



## Context and culture: Reasons young adults drink and drive in rural America

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### ABSTRACT

Montana, a large and rural U.S. state, has a motor vehicle fatality rate almost double the national average. For young adults, the alcohol-related motor vehicle fatality rate in the state is almost three times the national average. Yet little research has explored the underlying reasons that young people in rural areas drink and drive. Drawing from the theory of triadic influence (TTI) and a series of qualitative focus group discussions, the current study examined how aspects of the landscape and culture of rural America promote and hinder drinking and driving among young people. In 2015 and 2016, 72 young adults (36 females) aged 18–25 years old (mean age = 20.2) participated in 11 semi-structured focus groups in 8 rural counties in Montana. Discussions were transcribed, and two reviewers independently coded text segments. Themes were identified and an inductive explanatory model was created. The results demonstrated that aspects of the social context (e.g., peer pressure and parental modeling), rural cultural values (e.g., independence, stoicism, and social cohesion), and the legal and physical environment (e.g., minimal police presence, sparse population, and no alternative transportation) promoted drinking and driving. The results also identified salient protective factors in each of these domains. Our findings demonstrate the importance of examining underlying distal determinants of drinking and driving. Furthermore, they suggest that future research and interventions should consider the complex ways in which cultural values and environmental factors intersect to shape the risky health behaviors of rural populations.

### 1. Introduction

Motor vehicle crashes are one of the leading causes of preventable death in the United States. Although rates of motor vehicle fatalities have generally declined over time, this decline has stagnated in recent years, and deaths remain especially high among certain at-risk groups, such as rural populations (National Center for Statistics and Analysis, 2017). Stark disparities in rural–urban traffic fatalities contribute to the shorter lifespan of rural residents (Singh and Siahpush, 2014). Compared to urban areas, the motor vehicle fatality rate is 2.6 times higher in rural areas of the United States (National Center for Statistics and Analysis, 2017). Even within non-metropolitan areas, disparities are substantial and risk increases with rurality. For example, in the Western United States, age-adjusted passenger vehicle–occupant death rates in 2014 were 3.9 (per 100,000 people) in the largest metropolitan counties, 6.4 in smaller metropolitan counties, 18.0 in rural counties overall, and 40.0 in completely rural counties (Beck et al., 2017).

Similar to rural residents, young adult drivers are at heightened risk for motor vehicle fatality for various reasons, including their

inexperience, underdeveloped cognitive capabilities, and personality characteristics (Bates et al., 2014; Cassarino and Murphy, 2018; Shope, 2006; Shope and Bingham, 2008). Furthermore, young people often engage in fewer traffic safety behaviors (e.g., seatbelt use) and more risky driving behaviors (e.g., speeding). Another critical aspect that puts young people at risk is their willingness to drive after drinking alcohol, a well-known contributor to motor vehicle crashes and fatalities. Substance use and drinking and driving<sup>1</sup> increase across adolescence and peak during young adulthood (Center for Behavioral Health Statistics and Quality, 2016). In 2015, 13.8% of young adults 18–25 years old reported having driven under the influence of alcohol in the past year (Center for Behavioral Health Statistics and Quality, 2016). Research has demonstrated that young people in rural areas are more likely to engage in high-intensity binge drinking, consecutively consuming 15 or more drinks (Patrick et al., 2013). As a result, young people in rural areas may be especially vulnerable to alcohol-related crashes because of their high-intensity drinking in addition to factors related to their residential location. Research has shown that rural–urban differences in motor vehicle fatalities are particularly large

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<sup>1</sup> We have opted to use the language of our participants, who typically referred to “drinking and driving” and “drunk driving.” Nonetheless, we recognize that some scholars may prefer alternative terminology such as driving after drinking (DAD) or “drink driving.”

among young drivers (Zwerling et al., 2005); therefore, identifying the reasons that rural young people drink and drive is critical to preventing this behavior and associated motor vehicle crashes.

To understand factors that encourage and discourage drinking and driving, we had group discussions with young adults in rural Montana. Large and sparsely populated, Montana has the highest percentage of rural residents (34.7%) of any U.S. state (Croft et al., 2018) and a motor vehicle fatality rate nearly double the national average (National Highway Traffic Safety Administration, 2017). The rate of young adults in Montana killed in crashes involving alcohol is approximately 3 times the national average (Centers for Disease Control and Prevention, 2016). Previous research has examined the activities and situations when young adults drive drunk in rural Montana (Rossheim et al., 2018); however, little attention has been given to the underlying social, cultural, and environmental conditions that shape drinking and driving among rural young adults. Therefore, in the current study, we examined reasons for and against drinking and driving among young adults in Montana and explored how these reasons were embedded in the rural context.

### 1.1. *Rurality and the theory of triadic influence*

Rurality is a multifaceted construct (Hart et al., 2005) that can be defined by demographic aspects (e.g., population density), economic factors (e.g., reliance on few industries), and sociocultural factors (e.g., high social cohesion). Due to persistent health disparities in rural populations, some scholars have referred to rurality as a fundamental cause of health and disease (Lutfiyya et al., 2012). Research on rural populations is sparse, so there is a critical need to understand how and why residing in a rural area may lead to negative health behaviors like drinking and driving (Hartley, 2004). To understand the multitude of ways that rural residence can influence drinking and driving behaviors, the comprehensive framework known as the theory of triadic influence (TTI) is useful. According to the TTI, health behaviors such as drinking and driving are determined by multiple streams of influence including intra-personal influences, inter-personal social influences, and cultural and environmental influences (Flay et al., 2009). Each of these streams contains substreams (i.e., cognitive/rational and affective/emotional) and different levels of causation. Underlying causes shape causally proximate or immediate factors (e.g., attitudes and beliefs) that, in turn, lead individuals to try a behavior.

The current study focused on upstream social, cultural, and environmental influences within the TTI. We explored how distal determinants in these domains shaped rural young people's attitudes and beliefs about drinking and driving. Attending to underlying distal causes is important because they have the "greatest and longest-lasting influence" on health behavior (Flay et al., 2009, p. 457). In addition, it is important to understand cognitions related to drinking and driving given the previous research demonstrating that personal attitudes and beliefs (Beck, 1981; LaBrie et al., 2011; McCarthy et al., 2007), perceptions of harms (Bingham et al., 2007; Fairlie et al., 2010; Morris et al., 2014), and perceived approval from friends (Bingham et al., 2007; Chen et al., 2008; Kenney et al., 2013) predict drinking and driving.

Although quantitative studies dominate the research on drinking and driving beliefs and perceptions, qualitative studies are particularly well suited to elucidating behavioral processes and explaining how actions unfold and are shaped by the contexts in which they occur. Previous qualitative work about drinking and driving has focused largely on offenders convicted of driving under the influence (DUI) (Eckberg and Jones, 2015; Fynbo and Jarvinen, 2011; Watters and Beck, 2016), with less research examining perceptions among young adults in the general population. One important exception is work by Nygaard et al. (2003), who interviewed 44 late adolescents in California to understand whether expectancies, control beliefs, and normative beliefs influenced drinking and driving. Their results

underscored the importance of normative beliefs, but the study did not focus on environmental or cultural contextual factors that shape DUI behavior.

### 1.2. *Study aims*

In the current study, we addressed two specific aims. First, we explored the reasons that young adults drink and drive in rural areas. Second, we sought to identify the protective factors that deter young people in these areas from drinking and driving. Our aims were shaped by social ecological perspectives; thus, we sought to identify individual-, peer-, family-, and community-level risk and protective factors as to inform intervention and prevention strategies for rural populations.

## 2. Method

### 2.1. *Procedure*

In 2015 and 2016, we conducted 11 focus group discussions in 8 non-metropolitan Montana counties (counties with population clusters fewer than 50,000 people). Counties were purposely selected to include northern, western, and eastern regions of the state to gain the perspectives of young people from diverse regions. Furthermore, the population densities of the areas were considered; populations of the towns where the focus groups were conducted ranged from less than 500 people to approximately 40,000. Given the small size of many of these towns, we used a convenience sampling method; study participants were identified through word-of-mouth, social media websites, and posted flyers.

Semi-structured focus groups were chosen to generate discussions and capture diverse opinions about drinking and driving (Krueger and Casey, 2015). These groups occurred at public meeting rooms within libraries, county offices, or colleges. A female in her early 30s conducted each focus group. Participants gave written informed consent, completed a demographic survey, and discussed various topics related to drinking and driving. To promote honest responses, participants were instructed to think about "young people your age" (e.g., "What are some of the reasons that young people your age drink and drive?"). This approach has been used previously to encourage honest answers in studies with young people involving other sensitive topics (Danton et al., 2003; Patrick et al., 2010). Data collection continued until a point of saturation had been reached; that is, little new information was being gleaned from additional groups (Krueger and Casey, 2015). Food was provided and participants were compensated \$20. The ethics board at Montana State University approved all study protocols.

### 2.2. *Participants*

A total of 72 young adults participated in the study. The focus group discussions had a mean of 6.5 people (SD = 2.6) per group. Table 1 summarizes information about the participants and the location of the focus groups. Young adults ranged in age from 18 to 25 years old. About one-half of participants were female (51%), and many participants were enrolled in college (63%) and/or employed (69%). Most participants (92%) were non-Hispanic white, reflecting the sampled counties. Nearly all participants (94%) had consumed alcohol in their lifetime, and two-thirds (66%) reported alcohol consumption in the 30 days prior to being interviewed.

### 2.3. *Data analysis*

Discussions were audio recorded and subsequently professionally transcribed verbatim. Fig. 1 presents a flow chart of our analysis process. The eclectic coding approach that was used included structural and descriptive coding as well as data theming (Saldaña, 2012). First,

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