



Factors influencing the decision to engage in alcohol-impaired driving among Arab-Israeli youths



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ABSTRACT

Alcohol-Impaired Driving (AID) is rarely studied among Arab communities. As contacts between Arab and Western cultures grow, alcohol consumption and safety-related issues are emerging as a major public health concern. This paper examines factors influencing the decision to engage in AID in a sample of young Arab-Israeli bar patrons ($n = 300$, age 17–34), including both Muslims ($n = 77$) and Christians ($n = 176$); alcohol is prohibited for the former, but is normative for the latter. Studies of AID often use agent-oriented models, most notably the theory of planned behavior (TPB). The current study complements this tradition using the structure-oriented Social-Cultural (SC) model. Over 70% of participants reported engaging in AID after consuming 3–4 portions of alcohol. The TPB model proved to have significant explanatory power while most cultural factors, including religion, failed to gain statistical significance. The latter finding is counter-intuitive given the different status of alcohol in the cultures investigated. The TPB variable Personal Behavioral Control (PBC) and a specific sub-component of the subjective norms variable emerged as providing the greatest contribution to the model. The results support the robustness of TPB and demonstrate that beyond identifying idiosyncratic patterns structure-based models can be useful in refuting pre-conceived conceptions. Thus, both approaches should be utilized to inform policymaking. Governmental authorities, particularly in Israel, must consider the neglected issue of AID among Arab communities, including both Christians and Muslims.

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1. Introduction

Alcohol-Impaired Driving (AID) is a prominent issue in the West. Elvik and his colleagues found that alcoholism almost doubles a driver's risk of being involved in an accident, and estimate that the prevention of drunk driving will lead to a reduction of 20% in all accidents (Elvik, Vaa, Erke, & Sorensen, 2009). However, AID is rarely considered in Arab societies and especially in Arab-Muslim contexts. One reason suggested for this disparity is that Muslims follow a culture of abstinence (Valentine, Holloway, & Jayne, 2010), as Islam forbids the consumption of alcohol (Yusuf, 1983). However, globalization has exposed Arab cultures to Western alcohol norms (Baron-Epel et al., 2015; Sznitman et al., 2014). Studies of Arab immigrants show that drinking rates in both first and second generation immigrants are positively associated with growing expo-

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sure to local cultures (Abu-Ras, Ahmed, & Arfken, 2010; Amundsen, 2012; Amundsen, Rossow, & Skurtveit, 2005). Alcohol consumption was also found in native Arab populations, including where alcohol is illegal (AlMarri & Oei, 2009).

The Israeli case provides an opportunity to examine AID among native Arab populations directly exposed to Western alcohol norms. Israel's 7.8 million citizens are divided into two main population groups: Jewish (75.4% of population) and Arab (20.6% of population) (CBS, 2012). Compared to Jewish-Israelis, Arab-Israelis are at a significantly increased risk for being injured or killed in a car crash (Tzaig, 2012). Crash rates in Israel have been on a significant downward trend over the last decade, but this decline has largely occurred in the Jewish population. Recent data shows that Arabs account for 34% of traffic fatalities while consisting only 20.6% of the population (Magid, Leibovitch-Zur, & Baron-Epel, 2015). However, little is known about the social and behavioral mechanisms underlying these alarming statistics, particularly with regard to AID.

All Israeli adult citizens (18 and over), regardless of religious or ethnic affiliation, can buy and consume alcohol with no legal limitations. Alcohol consumption in the Arab communities is not rare, although it is more limited than among the Jewish communities: in 1995, the average Israeli adult Jew consumed 2.9 times the amount of alcohol as an Arab-Israeli (Neumark, Rahav, Teichman, & Hasin, 2001). Current Jewish/Arab consumption rates among adults are unknown, but most likely absolute consumption increased for both groups, as alcohol consumption in Israel as a whole is on the rise (Sznitman, Baron-Epel, & Boker-Keinan, 2013; Sznitman et al., 2014). A recent survey of drinking habits among Israeli youth for 1994–2011 found that Jewish youth were more likely to engage in any alcohol consumption and more likely to become drunk than Arab youth, although both groups were at similar risk of binge-drinking (Harel-Fisch et al., 2013).

AID is fairly normative among the general Israeli population. The Israeli Road Safety Authority regularly targets AID as a major contributor to car crashes (e.g. Baron-Epel, Elias, Shifan, Gesser-Edelsburg, & Bord, 2012) and one study found that 51% of bar patrons report drinking and driving, and 30% of those who admit feeling drunk intend to drive home (Shinar, 1995). It stands to reason that the Arab-Israeli population has been influenced by this widespread norm. While such influences were most likely mitigated by the social and geographical segregation between the Arab and Jewish communities in Israel, important channels of cultural diffusion exist, including the academia (Okun & Friedlander, 2005) and the popular media (Tsfati, 2007).

The current study provides a preliminary investigation of the magnitude of the AID phenomenon in the Arab-Israeli population, while recognizing the potential differences within this category, which includes Muslims (84.1%), Christians (7.9%), and Druze (8.1%). Some underplay the differences between these groups as they speak the same language and often live in mixed communities (Amara & Mar'i, 2002; Okun & Friedlander, 2005). However, alcohol is normative for Christians (Michalak, Trocki, & Bond, 2007) but is prohibited for Muslims and Druze (Yusuf, 1983). Accordingly, we hypothesize that these groups will display different perceptions of AID as well as AID-related behaviors.

The literature on AID often utilizes Ajzen's theory of planned behavior (TPB) (Ajzen, 1991), which explains individual intentions by modeling the influence of attitudes, subjective norms, and perceived behavioral control (Moan & Rise, 2011; Parker, Manstead, Stradling, Reason, & Baxter, 1992). However, this model has been criticized for using an under-socialized conception of human actors which neglects the influence of different cultural environments (Chan, Wu, & Hung, 2010; Lee, Ebesu Hubbard, O'Riordan, & Kim, 2006) as well as the role of unconscious mental processes (Ajzen, 2011). The current study builds on the TPB model but addresses these critiques by incorporating insights from the Social-Cultural (SC) model into the research design (Factor, Mahalel, & Yair, 2008).

The study has three main goals: (1) to provide data on the important yet neglected phenomenon of AID in Arab populations and to examine the underlying mechanisms influencing the decision to engage in AID; (2) to explore whether different religious affiliations within Arab-Israelis lead to different perceptions and behaviors with regard to AID; (3) to develop a fruitful dialogue between the TPB model and the SC model in order to enhance our understanding of the relations between macro-level categories and individual decision making.

2. Theoretical framework

Attempts to account for human decision making are marked by the tension between the impositions of social structures and the role of individual autonomy. This tension gives rise to two seemingly contrasting conceptions of human action: (a) an under-socialized view stressing the individual ability to act and plan in a rational manner; or (b) an over-socialized view stressing the influence of broad social factors on seemingly individual level decisions. Bridging the gap between these approaches remains a central scholarly task (Bourdieu, 1998; Giddens, 1984). The current study aims to contribute to this "bridging" effort by combining insights from two seemingly opposite models.

The TPB model has been widely used to predict health behaviors including traffic violations in general (Palat & Delhomme, 2012; Parker et al., 1992) and AID in particular (Moan & Rise, 2011). Its focus on the individual driver lead us to assign it to the under-socialized view (Ajzen, 2011). The TPB model has three main components. Attitudes denote one's personal views on risky behaviors. Subjective Norms denote one's perception of how significant others would view certain behaviors. Perceived Behavioral Control (PBC) denotes one's self-perception regarding the difficulty of controlling the task involved in the risky behavior, including the ability to perform the task and the ability to decide whether to engage in it or not. The study also includes a component of "fatalistic beliefs" within the Attitudes component. Following Baron-Epel and her colleagues, fatalism is defined as "a belief that health (or an event such as a car crash) is beyond an individual's control because it is a matter of fate or luck" (Omari & Baron-Epel, 2013, p. 53). While fatalistic beliefs have been recognized as a

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