to parenthood. In addition, study in this area can inform interventions with at-risk

families, which may be implemented at birth or prenatally, prior to the initiation of later parenting behaviors.

In this study, we sought to characterize low SES mothers' sources of parenting information. We hypothesized that sources would be associated with postpartum intentions and attitudes related to shared reading and television exposure.

Method

Participants

This was a cross-sectional analysis of mother–infant dyads enrolled in a larger longitudinal study of early child development. Between November 2005 and December 2006, consecutive eligible dyads were enrolled in the post-partum unit of Bellevue Hospital Center, an urban public hospital serving at-risk families. Inclusion criteria were intention to remain in the New York City area for the next 3 years and to receive pediatric care at our institution, primary language English or Spanish, no significant medical complications, birth weight >2500 grams, gestational age >37 weeks, and mother's age >18 years.

Of 1764 infants born during the study period, 1389 were ineligible because of one or more of the inclusion criteria, with the most frequent exclusions due to plans for follow-up care at another institution (49.1%), language not English or Spanish (14.9%), and infant medical complications (11.7%). Of 375 eligible dyads, 88 (23.5%) refused, primarily citing time constraints and/or that their partners did not wish for them to participate. A total of 287 dyads were therefore enrolled. The majority of the sample was Latino and immigrants (Table 1).

Procedures

Mothers were interviewed during their hospital stays following delivery, at times of their preference when they were awake, alert, and without visitors. When fathers were present during the interview, mothers were given the option to answer sensitive questions at alternate times.

Sociodemographic Data

Mothers' sociodemographic data were collected by structured interview, including education, immigrant status, ethnicity, primary language, marital status, SES, social risk factors, infant's gender, and whether the infant was firstborn. Marital status was categorized as single (single/separated/divorced) or with partner (living together/married). SES was estimated using Hollingshead Four Factor Index of Social Status, a 5-point scale (highest resource level = 1; lowest level = 5).³³ Social risk factors assessed were history of homelessness, contact with child protection, domestic violence, and late prenatal care. In analyses, families were considered at increased social risk if at least one of these factors was present, as no factor was sufficiently prevalent for separate analyses.

Primary Study Variables

Sources of information about parenting—Mothers were interviewed about the sources from which they received information about parenting. They received the following instructions:

I am now going to list some people and places where parents get information about parenting, by which I mean raising your child. For each person and place, tell me how much information you got about parenting. Although you may have gotten information during this hospital stay, I would only like to know about what you

learned before this stay. For example, how much information did you get from your mother about parenting or raising your child: none, some, or a lot?

Five categories of sources of parenting information were assessed, as described above, based on 11 individual items related to print (books, magazines), traditional electronic media (television), Internet, physicians and other health care professionals (obstetricians, pediatricians, nurses, midwives) and family and friends (their mothers, other family members, friends).

Plans for shared reading—Mothers were asked whether they planned to read children's books together with their children. Those answering affirmatively were asked, "At what age do you think you will start reading aloud with children's books with your child?" Responses were categorized by whether mothers planned to begin shared reading during infancy (before 12 months of age); we have previously shown intentions for reading in infancy to be related to later behaviors at 6 months,³⁴ and shared reading at 6 months to be associated with ongoing shared reading during the preschool period as well as later cognitive and language development.²³

Plans for television exposure—Mothers were asked about their plans for their newborn's television exposure with the following question: "At what age do you think you will start having your child watch television or videos?" Similar to shared reading, responses were categorized by whether mothers planned to initiate television/video exposure during infancy (before 12 months). This cutoff point was chosen because of the high frequency of television exposure in infancy.²²

Results

Analysis Strategy

Descriptive statistics were calculated for all primary study variables. Categories of parenting sources were considered to represent "important" sources of parenting information if mothers reported at least one survey item within the category as a source of a lot of information. As there were unequal numbers of survey items per category, this approach facilitated analyses with comparable interpretations across categories; this was also consistent with the distribution of individual survey items within categories (with 40% to 68% reporting no items as sources of a lot information within the 3 categories containing more than one item [print media, physicians and other health care providers, and family and friends]; see Table 2). Associations between sociodemographic characteristics and proportions reporting categories as important were analyzed using χ^2 with continuity correction. Total number of categories reported to be important were also calculated; associations with sociodemographic characteristics were analyzed using *t*-tests and multiple linear regression analyses adjusting for all sociodemographic characteristics (maternal education, immigrant status, Latino ethnicity, primary language Spanish, marital status, SES, presence of social risk factors, and birth order). Associations between categories reported as important and both intentions to engage in shared reading and television exposure in infancy were analyzed using χ^2 with continuity correction and multiple logistic regression analyses (as the outcome variables were dichotomous). Analyses were not performed based on child gender because information was not available regarding whether the mother had been aware of the gender of the baby prior to delivery.

Descriptive Data Related to Primary Study Variables

Regarding *sources of parenting information*, Table 2 shows for each survey item, the frequency of mothers reporting each person, place, or experience as a source of "a lot" of

information about parenting. The 3 most frequently reported individual sources were grandmother (48.8%), books (32.4%), and other family (30.0%). This table also shows for each category, the frequency for which the category represented an important source of information (based on mothers reporting at least one survey item as a source of “a lot” information within the category). Family and friends was reported most frequently (59.9%), whereas Internet was reported least frequently (11.8%), with Cochran’s $Q = 254$, $P < .001$. The mean (SD) total number of categories considered important was 1.3 (1.1).

Regarding *intentions related to shared reading and media*, 78.0% reported plans to share books in infancy, and 32.8% reported plans for television exposure in infancy.

Associations Between Sociodemographics and Sources of Parenting Information

Table 3 shows associations between sociodemographic characteristics and categories representing important sources of parenting information. There were no specific patterns in which sources of information varied with sociodemographic characteristics. Rather, the presence of certain sociodemographic characteristics tended to be associated with increased frequency of reporting sources of parenting information as important across multiple factors. Specifically, maternal high school graduation, US birth, ethnicity other than Latino, primary language English, higher SES, and firstborn child were each associated with one or more categories representing an important source of parenting information.

Analyses were also performed of the relationship between sociodemographic characteristics and total number of categories representing important sources. Based on t -tests, mothers with high school or greater education ($P < .001$), born in the United States ($P < .001$), ethnicity other than Latina ($P < .001$), English-speaking ($P < .001$), higher SES ($P < .001$), and no other children ($P < .01$) reported more categories as important sources of information; significant results are reported in Table 4. In a multiple linear regression, independent predictors of number of categories were education (SR = .26, $P < .001$) and English language (semipartial correlation [SR] = .19, $P < .001$).

Associations Between Sources of Parenting Information and Intentions Regarding Shared Reading and Media in Infancy

In unadjusted analyses using χ^2 , print, medical, personal, and internet as important sources of parenting information were each significantly associated with increased frequency of intention to begin shared reading in infancy (Table 5). After adjusting for all sociodemographic variables (maternal education, immigrant status, Latino ethnicity, primary language, marital status, SES, social risk factors, and birth order) in multiple logistic regression analysis, statistical significance was retained for print, medical, and personal sources. In both unadjusted and adjusted analyses, television as an important source of parenting information was associated with intention to begin television in infancy.

Discussion

In this preliminary study of postpartum mothers as they transition toward parenting a new baby, we studied 5 potential sources of parenting information. Family and friends were the most common source reported as important, followed by print media and health care–related sources. In contrast, few reported television or Internet as important sources.

Although previous studies have documented preexisting sociodemographic factors that influence parenting attitudes and practices,^{25,28,34} to our knowledge, there has been no study of the sources from which mothers obtain parenting information at the time of transition to parenthood or to a new baby. Furthermore, there has been no study of the degree to which these sources influence attitudes about parenting.

Contrary to hypothesis, there were no specific patterns in which information sources varied with sociodemographic characteristics. For example, mothers who were high school graduates or English-speaking were more likely to report sources of information as important across 4 of the 5 categories. These results suggest a dichotomy, with some mothers reporting many sources as important and others reporting few. We therefore did not find evidence to support the design of interventions which address different sources of parenting information depending on sociodemographic characteristics.

Mothers' reported sources of parenting information were associated with attitudes about reading and television exposure with their infants. Independent of potential confounders, mothers who reported print, health care, or family and friends as important sources of parenting information were more likely to have plans to initiate shared reading during infancy. In contrast, those who reported television as an important source were less likely to report intentions to engage in shared reading but more likely to report intentions to engage in television viewing with their children during the infancy period.²⁰ This is understandable, as mothers considering television as a useful source of parenting information might regard television as a positive experience for their children. Alternatively, it may be that the television is left on for a significant amount of time in the home, increasing both the likelihood of mothers receiving information from television and the likelihood of infants' exposure.

Notably, health care as a source of parenting information was associated with increased likelihood of plans for shared reading in infancy. There has been a recent emphasis in the pediatric community regarding provision of anticipatory guidance related to shared reading aloud in programs such as Read Out and Read.³⁵ These results provide indirect support for anticipatory guidance provided to families both prenatally and postnatally.

There are several limitations to these results. Participants were urban Latina families; these results are not necessarily generalizable to non-Latina families and families living in nonurban areas. The questions asked in this study may be considered exploratory as there is no available established measure of how and where parents obtain information about childrearing. Although we assessed sources of general information about parenting, we did not assess sources of specific information about shared reading; this may have led to reduced associations between sources of parenting information and intentions related to reading behaviors. Also, we did not collect information about mothers' social support. Reliability and validity of assessments may have been reduced because of maternal fatigue, as baseline interviews took place in the days following delivery. Assessment may have been subject to social desirability bias: It is possible that we may have overestimated the proportion of mothers who planned to read books in infancy or have baby books in the home. Similarly, it is possible that we may have underestimated the proportion of mothers who planned to initiate television viewing in infancy.

Findings from this study suggest that additional research is needed to better understand the construct of "parenting information," including specific details related to quality and content of information as it relates to specific sources (e.g., television, specific family members such as grandmothers). Areas of future study should include topics that new mothers consider to be important, integration of information from different sources, and how information is obtained as children get older. Furthermore, it would be useful to understand the degree to which mothers actively seek information in contrast to passively receiving it. Finally, it would be useful to study sources and attitudes in fathers.

Our results have practical implications for pediatricians and other professionals working with low SES families. As family and friends were most frequently reported as important

sources of parenting information, service providers working with families should seek out opportunities to include other family members. For example, pediatricians might seek to include grandmothers (mothers' other family and friends) in provision of anticipatory guidance during well-child visits. Child professionals should consider ways to include family and friends' participation when designing interventions. In general, service providers should seek opportunities to increase effective dissemination of parenting information in the context of both prenatal and pediatric care, including explanations of established, highly regarded sources of information on the Internet and in books and magazines.

Pediatricians should be aware that low education, immigrant mothers are likely to have limited sources of parenting information, and make efforts to increase access to information across multiple sources for these families. Attention should be given to quality of available information about parenting, especially as low SES families acquire increased access to the Internet. Future research building on this work will be useful to child health care providers as they provide anticipatory guidance and investigators as they design interventions to help at-risk parents.

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Table 1

Sociodemographic Characteristics of Mothers (N = 287)

	n (%)
Maternal characteristics	
High school graduate	125 (43.6)
Immigrant	234 (81.5)
Latina	253 (88.5)
Spanish-speaking	202 (70.4)
Married/living with partner	225 (78.4)
Low socioeconomic status ^a	251 (87.5)
Presence of risk factor(s) ^b	58 (20.2)
Infant characteristics	
Female	146 (50.9)
Firstborn	119 (41.5)

^aLowest Hollingshead socioeconomic status (SES) categories (4 and 5).

^bDefined as one or more of the following: history of homelessness (17, 5.8%), contact with child protection (4, 1.5%), domestic violence (6, 2.2%), and late prenatal care (35, 2.1%).

Table 2

Sources of Information by Individual Survey Item and by Category: Descriptive Information

Survey Item	n (%) Reporting “a Lot” of Information From Source	Category	n (%) With Category as Important Source of Information ^{a,b}
Books	93 (32.4)	Print media	108 (37.6)
Magazines	67 (23.3)		
Television	52 (18.1)	Television ^c	52 (18.1)
Internet	34 (11.8)	Internet ^c	34 (11.8)
Obstetricians	52 (18.1)	Physicians and other providers	90 (31.4)
Pediatricians	38 (13.2)		
Nurses	23 (8.0)		
Midwives	37 (12.9)		
Mothers	140 (48.8)	Family and friends	173 (60.3)
Other family	86 (30.0)		
Friends	39 (13.6)		

^a At least one source reported as providing “a lot” of information.

^b Cochran’s $Q = 254$, $P < .001$.

^c Same as for individual item because only 1 item in category.

Table 3

Mothers With Category as Important Source of Information: Associations With Sociodemographic Characteristics^a

	n (%) of Mothers With Category as Important Source				
	Print	Television	Internet	Physicians/Other Providers	Family/Friends
High school graduate					
Yes	67 (53.2) ^b	29 (23.0)	26 (20.6) ^b	53 (42.1) ^b	95 (75.4) ^b
No	41 (25.3)	23 (14.2)	8 (4.9)	37 (22.8)	78 (48.1)
Immigrant					
Yes	79 (33.6) ^c	39 (16.6)	22 (9.4) ^d	57 (24.3) ^b	131 (55.7) ^c
No	29 (54.7)	13 (24.5)	12 (22.6)	33 (62.3)	42 (79.2)
Latina					
Yes	87 (34.1) ^c	43 (16.9)	24 (9.4) ^c	76 (29.8)	151 (59.2)
No	21 (63.6)	9 (27.3)	10 (30.3)	14 (42.4)	22 (66.7)
Spanish-speaking					
Yes	60 (29.6) ^b	33 (16.3)	12 (5.9) ^b	47 (23.2) ^b	108 (53.2) ^b
No	48 (56.5)	19 (22.4)	22 (25.9)	43 (50.6)	65 (76.5)
Married/partner					
Yes	82 (36.3)	42 (18.6)	26 (11.5)	66 (29.2)	129 (57.1)
No	26 (41.9)	10 (16.1)	8 (12.9)	24 (38.7)	44 (71.0)
Low socioeconomic status					
Yes	87 (34.4) ^c	42 (16.6)	25 (9.9) ^d	77 (30.4)	148 (58.5)
No	21 (60.0)	10 (28.6)	9 (25.7)	13 (37.1)	25 (71.4)
Risk factors					
Yes	21 (36.2)	10 (17.2)	5 (8.6)	21 (36.2)	38 (65.5)
No	87 (37.8)	42 (18.3)	29 (12.6)	69 (30.0)	135 (58.7)
Firstborn					
Yes	49 (41.2)	26 (21.8)	20 (16.8) ^d	41 (34.5)	81 (68.1) ^d
No	59 (34.9)	26 (15.4)	14 (8.3)	49 (29.0)	92 (54.4)

^a Analyzed using χ^2 .^b $p < .001$.

$c_p < .01$
 $d_p < .05$

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Table 4

Relationship Between Sociodemographic Characteristics and Number of Categories That Were Important Sources of Information^a

	n	Mean (SD) Number of Categories	<i>t</i>
High school graduate			
Yes	125	1.7 (0.9)	6.87 ^b
No	162	0.9 (1.1)	
Immigrant			
Yes	235	1.2 (1.0)	−4.29 ^b
No	52	1.8 (1.1)	
Latina			
Yes	254	1.2 (1.0)	−3.56 ^b
No	33	1.9 (1.2)	
Spanish-speaking			
Yes	203	1.1 (1.0)	−5.96 ^b
No	84	1.8 (1.1)	
Low socioeconomic status			
Yes	253	1.2 (1.0)	−3.64 ^b
No	34	1.9 (1.2)	
Firstborn			
Yes	119	1.5 (1.1)	2.78 ^c
No	168	1.1 (1.0)	

^a Analyzed using independent samples *t* tests.

^b $P < .001$.

^c $P < .01$.

Table 5
Associations Between Category as Important Source of Information and Intentions Related to Activities in Infancy

Category	Important Source of Parenting Information	Plans for Shared Reading		Plans for TV Exposure	
		n (%)	OR ^a	n (%)	OR ^a
Print	Yes	94 (87.0)	2.5 ^c	42 (38.9)	1.5
	No	131 (72.8)	2.1 ^d	53 (29.6)	1.3
Television	Yes	44 (84.6)	1.7	26 (50.0)	2.4 ^c
	No	181 (76.7)	1.6	69 (29.4)	2.6 ^c
Internet	Yes	32 (94.1)	5.1 ^d	14 (41.2)	1.5
	No	193 (76.0)	4.1	81 (32.0)	1.3
Physicians/other providers	Yes	80 (88.9)	2.9 ^c	32 (36.0)	1.2
	No	145 (73.2)	2.4 ^d	63 (31.8)	0.9
Family/friends	Yes	144 (83.2)	2.1 ^d	61 (35.5)	1.2
	No	81 (70.4)	2.0 ^d	34 (29.6)	1.2

OR = odds ratio; AOR = adjusted odds ratio.

^a Analyzed using χ^2 .

^b Analyzed using multiple logistic regression.

^c $p < .01$.

^d $p < .05$.