



# Reframing safety: An analysis of perceptions of cycle safety clothing

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## ABSTRACT

This article contributes to debates around cycle safety clothing, specifically helmets and high-visibility clothing. In England such items are widely promoted in safety campaigns and in broader cycling publicity, particularly for children. However, the impact of this approach on cycling safety and cycling uptake is unclear and contested. This article uses a combined analysis of three sets of qualitative interview data to explore talk about cycle helmets and high-visibility clothing. A thematic analysis involved coding all references to such safety clothing, and within that coding meanings, experiences, interactions, and links to other safety equipment.

Reported use of safety clothing was strongly associated with perceived threat from motor vehicles, but accompanied by scepticism about effectiveness. Many interviewees felt and/or exerted social pressure to wear a helmet, and, to a lesser extent, high-visibility clothing. Analysis identified a widespread dislike of safety clothing, sometimes linked to talk about cycling less because of the perceived need to wear such clothing. We found evidence of resistance to social pressure, expressed by complaining about inconvenience, discomfort (helmets), and personal appearance.

More interdisciplinary research is needed to explore the complex relationships between cycling safety, the promotion of safety clothing, and cycling uptake. However, our findings suggest that policy-makers and practitioners should carefully consider how promoting safety clothing might impact cycling uptake and experiences. Policy goals of increasing cycling and making it more 'normal' and subjectively safer might imply reducing or even avoiding the use of such accessories in everyday utility cycling contexts, and relying on alternative strategies to improve cycling safety.

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## 1. Introduction

Studies consistently find that population level health benefits of more cycling considerably outweigh harms (Rabl and Nazelle, 2012; Rojas-Rueda et al., 2011; Woodcock et al., 2013) although net benefits are less clear if cyclists are young and risks high (Woodcock et al., 2014). Much evidence indicates fear of injury is a major barrier to cycling (e.g. Pooley et al., 2013) and that injury rates are higher where cycling levels are low (Jacobsen, 2003; Elvik, 2009).

Personal protective equipment (PPE) refers to clothing and equipment intended to protect the body against injury or infection. PPE, including in the UK helmets and high-visibility clothing, is promoted as a response to cycle injury risk. In academic literature use of PPE is frequently taken as a successful outcome. A Cochrane Review<sup>1</sup> summary states that 'the authors wanted to

find out which sort of helmet programmes work best [at increasing child helmet use]' (Owen et al. 2011). Wood et al. (2009) conclude a discussion of attitudes to high-visibility clothing by commenting that 'it is imperative that researchers examine the barriers to the use of visibility aids, in order to encourage cyclists to make greater use of such aids' (our emphasis).

Use of PPE is a mitigation strategy and is less prominent or even absent where cycling risk is low (Pucher and Buehler, 2008). Correspondingly, at population level helmet wearing is *inversely associated* with cycling safety; worn by fewer than 1% of adult cyclists and 3–5% of children in the safest country, The Netherlands (Pucher and Buehler, 2008: 509). This does not mean helmets increase the risk of injury: there is broad scientific consensus that wearing a helmet may reduce the risk or severity of a head injury in certain collisions (Hagel and Pless, 2006). Rather it

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<sup>1</sup> 'Cochrane Reviews are systematic reviews of primary research in human health care and health policy.' – see <http://community.cochrane.org/cochrane-reviews>.

signals a potential difference between individual level PPE-focused strategies, and population level approaches (for example, infrastructure that separates cyclists from heavy motor vehicles, reduced speed limits). Wearing a helmet may well confer some protection against head injury on the individual concerned. However, there is a lack of evidence that population increases in helmet use have led to reductions in population injury rates. Alternative population-level strategies are likely to provide much greater reductions in individual risk (Goldacre and Spiegelhalter, 2013).

For high-visibility clothing, evidence of safety benefit has not been established at either the individual or population level. Although such clothing appears to increase visibility in artificial test situations (Kwan and Mapstone, 2004), a systematic review did not identify ‘real world’ evidence that the use of ‘conspicuity aids’ is associated with reduced injury risk (Kwan and Mapstone, 2009). Subsequent work has not provided clear evidence of benefit (Miller, 2014, Tin Tin et al., 2014, Walker et al., 2014).

Given ongoing debates over PPE and its effectiveness, it is important to understand more about what cyclists and potential cyclists think about use of PPE, the role it plays in their lives, and if it impacts their cycling behaviour. If PPE deters people from cycling then this could negatively affect population health through two pathways; lost physical activity benefits alongside increased injury risk as per the ‘safety in numbers’ thesis (Elvik, 2009, Jacobsen, 2003). Evidence on the impact of pro-PPE campaigns and legislation on cycling uptake is limited and contested (Carroll et al., 2014, Fishman et al., 2012). We seek to use people’s perceptions and experiences of PPE to re-frame debates around cycle safety, foregrounding how it feels to use PPE (or not). This evidence can assist in understanding the why and how of the longitudinal evidence on uptake.

## 2. Methods

### 2.1. Approach

We take a sociological perspective on safety clothing, drawing on social science literature on cycling identities, policies and practices. By focusing on the cultural and symbolic dimensions of cycling, these approaches have critiqued rationalist approaches to cycling, as embodied in mainstream modelling and appraisal methods (Aldred, 2014). For example, rather than seeing cycling as an individual rational choice, social scientists have highlighted the key role of social expectation, influence and observation in shaping travel behaviour (Simons et al., 2014, Sherwin et al., 2014).

Pooley et al. (2013) argue that cycling is marginalised in part because, unlike driving, it is associated with a strong ‘mobility identity’, with perceived characteristics including risk tolerance. It is plausible that this identity is particularly unattractive to groups currently under-represented in cycling (Steinbach et al., 2011). Aldred (2013a) found the identity of ‘cyclist’ stigmatised within the UK context; in Australia Daley and Rissel (2011) found similar negative stereotypes of cyclists as ‘rule breakers’ and ‘risk takers’. In the more pro-cycling context of Antwerp, Belgium, Simons et al. (2014) found more positive ‘meanings of cycling’ among the young adults they studied, including its association with autonomy (not having to find car parking, or wait for a bus), with issues around traffic safety less prominent.

A sociological perspective on cycling sees meanings, social context and social influence as vital (and always contested). The construction of ‘risk’, as Douglas (1992) argues, is political, involving beliefs about blame, responsibility, and appropriate action. Social scientists have analysed the association of cycling with risk, Horton (2007) arguing that this forms part of cycling’s broader

marginalisation within a car-dominated society. But there is a lack of literature specifically focusing on the experienced meanings of ‘safety gear’. This might include the use (or non-use) of safety gear to perform and/or repair transport identities (c.f. Gregson et al., 2007), for example, in response to perceived negative attributes associated with a particular mode.

If with Pooley et al. (2013) we understand cycling in the UK to invoke specific – and problematic – identity constructions, notably in relation to risk and danger, then the ‘safety stuff’ of cycling should be of great interest both to social scientists and to policy-makers. It can tell us more about how cycling risk is subjectively experienced in a specific context, and allows us to study the impact of PPE on the perceived risk associated with cycling.

### 2.2. Secondary qualitative data analysis

The paper is based on re-analysis of interviews from three qualitative datasets each with least a partial focus on cycling. More information can be found in the Appendix about each.

Study Name	Sample	Interviews re-analysed here	Study lead	Study URL
Commuting and Health in Cambridge	> 1000 cohort study participants; interviewees selected from survey and from intercept surveys	113	Dr. David Ogilvie	<a href="http://www.cedar.iph.cam.ac.uk/research/directory/cahic/">http://www.cedar.iph.cam.ac.uk/research/directory/cahic/</a>
Cycling City and Towns	144 interviews with cyclists and non-cyclists	36	Dr. Kiron Chatterjee	<a href="https://www.gov.uk/government/publications/evaluation-of-the-cycling-city-and-towns-programme">https://www.gov.uk/government/publications/evaluation-of-the-cycling-city-and-towns-programme</a>
Cycling Cultures	160 interviews with cyclists and cycling stakeholders	160	Dr. Rachel Aldred	<a href="http://cyclingcultures.org.uk/">http://cyclingcultures.org.uk/</a>

We obtained these datasets for analysis as part of the ESRC Changing Commutes project, which modelled uptake of cycle commuting. Interviews<sup>2</sup> come from three studies: Cycling Cultures (all interviews), Commuting and Health in Cambridge (selected interviews), and Cycling City and Towns (selected interviews). The Cycling Cultures dataset included two types of interview: narrative and stakeholder; the former interviewed in their capacity as cyclists, the latter because of involvement in local policy, practice or advocacy. The Cycling City and Towns dataset includes interviews with people in places that experienced cycling investment under that programme. Within Commuting and Health in Cambridge there were two types of interviews; those involved in a cohort study, and people intercepted using the new Cambridge Guided

<sup>2</sup> For two of the projects, not all interviews were used: these had been selected based on interviewee location/demographics for our modelling study (for example, we only selected Cycling Cities and Towns interviews with employed respondents, as our model was focused around commuting).

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