

Parents — moms, and especially dads — can make a potentially life-saving difference in their children's lives.

Teen Seat-Belt Use:
A Community Youth Development Approach

PARENT

POWER

SECOND EDITION



SOUTH DAKOTA
COALITION
FOR CHILDREN

*A report based on information compiled by the
South Dakota Coalition for Children, in
Cooperation with the South Dakota Department of Health,
the South Dakota Office of Highway Safety,
the South Dakota Department of Education
and made possible in part by a grant from
the Wellmark Foundation.*



© 2003 South Dakota Coalition for Children

Reprinted June 2004 with funding support from State Farm Insurance.

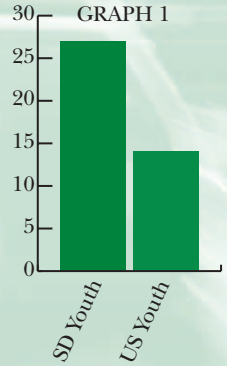


Written by Betsy Rice, communications coordinator, South Dakota Coalition for Children.



NEVER/RARELY

Percentage of South Dakota and U.S. youth who report never or rarely wearing a Seatbelt, 2001



Source: South Dakota and National Youth Risk Behavior Surveys, 2001

TALKING TO TEENAGERS □

Teens listen to their parents. Surprised?

They listen with their ears — and with their eyes. And when it comes to seat-belt use, parents have a great deal more influence over their high-school age children than they might imagine. Parents have the power to make buckling up a habit with their kids.

That eye-opener came as the result of a project led by the South Dakota Coalition for Children to encourage seat-belt use by teens. Statistics about the grim consequences of young people's low rates of seat-belt use in South Dakota prompted the effort.

¹ 2001 South Dakota Youth Risk Behavior Survey Report

² South Dakota Youth Risk Behavior Survey Trend Data, 1991-2001

³ South Dakota Vital Statistics and Health Status: 2001, South Dakota Department of Health.

⁴ National Highway Traffic Safety Administration. Benefits of safety belts and motorcycle helmets: report to Congress, February 1996. Washington DC: United States Department of Transportation.

CAUSE AND EFFECT □

Only 20 percent of South Dakota teens are in the habit of using seat belts when riding in a motor vehicle, and just one in three buckles up when driving.¹ Some 27 percent of South Dakota teens report they never or rarely wear a seat belt when riding in a vehicle. That compares to 14 percent of teens nationally.² (See graph 1.)

Low use appears to correlate with this state's higher-than-average violent death rate among teens. The single greatest cause? Vehicle crashes, which in 2001 accounted for 44 percent of all teen deaths in the state.³

Teens scorn seat-belt use, despite conclusive evidence that safety restraints could prevent approximately 60 percent of deaths to motor-vehicle occupants.⁴

GETTING TEENS TO BUCKLE UP

How can South Dakota teens be persuaded to buckle up? A search for answers prompted the South Dakota Coalition for Children to initiate “Teen Seat Belt Use: A Community Youth Development Approach.” Teens and adults in target communities designed strategies to make seat-belt use a habit among more of their peers. Mitchell, Milbank and Cheyenne River-Eagle Butte were selected as representative of the state’s urban, rural and reservation settings.

Three comparable South Dakota communities—Brookings, Webster and Mission — were also measured to provide a benchmark control in evaluating project results.

Teens came up with a variety of ideas for promoting seat belt use among their peers:

- Presentations before community groups (school assemblies, civic clubs), featuring the “Seat Belts Save Lives” video¹, speakers, including a crash survivor, emergency room nurse, doctor or law enforcement officer,
- Buckle-up reminder signs on billboards and in parking lot exits,
- Exhibit of crashed car whose occupants survived because of seat belts,
- Seat belt checks,

- Various public service slogans and reminders.

While the project did not result in an increase in seat-belt use among teens in the intervention communities, it did point to influences that may lead ultimately to that goal.

WHY DON'T TEENS BUCKLE UP?

Questionnaires completed by ninth- through 12th-graders in all six communities indicate that seat belt use is not a habit. Surveys revealed the following (beginning with the most common) reasons that teens give for not buckling up routinely (see graph 2):

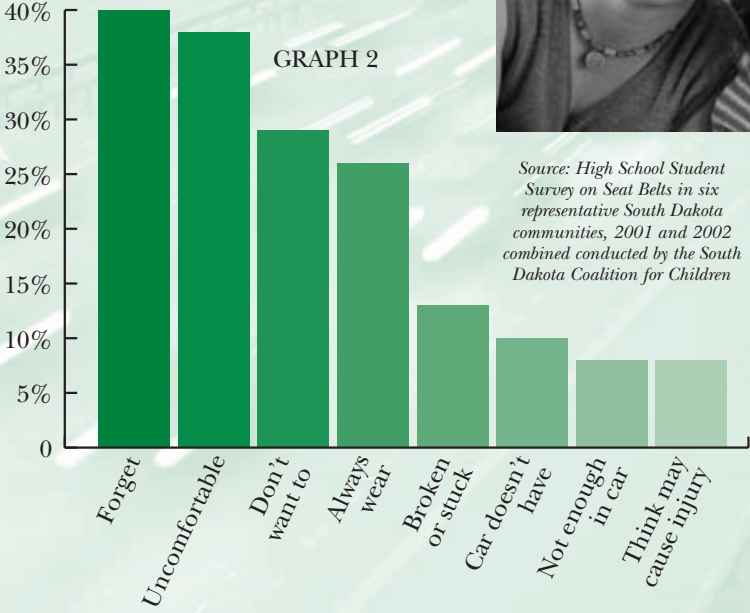
- Forgot,
- Uncomfortable,
- Don’t want to,
- Broken or stuck,
- Car doesn’t have safety equipment,
- Not enough seatbelts in car.

Cited by slightly less than 10 percent of respondents was a seventh reason: Using seat belts may cause injury. Teens also said they’re considerably less likely to use seat belts on a date. Additional reasons revealed by youth in focus group discussions:

- It’s not cool,
- They aren’t used to using seat belts — it’s not a habit,
- Short trip,
- In a hurry,

¹ *Seat Belts Save Lives video is available from the South Dakota Office of Highway Safety, 118 W. Capitol Avenue, Pierre, SD*

**“Why don’t you wear a seat belt?”
Teen Survey Responses 2001-2002**



Source: High School Student Survey on Seat Belts in six representative South Dakota communities, 2001 and 2002 combined conducted by the South Dakota Coalition for Children

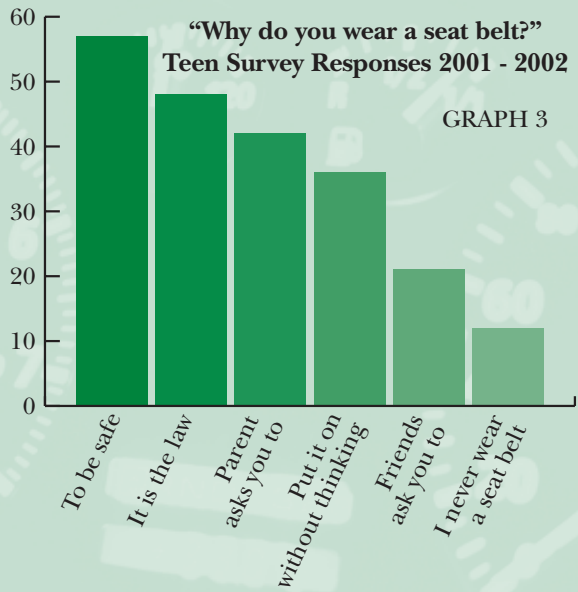
- Belief that accident risk is low,
- Lazy,
- Restraints limit movement,
- Seat belt is hard to find,
- More passengers than seat belts,
- Concern the driver will think seat-belt use by passengers is a reflection of concern about his/her driving.

When riding in the back seat, many said they don't bother with seat-belts, apparently shrugging off evidence that in a crash, rear-seat passengers become projectiles, injuring themselves as well as front-seat passengers.

WHAT ENCOURAGES TEENS TO USE SAFETY BELTS? □

Some 44 percent of students surveyed said they routinely buckle up in a vehicle — for them, it's a habit. The most prevalent reason youth gave for wearing a seat belt was “to be safe” (see graph 3 on next page). Asked in focus groups, “What encourages you and your friends to wear a seat belt?” the students responded:

- To be safe
- It's a habit
- Parents make me
- It's the law



Source: High School Student Survey on Seat Belts in six representative South Dakota communities, 2001 and 2002 combined conducted by the South Dakota Coalition for Children

- Seeing law enforcement
- Fines
- Previous accidents or close calls
- Automatic seat belts
- Insurance requirement
- Reminder signs
- Radio ads
- Community promotions

Additional factors that prompt teens to buckle up are seeing bad drivers, when traveling out of town or on gravel roads, when road conditions are poor and at night.

Students understand the value of wearing a seat belt but may miscalculate their ability to put it on in a risky situation. Since three out of four fatal crashes occur within 25 miles from home and 85% of fatalities occur in cars traveling less than 40 miles per hour,¹ the best safety assurance is to buckle up on every ride, every time.

HOW CAN ADULTS HELP KIDS MAKE SEAT BELT USE A HABIT? □

Teens across all communities said that parents and family influenced their seat belt use. Youth who say their mothers never or rarely wear seat belts are threefold more likely to report that they themselves never or rarely wear seat belts.

Teens that report their fathers never or rarely wear seat belts were four-and-a-half times less likely to wear seat belts compared to teens who reported their dads always buckle up.

And you thought your kids weren't paying attention!

Parents — moms and especially dads — can make a potentially life-saving difference in their children's lives. You have the power! Keep reminding your kids to buckle up. And — more important — do it yourself!

¹ National data reported by the National Highway Traffic Safety Administration.

South Dakota

SEAT BELT

LAWS

1. All operators and passengers under age 18 must be buckled up at all times.
2. Children under 5 years of age and weighing less than 40 pounds are required to use an approved child-safety seat.
3. Drivers are responsible for all passengers up to age 17, which means they can be ticketed for not having children or youths properly restrained. This is a primary offense, which means a driver can be stopped for failing to obey this law even without another violation.
4. All adults in the front seat of a vehicle must be buckled up.

ANNOTATED BIBLIOGRAPHY ON ADOLESCENT SEAT BELT USE

Calisir, F., Lehto, M.R. (2002). **Young drivers' decision making and safety belt use.** *Accident Analysis & Prevention*, 34 (6), 793-805. A study that explores the influence of various factors on safety belt use. The study found that drivers' decision making toward safety belt use was mainly influenced by demographic factors, gender, GPA and age. Drivers do not continuously compare risk against benefits when making their decisions about safety belt use.

Creighton, J. (2002, September). **More teens buckle up in states with tougher laws.** *The Nation's Health*, pp. 24. A study released in July of 2002 by the Air Bag and Seat Belt Safety Campaign found that in primary law states, 47 percent of teenage drivers in fatal crashes were wearing seat belts as compared to only 30 percent in states with secondary laws. Even so, the overall teen seat belt use rate is still significantly lower than the general population. High visibility enforcement is key to increasing use. The type of vehicle and age are also contributing factors.

Hagenzieker, M.P., Bijleveld, F.D., Davidse, R.J. (1997). **Effects of incentive programs to stimulate safety belt use: A meta-analysis.** *Accident Analysis and Prevention*, 29 (6), 759-777. The authors performed a meta-analysis of articles on safety belt use to determine the short- and long-term effects of incentive programs to stimulate safety belt use. It was limited to studies that used behavioral observations of safety belt use, and to programs that included incentives that could be expressed in terms of some "material value." Incentive programs generally lead to substantial short-term effects; and smaller short-term effects. Seat-belt use after withdrawal of the incentive campaigns is, however, generally higher than the initial baseline. Findings also revealed the magnitude of short-term effects depend on a number of moderator variables that include the type of population, immediacy of delivering the rewards, and the initial baseline rate.

Malenfant, L., Wells, J.K., Van Houten, R., Williams, A.F. (1996). **The use of feedback signs to increase observed daytime seat belt use in two cities in North Carolina.** *Accident Analysis and Prevention*, 28 (6), 771-777. Driver and right front passenger seat belt use were observed and recorded throughout the baseline and feedback periods, using a seat belt observation protocol developed by the North Carolina Highway Safety Research Institute. The signs were changed weekly. "Pulse" enforcement was carried out during the study period to make the appearance of constant enforcement. Feedback signs produced substantial increases in all locations except the interstate sites.

Pasto, L., Baker, A.G. (2001). **Evaluation of a brief intervention for increasing seat belt use on a college campus.** *Behavior Modification*, 25 3, 471-486. A short two-step intervention in a college parking lot — including posting of performance feedback and distribution of an informational flyer — was intended to increase seat-belt use by this higher risk population. The flyer was distributed to every car three times during a five-day intervention phase, with baseline numbers obtained over a five-day period immediately before the intervention. The feedback sign was initiated on the second day of the intervention phase and remained for four days. The two-step intervention increased the seat belt use of both the drivers and front passengers, although the differential effect of each component on the observed seat belt use could not be assessed.

Cohn, L. D., Hernandez, D., Byrd, T., & Cortes, M. (2002). **A program to increase seat belt use along the Texas – Mexico border.** *American Journal of Public Health*, 92 (12), 1918-1920.

Dec, T. S., Evans, W. N. (2001). **Teens and traffic safety.** *Risky Behaviors among Youths: An Economic Analysis*. Chicago: University of Chicago Press.

- Dinh-Zarr, T. B., Sleet, D. A., Shults, R. A., Zaza, S., Elder, R. W., Nichols, J. L., Thompson, R. S., Sosin, D. M., & the Task Force on Community Preventive Services. (2001). Reviews of evidence regarding interventions to increase the use of safety belts. American Journal of Preventive Medicine, 21 (4S), 48-65.
- Eby, D.W., Molnar, L.J., Olk, M.L. (2000). Trends in driver and front-right passenger safety belt use in Michigan: 1984-1998. Accident Analysis and Prevention, 32 837-843.
- Eustace, D., Bartel, T.M.C. (2002). Seat belt use compliance in Kansas. Journal of the Transportation Research Forum, 56 (4), 149-160.
- Everett, S.A., Shults, R.A., Barrios, L. C., Sacks, J.J., Lowry, R., Oeltmann, J. (2001). Trends and subgroup differences in transportation-related injury risk and safety behaviors among high school students, 1991-1997. Journal of Adolescent Health, 28 (3), 228-234.
- Halpern-Felsher, B. L., Millstein, S. G., Ellen, J. M., Adler, N. E., Tschann, J. M., & Biehl, M. (2001). The role of behavioral experience in judging risks. Health Psychology, 20 (2), 120-126.
- Harre, N., Brandt, T., Dawe, M. (2000). The development of risky driving in adolescence. Journal of Safety Research, 31 (4), 185-194.
- Hartos, J. L., Eitel, P., & Simons-Morton, B. (2002). Parenting practices and adolescent risky driving: A three-month prospective study. Health Education & Behavior, 29 (2), 194-206.
- Hartos, J. L., Nissen, W. J., & Simons-Morton, B. G. (2001). Acceptability of the checkpoints parent-teen driving agreement. American Journal of Preventive Medicine, 21 (2), 138-141.
- Johnston, B. D., Rivara, F. P., Droesch, R. M., Dunn, D., & Copass, M. K. (2002). Behavior change counseling in the emergency department to reduce injury risk: A randomized, controlled trial. Pediatrics, 110 (2), 267-274.
- Knishkowsky, B., Gofin, R. (2002). Seat belt use among teenagers in two Israeli family practices. International Journal of Adolescent Medical Health, 14 (1), 51-54.
- Rivara, F.P., Thompson, D.C., Beahler, C., MacKenzie, E.J. (1999). Systematic reviews of strategies to prevent motor vehicle injuries. American Journal of Preventive Medicine, 16 (1S), 1-5.
- Rivara, F.P., Thompson, D.C., Cummings, P. (1999). Effectiveness of primary and secondary enforced seat belt laws. American Journal of Preventive Medicine, 16 (1S), 30-39.
- Stevens, M. M., Olson, A. L., Gaffney, C. A., Tosteson, T. D., Mott, L. A., & Starr, P. (2002). A pediatric, practice-based, randomized trial of drinking and smoking prevention and bicycle helmet, gun, and seatbelt safety promotion. Pediatrics, 109 (3), 490-497.
- Task Force on Community Preventive Services. (2001). Recommendations to reduce injuries to motor vehicle occupants: Increasing child safety seat use, increasing safety belt use, and reducing alcohol-impaired driving. American Journal of Preventive Medicine, 21 (4S), 16-22.
- Wald, M. L. (2002, May 20). Urging young to buckle up, officials try switch in tactics. The New York Times, pp.A16.
- Wells, J. K., Williams, A. F., Farmer, C. M. (2002). Seat belt use among African Americans, Hispanics, and whites. Accident Analysis and Prevention, 34 523-529.

PROJECT PARTNERS

South Dakota Department of Health

Colleen Winter, administrator, Office of Health Promotion

Sherrie Fines, child health coordinator

Denise White, adolescent health coordinator

Linda Ahrendt, director, Coordinated School Health Program

Bob Graff, director, emergency medical services

Kathlene Mueller, manager, data statistics and vital records/state registrar

South Dakota Department of Education

Janet Ricketts, director, Coordinated School Health Program

South Dakota Department of Public Safety

Roy Meyer, director, Office of Highway Safety

Marianne Gabriel, assistant, Office of Highway Safety

South Dakota Coalition for Children

Susan Randall, executive director

Betsy Rice, communications coordinator

Amy Dziobecki, office coordinator

RESEARCH CONSULTANTS

David B. Schubot, Ph.D., Department of Family and Community Medicine, Medical College of Wisconsin

Sarah L. Patrick, MPH, Ph.D., professor/director, University of South Dakota School of Medicine, Center for Rural Health Improvement, USD Health Science Center

Wendy Wulf, MBA, Coordinator, Rural Health Projects, University of South Dakota School of Medicine Department of Family Medicine, Center for Rural Health Improvement, USD Health Science Center

FUNDING SUPPORT FOR PROJECT RESEARCH PROVIDED BY





The South Dakota Coalition for Children strives to shape policies and programs to ensure the well-being of all children in South Dakota.

The South Dakota Coalition for Children seeks to insure that the needs of all South Dakota children are met including food, clothing, shelter, nurturing, education, health care and safety within the family and community.

South Dakota Coalition for Children
808 N. West Avenue • PO Box 2246 • Sioux Falls, SD 57101-2246
phone: 605 367-9667 • fax: 605 335-3836

visit our website at: www.sdcchildren.org