



Does the transition to parenthood influence driving?☆

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ABSTRACT

Most parents remember the first time they drove with a newborn child in the car. Feeling the need to protect the infant, they avoided sharp turns and drove more slowly and carefully than normal. But how long do these behaviors persist? Do parents ultimately revert to their previous driving patterns, or does some of the early protectiveness and caution continue to characterize their driving as their infant grows into a toddler and preschooler? In an attempt to answer these questions, two studies were conducted on parents of young children: a qualitative study consisting of personal interviews (16 parents); and a quantitative study in the form of a national telephone survey (165 parents). The results show that the most dominant reported effect of the transition to parenthood on driving is increased apprehension of traffic crashes and a stronger sense of responsibility. However, these changes were found to influence the reported actual driving behavior of only a portion of the parents. Possible explanations of the findings are discussed.

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1. Introduction

Every driver has a customary driving style which is shaped by a number of factors, including: personality traits (e.g., stability vs. impulsivity, cautiousness vs. risk taking); demographic characteristics (e.g., gender, age); driving history (e.g., years on the road, involvement in traffic crashes); driving skills (e.g., adeptness in controlling the vehicle, ability to respond effectively to complex driving situations); social and family values; and significant role models. Individual driving style, as assessed by means of parameters such as speed, compliance with traffic regulations, and interactions with other road users, can be described by four dimensions: reckless and careless; anxious; angry and hostile; or patient and careful (Taubman-Ben-Ari et al., 2004).

Driving style tends to remain relatively constant over time, although it may be modified to a certain degree as a result of the developmental changes that occur as a person moves from adolescence, through parenthood, and into old age (Taubman-Ben-Ari, 2008). By their very nature, maturity and significant life events incur changes on emotional, social, physiological, cognitive, and behavioral levels (Levinson, 1986), all of which may influence driving mode.

The birth of a first child is one of the most significant transitions in adult life, and as such it is likely to upset the existing balance in the individual's life. Parenthood brings with it costs, benefits,

and demands that shape and alter behavior, and may ultimately also affect personality. New parents must reorganize their life and adapt to an irreversible change (Antonucci and Mikus, 1988; Cox and Paley, 1997). They are called on to cope with changes in the family, the couple relationship, social interactions, and personal life style (Dewald, 1980). A transition that typically upsets the status quo in so many aspects of life, may also be expected to alter driving behaviors.

Moreover, the upheaval brought about by the birth of a first child generally leads to a redefinition of values, priorities, and appropriate behaviors. One of the factors that is likely to change at this stage is the degree of risk taking, as the role of parent entails considerable responsibility. Moreover, social norms dictate that parents limit behaviors that might endanger either the child or the adult, such as reckless driving. Indeed, the transition to parenthood has been found to be associated with a decline in risky driving behaviors, such as drunk driving or speeding (Arnett, 1998). No previous studies, however, have investigated the influence of parenthood on facets of driving style other than recklessness.

Thus, since driving behaviors directly affect the safety of the child, driving represents an aspect of parental responsibility. The transition to parenthood might therefore be expected to generate a reexamination of driving mode that would lead to the persistence of existing adaptive patterns or the adoption of new and more temperate behaviors. Nevertheless, traffic crashes remain the number one cause of injury to children both in the United States (National Highway Traffic Safety Administration, 2008) and in Israel, where car crashes are the primary cause of childhood fatalities and the second most frequent cause of children's hospitalization (Beterem, National Center for Child Safety and Health, 2007). These statis-

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tics raise doubts as to whether the transition to parenthood does, in fact, bring about a change in driving style, safety consciousness, and risk taking. Moreover, analysis of 2,188,970 crashes in the U.S.A. indicated that the most frequently recorded distraction factor was “conversing with a passenger” (about 16%), while none of the other mentioned factors was assessed as present in more than 4 percent of the crashes (National Highway Traffic Safety Administration, 2010).

According to the Risk Homeostasis Theory (RHT), the degree of risk a person is willing to take remains constant throughout life, with people striving to maintain the level at which they feel comfortable. Thus, for example, when drivers judge the danger on the road to be high, they slow down, but when they assess conditions to be less dangerous, they compensate for their previous action by more risky behavior, such as taking their eyes off the road (Simonet and Wilde, 1997; Wilde, 2002). As the literature contains no findings relating RHT directly to the transition to parenthood, we sought to explore whether a baseline level of risk taking is also maintained when there is a vulnerable individual in the car, in this case, a baby or young child.

A new parent's driving style may change not only as a result of a conscious decision, but also because of the very presence of a child in the car. Driving with children demands that attention be paid to additional tasks beyond driving itself. A baby crying, children fighting, the desire to respond to the child's needs (with a pacifier, a bottle, a favorite CD, etc.), as well as positive interactions with a child in the back seat may be a distraction or the cause of tension or anger, any of which is likely to impact the parent's driving. To the best of our knowledge, no previous studies have examined this issue.

The first example that usually comes to mind in the context of diverting attention from the road is cell phones, a subject addressed by numerous studies of distractions in the car. Talking on a cell phone has been found to lead to a longer response time in various traffic scenarios and to impair the driver's judgment and concentration. One of the most common explanations is that the person on the other end of the conversation is unaware of traffic conditions and thus neither takes them into consideration in choosing the content of the conversation nor ends the call when the situation demands that the driver pay full attention to the road (Crundall et al., 2005; Drews et al., 2008). Although children are present in the car, they are similarly unaware of what is happening on the road or of the demands on the driver. Furthermore, if a baby cries or a child wants something, it is harder to appease them than it is to end a telephone conversation. What is more, dealing with them often requires that the parent take their eyes off the road. It is therefore reasonable to assume that the presence of a child in the car may adversely affect various aspects of safe driving. Investigating the negative effects of driving with children was thus another aim of the current research.

In addition, children's safety in a car requires that the parents employ the appropriate child restraint for their age. Unlike the question of parents' driving style, this issue has been the subject of considerable research in the field of road safety. Studies show that fatalities and serious injuries among children as a result of traffic crashes drop considerably when car seats and seat belts are used properly (Arbogast et al., 2004; Zara et al., 2001; Rice and Anderson, 2009). Nevertheless, the use of these safety measures remains rare in many countries (WHO, 2004), and their improper use is quite common (Arbogast et al., 2000; Brown et al., 2010; O'Neil et al., 2009). A national observational survey in Israel found that 68% of infants and 75% of children aged 1–4 were properly restrained in car seats, but only 41% of children aged 5–9 were strapped in (Beterem, National Center for Child Safety and Health, 2007). This, too, is part of the parents' responsibility. The current research thus also sought to examine the use of child restraints by Israeli parents.

1.1. The current research

The research aimed to examine how the birth of their first child affects the driving of parents in Israel. To this end, the investigation was conducted in two studies, which made use of different methodologies: The qualitative study (Study 1) enabled to obtain a broad picture of parents' self-perception as drivers on a wide range of dimensions, and elicited the central relevant themes. The quantitative analysis (Study 2) focused on the contents that emerged from the qualitative study, examining their frequency in a population of parents of young children.

2. Study 1

This study investigated parents' subjective experience of parenthood and driving. The participants were asked whether the transition to parenthood had brought about a change in respect to driving, either in what they felt or thought about it or in their actual behavior. When a change was reported, we asked about the nature of the effect on driving style and whether it occurred only when the child was in the car or was more pervasive, persisting even when the parent was alone.

2.1. Method

2.1.1. Participants

Interviews were conducted with 16 parents (8 mothers and 8 fathers) aged 30–36 who had one ($n = 10$) or two ($n = 6$; in 3 cases, twins) children. With the exception of one mother whose older child was 4, none of the children were more than 30 months old. All the parents were married, 15 had an academic education, and they had all had a driver's license for over 10 years. The participants volunteered to take part in the study and were assured confidentiality and anonymity.

2.1.2. Procedure and instruments

Personal interviews were conducted with each of the participants individually. The interview took about 30 min and was recorded with the consent of the respondent.

A partially structured format was employed for the interview, using general questions determined by the researchers on the basis of previous studies (both quantitative and qualitative) that suggested specific themes. The questions were designed to create a consistent frame for all the interviews and enable later content analysis. However, the interviewer, a skilled clinical social worker, was allowed to ask additional questions in the wake of the participants' answers. The order of the questions was optional and was dictated by the contents elicited in the course of the interview. No time limit was set, so that the interview was concluded when all the themes had been covered. The interview began with open questions about driving without any specific reference to parenthood, e.g., “What are your associations about driving?”; “What feelings does driving arouse in you?”; “Describe your driving style. Has it changed over the years?” These questions made it possible to determine whether the participant experienced the transition to parenthood as significant or relevant to driving. Whether or not the subject of parenthood had been raised at this point, the interviewer asked questions relating to it specifically, e.g., “Do you feel any different when you drive with other people in the car?”; “Do you feel or drive any differently when your child is in the car?”; “Has your child ever cried or asked you for something while you were driving?”; “How do you feel in such situations and how do you cope with them?”; “What do you do in addition to driving when your child is in the car?”; “Do you ever get angry at other drivers?”; “How do you react toward them?” The participants were also asked to provide demographic and personal details (age, child's age, family status,

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