Health habits of young drivers

Sanjayrao R & S. Henry Daniel Ambrose

Department of Social Work, Sacred Heart College (Autonomous), Tirupattur, Tamil Nadu, India

Abstract

The study examines the health related behaviour of young drivers and its role in driving competence and road safety. Young adults aged 19 to 29 years establish diet, exercise, substance use, and sleep habits that have profound effects on intellectual processes and reaction times. The study examines how these habits relate to unsafe driving behaviours such as impaired judgment, fatigue, and substance-impaired driving. Methodology employs a mixed-method approach with the use of survey and interview data in addition to SPSS statistical analysis. Key findings include poor areas of health awareness where a large proportion of young drivers are unaware of signs of fatigue and the effects of food consumption on concentration. Demographic findings establish a rural male participant sample where levels of exposure ranged from 1 to 12 years. The study emphasizes the need for imposing health education programs, policy interventions, and specially targeted awareness campaigns for improving road safety. Results show that improved health management practices like regular physical exercise, balanced diet, and adequate rest can enhance road safety considerably.

Introduction

Sanjayrao R. (2024) has carried out a study on the "Health Habits of Young Drivers" to evaluate how lifestyle influences driving ability. Young adults, aged 19–29, achieve independence with driving but are at greater risk of accidents. Nutrition, physical exercise, use of alcohol and drugs, and sleep have a considerable influence on mental functions and reaction times. Risk-taking behaviors such as alcohol and drug consumption impair judgment and raise the chances of accidents. Bad eating, such as intake of aerated drinks and processed foods, results in fatigue and lower concentration levels. Lack of sleep, which arises from (academic) family and social requirements, affects thinking capacity, thereby increasing possibilities of accidents. Knowledge about these factors supports the creation of public health initiatives towards safer road travel. Health-promoting lifestyles are enhanced with focused interventions towards reducing

road risk. The research intends to give data to policy-makers and health educationists. Addressing these habits can reduce accidents and improve driver well-being.

Objectives

- To understand the drivers culture
- To assess the level of health habits of young drivers

Research Design

Aging 19 to 29 years, the research aims to study the health-related behaviours of young drivers through a descriptive study design. Such an approach is particularly well suited because it allows for a complete understanding of the eating habits, physical activities, and lifestyle choices typical among this population. The research team obtained measurable information on habits pertaining to health, such as how frequently individuals exercise, eat, sleep, and use drugs or not, through the use of surveys and questionnaires. In addition, qualitative information was obtained through focus groups or interviews in a bid to understand the why and hindrances that young drivers face in attempting to maintain good habits. For the purposes of identifying patterns, links, and potential health risks associated with their driving habits, the data shall be analyzed.

Universe and Sample

The sample of the study consists of 100 young drivers from the Tirupattur district. Interview technique was used for the selection of 50 drivers to achieve equal representation across different types of vehicles, health knowledge dimensions, attitudes, issues, and health management practices. The lottery method was adopted to preserve randomness in the selection of those interviewed.

Tools for Data Collection

A tool is a scientific component through which the required data are collected from the primary respondents. Questionnaire is the research tool used for collecting primary data. It’s a questionnaire type because all the respondents are sufficiently educated. The classifications were the background information, perception of the dispute resolution process, Tamil was the language used in this questionnaire. Likert scale was used for the measurement of the effectiveness of the young drivers. This tool was developed by Rensi’s Likert.

Result and Discussion

Table-1

't' – Test Between the Marital Status of the respondents and overall health habits of young drivers

Overall Health habits of young Drivers	Marital status of the respondents	N	Mean	Std. Deviation	Std. Error Mean	DF	Statistical Inference
Knowledge about Health	Married	12	9.75	.965	.279	48	P>0.05 .623 Not Significant
	Un-married	38	9.97	1.461	.237	28.271	
Health Aspects	Married	12	14.75	2.734	.789	48	P>0.05 .986 Not Significant
	Un-married	38	14.76	2.085	.338	15.258	
Health Attitudes	Married	12	20.17	3.243	.936	48	P>0.05 .823 Not Significant
	Un-married	38	20.39	3.009	.488	17.414	
Health Problems	Married	12	18.33	1.826	.527	48	P>0.05 .388 Not Significant
	Un-married	38	17.39	3.568	.579	37.374	
Health Management	Married	12	21.83	1.899	.548	48	P>0.05 .236 Not Significant
	Un-married	38	20.76	2.889	.469	28.442	
Health Habits of Young Drivers	Married	12	84.83	2.290	.661	48	P>0.05 .476 Not Significant
	Un-married	38	83.29	7.285	1.182	47.978	

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The presented (table-1) states that there is no significant difference between the marital status of the respondents and the dimensions overall knowledge about health, health aspects,

health attitudes, health problems, health management, suggesting that marital status does not play a determining role in how employees engage with opportunities, face challenges, or progress in their exercise of their professional duty as Drivers

H0: There is no significant relationship between the Marital status of the respondents and overall health habits of young drivers.

H1: There is a significant difference between the Marital status of the respondents and overall health habits of young drivers.

Results: Since there is no significant difference in the overall health habits of young drivers between the marital status, the null hypothesis is accepted. The t-test was used to assess the health habits of the young drivers.

Table 2

One-Way Analysis Types of Vehicles of The Respondents and Overall Health Habits of Young Drivers

Overall health habits of young drivers		Sum of Squares	DF	Mean Square	F	Statistical Inference
Knowledge about Health	Between Groups	3.884	2	1.942	1.064	P>0.05 .353 Not Significant
	Within Groups	85.796	47	1.825		
	Total	89.680	49			
Health Aspects	Between Groups	2.749	2	1.375	.269	P>0.05 .765 Not Significant
	Within Groups	240.371	47	5.114		
	Total	243.120	49			
Health Attitudes	Between Groups	54.049	2	27.025	3.198	P<0.05 .050 Significant
	Within Groups	397.171	47	8.450		
	Total	451.220	49			
Health Problems	Between Groups	36.597	2	18.298	1.795	P>0.05 .177 Not Significant
	Within Groups	479.183	47	10.195		
	Total	515.780	49			
Health Management	Between Groups	15.080	2	7.540	1.030	P>0.05 .365 Not Significant
	Within Groups	343.900	47	7.317		
	Total	358.980	49			
Overall Health Habits of Young Drivers	Between Groups	1.424	2	.712	.016	P>0.05 .984 Not Significant
	Within Groups	2041.796	47	43.442		
	Total	2043.220	49			

The above (table-2) states that there is a significant difference among the type of vehicle of the respondents and the dimension health aspects, It also shows that there is no significant difference among the domicile of the respondents and the dimensions overall knowledge about health, health attitudes, health problems, health management. this suggests that while health attitudes play a role in shaping young drivers' health habits, other factors may not have a direct influence. These findings emphasize the importance of focusing on attitudes when designing health and safety programs for young drivers.

H0: There is no significant association among types of vehicles of the respondents and overall health habits of young drivers.

H1: There is a significant association among types of vehicles of the respondents and overall health habits of young drivers.

Result: The F- test was competed and if use found that. Overall Health habits of the young drivers there is no significant difference among the type of vehicle and the. Hence the (null) hypothesis is accepted and the null hypothesis is rejected.

Table-3

Correlation Between the Experience of The Respondent and Overall, Health Habits of Young Drivers

Variable	Correlation value	Statistical Inference
Knowledge about Health	-0.282*	P>0.05 Significant
Health Aspects	-.099	P>0.05 Not Significant
Health Attitudes H	-.002	P>0.05 Not Significant
Health Problems	.190	P>0.05 Not Significant
Health Management	.087	P>0.05 Not Significant
Overall Health Habits of Young Drivers	.038	P>0.05 Not Significant

** Correlation is significant at the 0.01 level

*Correlation is Significant at the 0.05 level

The presented table shows that there is significant relationships between Experience of The Respondents and knowledge about health. It also shows that there is no significant relation between experience of the respondents and health aspects, attitudes, problems, management, and overall health habits of young drivers do not show strong statistical relationships with each other. These findings indicate that additional factors may influence these aspects, highlighting the need for further research to explore potential contributing variables.

H0: There is no significant relationship between the Experience and Health Habits of Young Drivers.

H1: There is a significant relationship between the Experience and Health Habits of Young Drivers.

Result: The correlation test was applied with the variables and it was evident that there is no significant relationship between the Experience and Health Habits of Young Drivers. Hence, the research hypothesis is rejected, and the null hypothesis is accepted**.**

Suggestions Based on Research Findings

Focus on Health Awareness Programs:

As the experienced drivers demonstrated lesser health knowledge,
awareness programs should be introduced to enhance their knowledge regarding health-related areas**.**

Attitude-Oriented Interventions:

Because health attitudes considerably differed by among the young drivers, health education and safety training must target attitude changes across different categories of drivers.

Marital Status Consideration Not Required:

As no profound association between marital status and health habits was identified, interventions may be developed without looking at marital status as a prominent consideration.

Further Research Needed:

Other factors like socioeconomic status, educational attainment, and occupational environment must be researched to establish their influence on the health habits of young drivers.

Conclusion

The research herein points to the critical role that health habits play in determining young drivers' competency and safety on the road. Results indicate that aspects such as diet, physical exercise, sleeping patterns, and drug use determine reaction times and decision-making abilities. Although attitudes towards health varied depending on car type, marital status and experience did not play a significant role in determining general health habits. The research suggests the implementation of focused health education programs and attitudinal intervention to enhance road safety. Subsequent research will investigate further variables such as socio-economic status and education in the development of wider health promotion policy for young drivers.

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