

Dear Consumer

# Children's Clothes: Coping With Growth

By Virginia Knauer  
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How our youngsters grow. You may not have noticed their growth during summer, but you find out when it's time to get them ready for school and the fall and winter seasons.

Since all families struggle with this problem, sharing solutions can be helpful.

One mother I know puts away a small sun every week during summer. By fall she has a nest egg for the shoes, socks, shirts, jackets her four boys need.

Another tells me that her daughters' dress-up outfits are always bought at a local thrift shop. Run by volunteers for the benefit of a community charity, the shop buys—and then resells—only those used garments that are in excellent condition. Since youngsters almost always outgrow their Sunday-go-to-meeting clothes faster than they outwear them, thrift shops are good places to buy children's clothing. (And by selling the outgrown clothes to the thrift shop, you have extra money for newer clothes.)

Here are other tips on getting the most for your money when you shop for children's clothing.

• Take time to comparison shop. Look in different kinds of stores: discount stores, small neighborhood shops, mail order companies and department stores. Compare prices, brands and quality. Keep in mind how long you expect the clothes to be worn—one season? two? or more?

• Look for sturdy construction. Are seams straight, unpuckered, strong and wide enough to avoid fraying? Are pockets reinforced? Do zippers work smoothly? Are buttons sewn securely?

• Read care labels and fabric content labels. If fabric is not washable, add expected dry cleaning costs to the price of the garment.

• If fabric is not Sanfor-

ized (only 1% shrinkage) or pre-shrunk (only 3%), garment may shrink out of size.

• If ironing is required, remember that your own time is worth money.

• When buying sleepwear for small children (sizes 0 to 6x), be sure to buy garments made of flame-retardant fabrics.

• With rainwear, realize that "water repellent" fabrics only shed water. Usually, only rubberized or plastic-coated garments are waterproof. Girls' fashion boots, incidentally, are seldom waterproof. For foul-weather gear, look for labels that say "waterproof."

• Don't guess at sizes—they vary from brand to brand. Have your child try on each item before you buy it. This is a must, of course, with shoes—both feet, since each of us usually has one larger foot.

• Look for clothes that will grow with the child. Stretch fabrics are a boon. So are garments for toddlers and small children that are made with special "grow" features, such as extra sets of snaps and hidden hems that you can let down by pulling a single thread.

There are several Federal government booklets that may be of interest to you: Clothing and Fabric Care Labeling (free), Fibers and Fabrics (25 cents), Look for That Label (free) and Removing Stains From Fabrics (20 cents). All are available from Consumer Product Information, Pueblo, Colo. 81009. Make check payable to Superintendent of Documents.

## PREGNANCY PLANNING AND HEALTH by Mrs. Gloria Riggsbee

Dear Mrs. Riggsbee: My husband and I were married two years ago and now I am five months pregnant with our first child. We planned this baby and I am excited about it and everything, but I am also a little bit scared of actually having it. The closer I get to the ninth month, the more I worry. What should I do?

But you shouldn't keep those fears to yourself. Talk them over with your husband and with your doctor. Your doctor will be able to rid you of most of your fears and give you confidence if he knows exactly what is bothering you about childbirth.

It might also help you a great deal to attend classes for couples who are going to have their first baby. Ask your doctor whether these classes are being given at the hospital

where you will deliver. The classes will give you a chance to learn exactly what will happen in labor so that you will know what to expect. You will be able to ask questions and clear up your doubts and fears. Then you will be able to look forward to the happy event with excitement and anticipation.

Dear Gloria: My husband uses condoms to keep our family the right size for us. Every so often he skips and I get worried, but since he uses them most of the time I don't say anything. Except for this I seldom have a worry. My husband is a wonderful man and we have two lovely children. Do you think I should insist that he uses something EVERY time

we have sex? Mrs. F. Dear Mrs. F.: If you and your husband don't want another child anytime soon, you should use birth control EVERY TIME you have sexual relations.

Studies have shown that it is not just couples who do not ever use birth control who have unplanned and unexpected babies. In many cases, unwanted pregnancies occur to couples who know something about birth control and who usually use some method of contraception. The trouble is that these couples don't use birth control EVERY time.

And as many people could tell you, you only have to be careless or forgetful one time! So, if you don't want to get pregnant, use the method of

birth control you prefer, and use it every time. If you think your husband doesn't particularly like to use condoms, you might want to consider consulting a doctor about taking birth control pills or having an IUD inserted.

If you and your husband are sure you do not want any more children, I suggest you talk to your doctor about a permanent method of birth control—a vasectomy for your husband or a tubal ligation (tying your tubes). I am sending you a free booklet which describes these permanent methods of birth control.

Dear Gloria: Is an IUD, such as the loop of the shield, able to prevent

pregnancy as soon as the doctor inserts it in a woman's womb, or do you have to use another method of birth control for a while after this is done? I forgot to ask the doctor this.

Dear Mrs. L.: The IUD is effective as soon as it has been inserted by the doctor. There is no need to use any other method of birth control. However, in cases where there is a little cramping at first, the doctor may suggest that you wait a few days before having sex relations.

Address letters and requests for a free booklet on birth control to: Mrs. Gloria Riggsbee, 123 West Franklin Street, Chapel Hill, North Carolina 27514.

## Says Comprehensive Health Care Approach Appears Best

ATLANTA — A report released recently by the Southern Regional Council documents the widely held opinion of many health professionals that the comprehensive health care approach is "the only meaningful way toward improving the health status of the poor."

Authored by SRC staffers Robert E. Anderson Jr. and Susan Morgan, the 36-page report describes some of the special health needs of the poor, surveys the kinds of services available at comprehensive health centers and briefly examines some health delivery alternatives.

Comprehensive health care, administered by the federal government through the Office of Economic Opportunity (OEO) and the Office of Health, Education and Welfare (HEW), treats a patient and his health needs in a total manner, not separating medical needs from social and environmental factors.

Comprehensive health encompasses a host of vital services including in addition to primary medical and clinical care such services as improvement of environmental conditions, mental health counseling, free medicines and eyeglasses. Care is implemented through the team approach in which the patient has access to a wide range of medical and health service specialists under one roof.

In rural areas, the centers— which number seventeen presently in operation throughout the South— have been instrumental in improving environmental conditions, such as impure water and other sanitation related health hazards. Rural residents, for instance, often develop dysentery through drinking impure water. The centers both treat the patient and work for the improvement of the water supply which produced his illness.

The report also focuses on urban areas, where lead paint poisoning in ghetto housing, continues to menace young children who eat paint stripped from windowsills and walls.

The report points out that the South still lags far behind the nation in health care. In no Southern state is the physician to population ratio equal to the national average. For example, there are 47 counties in the eleven Southern states which do not have a single practicing physician.

Twenty-three of these counties are in Texas, 14 in Georgia, four in Florida, two in Virginia and Tennessee, and one each in Mississippi and Alabama.

In 1967 in Jackson/Hinds County, Miss. when a comprehensive center there submitted its equal proposal to OEO, the physician to patient ratio for the part of the county outside the city limits was 20 per 100,000 compared to 86 per 100,000 in Mississippi as a whole and 142.6 per 100,000 for the nation.

Added to the low ratio of physicians to patients in the South, is the fact (based on HEW figures) that the poor suffer chronically disabling illnesses at a rate more than three times that of persons with family incomes of \$7,000 or more. In other words, the more a person is likely to need a physician, the less likely his is to see one.

The report notes that location of the centers has been based on several needs, poverty of the target population, unavailability of other forms of health care, and other health status indices.

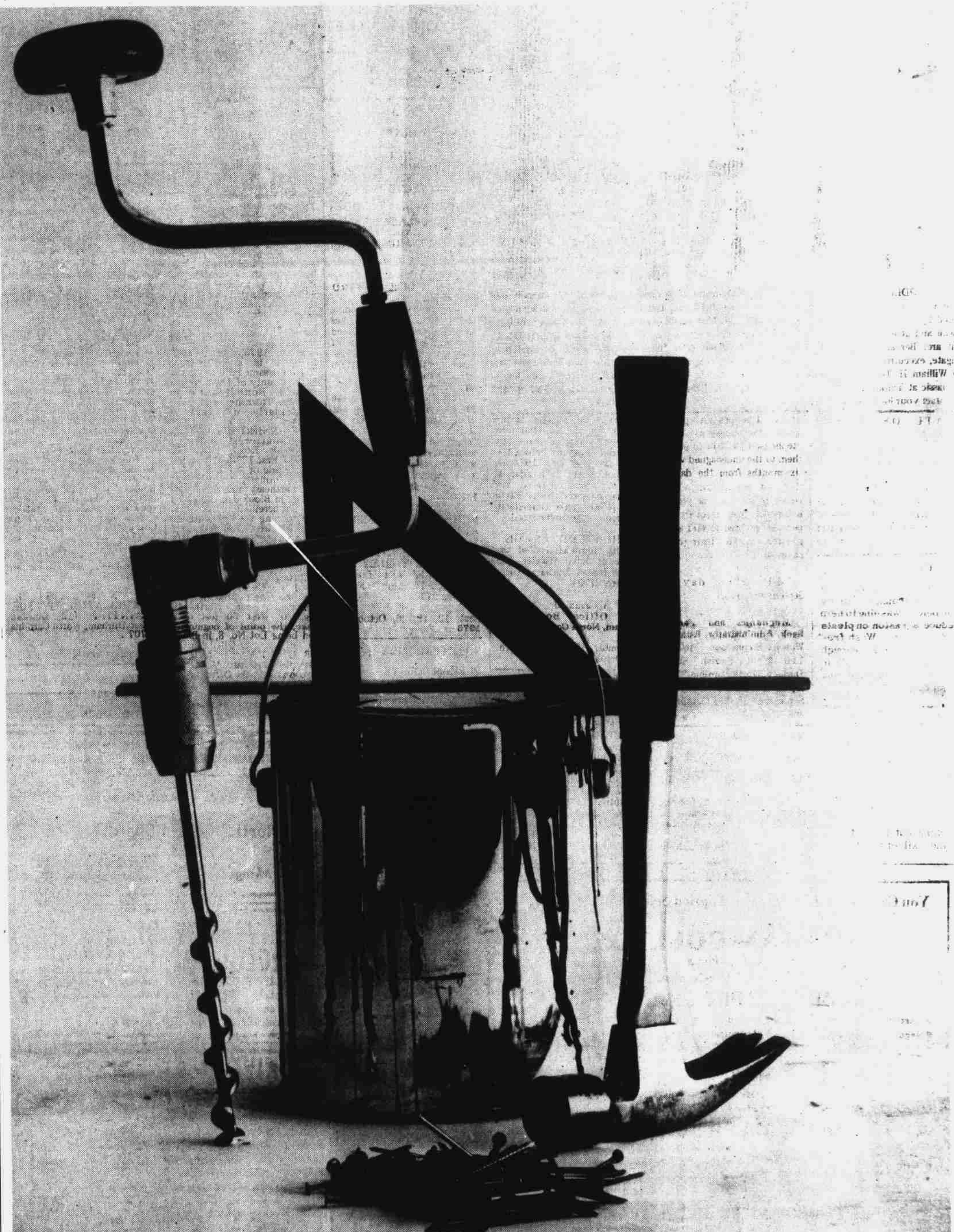
"In Miami where an HEW-funded center is located in the Model Cities area, the median age of death in the target area is 60 compared with the Dade County median of 70," the report states.

The report also illustrates some of the impact the comprehensive centers have had on the health problems of the regions they serve.

In Lowndes County, Ala., until recently the site of a comprehensive health center, infant mortality rates declined from 46.9 per 1,000 live births in 1967 (the year the center opened) to 28.3 in 1971. The Council report contrasts these figures to those in neighboring counties which showed little change over the same period and in some instances actually showed slight increases.

Medicaid, which was designed to help provide medical care for the poor remains an unfulfilled promise, according to the SRC report. To be eligible for Medicaid in all but two of the Southern states one must be receiving public assistance. In no Southern state are more than 30 per cent of families below the poverty level actually receiving public assistance, SRC points out.

Medicaid services mandated by the law are not always completely implemented.



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