

Road Traffic Accidents and Vital Public Health: An Important Issue with Current Scenario

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Abstract

Road traffic accidents (RTAs) have emerged as a vital public health issue that has to be tackled by a multidisciplinary approach. The trend in RTA injuries and death is changing into dreadful in countries like Bharat. The quantity of fatal and disabling road accident happening is increasing day by day and could be a real public health challenge for all the involved agencies to stop it. The approach to implement the principles and laws offered to prevent road accidents is usually ineffective and halfhearted. An accident is a situation; independent of human will cause by an outside force acting rapidly and leads to physical or mental injury. Accident makes ways to the third leading causes of morbidity and mortality in the developing and developed countries. Injuries at home constitute the majority of accidental injuries in children aged. Awareness creation, strict implementation of traffic rules, and scientific engineering measures are the requirement of the hour to stop this public health catastrophe. Therefore, special and continuous health education of schoolchildren, like child-to-child program in their formative years, improves their knowledge and helps to develop positive attitude and healthy practices, which will eventually contribute to reduce RTA and diseases such as diarrhea and malnutrition not only among the children but also among their family members. This article is meant to make awareness among the health professionals regarding the assorted modalities offered to stop road accidents and additionally to infuse a way of responsibility toward spreading the message of road safety as an honest subject of our country.

Keywords: Public health, road traffic accidents, traffic rules

INTRODUCTION

Health is that the level of functional or metabolic potency of a living being. In humans, it's the overall condition of an individual's mind, body, and spirit, usually meaning to be free from unwellness, injury, or pain. Motorization has increased the lives of the many people and societies; however, the advantages have escort worth. Although the number of lives lost in road accidents in high-income countries indicates a downward trend in recent decades, for many of the world's population, the burden of road traffic injury - in terms of social and economic costs - is rising considerably.^[1] Injury and deaths

because of road traffic accidents (RTAs) square measure a significant public pathological state in developing countries wherever quite 85th of all fatalities and 9th of disability-adjusted life years were lost from road traffic injuries.^[2]

Accidents are the most explanation for injury and even death in kids. Folks solely relate accidents to the traffic accident or accidents in out of doors activities. However, as a matter of truth, the place wherever people look for the safest place - home - hides several hazards. The most explanation for a home accident is general negligence of safety reception. This report aims at providing some measures in preventing the home accident, first aid measures, and the way to incorporate facilitate.^[3]

The data for fatal accidents conferred to the Parliament by the Ministry of Road Transport and Highways for the year 2008 show that 119,860 folks perished in mishaps that year, and also the national and state highways accounted for nearly 1/2 of all road accidents. Deaths because of road accidents in 2009 were

Access this article online

Website: <http://innovationalpublishers.com/Journal/ijnmi>

ISSN No: 2656-4656

DOI: 10.31690/ijnmi/30

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according to be 126,896, and in 2010, it magnified to 133,938 that is regarding five. The % over and on top of the previous year's deaths. Tamil Nadu, Andhra Pradesh, Maharashtra, Karnataka, and Rajasthan have accounted for 11.5%, 10.5%, 7.1%, and 6.8%, severally, of total "Road Accident" deaths within the country.^[4] The trend is horrible and is resulting in a daunting scenario day by day.

An intervention study was experimented to stop burn and scald injuries to young kids' reception in Sweden. In total, 99 mothers of youngsters beneath the age of 7 months participated. The mothers were chosen through the native kid tending authorities. Observations were created, and quantitative analyses were established. The study shows that the intervention had a significant impact on up the precautions, the participating mothers introduced to shield their kids against burn and scald injuries in the home and any in relevance a comparison cluster. The study concludes that through direction, workshops, and residential visits aimed to extend their consciousness and knowledge, the participating mother the precautions taken against child injuries in the home improved.^[5]

A qualitative analysis study has experimented on hindrance of unintentional injury in kids at Exeter, UK. An abstract framework was developed to assess factors moving the success of interventions. Barriers and facilitators were highlighted at the structure, environmental, and private levels. The study shows that adequate provision of safety instrumentation involves in progress improvement with installation and maintenance. Level up and success of interventions depend on adjusting interventions according to reasonable limitations and parents' cultural expectations. The study concludes that health inequalities affect the take-up and success of home safety interventions.^[6]

STUDIES RELATED TO CHILDREN KNOWLEDGE REGARDING RTAs

Ms. Indhumathy and Mrs. Thenmozhi (2016) conducted a quantity approach study in Chennai to assess the knowledge and practice of road safety regulations among primary schoolchildren in a rural community. A cross-sectional research design was used to conduct the study with 50 samples in the primary school of rural population. Collected sociodemographic variables followed by assessing the knowledge on road safety regulations using multiple choice questions, and the practice level was evaluated by checklist. Descriptive and inferential statistical analysis was used.

Result: Knowledge regarding road traffic regulations, of 50 samples, 16 (32%) of them had inadequate knowledge, 20 (40%) of them had a moderately adequate knowledge, and 14 (28%) of them had sufficient experience. Regarding practice on road traffic regulations, of 50 samples, 22 (44%) of them had poor training, 24 (48%) had a good, and 4 (8%) had best practice. They concluded that the primary schoolchildren have lack of knowledge on road traffic regulations and few students

though they have the experience but have poor training in the day-to-day life.^[7]

Praveen *et al.* (2015) conducted a preexperimental study on the effectiveness of structured teaching program (STP) on knowledge regarding road safety measures among higher primary schoolchildren in Karnataka. Pre-test and post-test design was administered to 60 subjects. The formal knowledge questionnaire on road safety measures was used to collect pre-test data, and STP was conducted. After 7 days of STP, post-test was done with the same instrument. The result shows that the STP was efficient in enhancing knowledge level of schoolchildren on road safety measures.

Result: The studies revealed that the majority of the subjects were on the age group of 12–13 years. The post-test knowledge scores were higher (80.7%) when compared to the pre-test knowledge scores (64.1%). The studies revealed that the presence of nurses to conduct the health education and training program to apply the knowledge to the students regarding road safety measures so that they can take care when traveling on the road.^[8]

Anujalekshi *et al.* (2015) conducted quantitative research regarding knowledge on road safety measures among schoolchildren in selected schools, Kottayam. An experimental design was used to collect data from 100 schoolchildren by probability lottery sampling technique from 8th and 9th standards of the school chosen. Self-developed semi-structured knowledge questionnaire was used to collect data. Descriptive and inferential statistics were used to analyze the data. Among 100 schoolchildren, the study result showed that 53% had average knowledge level, 45% had excellent knowledge, and only 2% of the schoolchildren had poor expertise related to road safety measures. The study findings show that there is significant association found between the gender and mode of transport to the school and knowledge regarding road safety measures. From the above study findings, it was revealed that the schoolchildren are aware of road safety measures and had adequate knowledge regarding the road safety measures.^[9]

Jayavel and Merlin (2014) conducted a quasi-experimental study on knowledge and attitude regarding prevention of RTAs among adolescents, Bangalore. One group pre- and post-test designs were used. A sample for the study was 150 adolescent studying in VIII TO XI standard selected using simple random sampling technique. The pre-test was introduced to assess the knowledge among the group of samples in view with pre-test result STP was formulated and presented to the examples after that the post-test was conducted and the effect was evaluated through structured questionnaire and attitude scale. The data were analyzed using Wilcoxon signed-rank test.

Results

The average pre-test knowledge and attitude score among adolescent's students found to be 34.753 and 17.540, respectively. After the STP, the mean post-test knowledge and attitude score were 49.033 and 25.520, respectively. Thus, the difference in the

level of the knowledge and attitude was confirmed by the obtained Wilcoxon signed-rank test value 5.767 and 6.158, respectively. This was statistically significant ($P < 0.001$). The study concluded that the STP was effective in improving knowledge and attitude of adolescents on prevention of RTAs.^[10]

Salve *et al.* (2014) conducted a cross-sectional study on awareness and behavior of adolescents toward RTAs, Aurangabad. A total of 599 boys and 452 girls of the 10th, 11th, and 12th standard were included in this study. Data were collected using predesigned questionnaire. Health education was given with the help of slideshow to promote adolescents for safe driving. Result: Of 1051, 533 (50.71%) adolescents were using two-wheeler without gear, among these 533, 374 (70.17%) were girls, whereas 159 (29.83%) were boys. Moreover, 228 (21.68%) were using two-wheeler with gear, among these maximum were boys, i.e., 206 (90.35%) and 22 (09.65%) were girls. Only 34 (3.24%) were using four-wheeler and in this boys-to-girls ratio was 50–50%. Of 1051 adolescents, all were aware of red and green color road traffic signals, about yellow color, only 892 (86.9%) were aware, and 159 (13.1%) were not aware. A study concluded that maximum adolescents were aware of green and red color signals, but awareness toward yellow color signal was less among boys and girls as well. The use of helmet and following traffic discipline was more among boys, and risk-taking behavior such as driving with triple seat, performing stunts, using cell phones was also more among boys compared to girls.^[11]

The higher percentage of schoolchildren (78%) were in the age group of 13 years. Majority of (81%) schoolchildren were Hindus. The higher rate of (66.5%) schoolchildren fell into a nuclear family. Most of (42%) schoolchildren were from rural areas. The highest percentage of (46.5%) schoolchildren was the first child of their family. Majority of (47.5%) schoolchildren were fell in average academic performance. During pre-test, 70% of schoolchildren had inadequate knowledge. The highest percentage of (68.5%) schoolchildren were had adequate expertise after the planned teaching program. A significant association was found between post-test knowledge scores of schoolchildren with academic performance. The study revealed that the knowledge score regarding the first aid measures was highly substantial after administration of planned health teaching program. Findings showed that planned health teaching program using child-to-child approach played an important role in improving the knowledge of schoolchildren regarding selected the first aid measures^[12] [Table 1].

Table 1 describes the distribution of demographic variables age, sex, religion, type of family, an area of residence, order of the child in their family, and academic performance. The schoolchildren who belonged to the age group of 12 years were 22%, the majority of schoolchildren were (78%) in the age group of 13 years. Concerning sex, 50% male and 50% female schoolchildren were equally distributed. Concerning religion, 81% of schoolchildren were Hindus, 14% of schoolchildren were Christiana, and only 5% of schoolchildren were Muslims.

Table 1: Frequency and percentage distribution of demographic variables of schoolchildren n=200

Demographic variables	Frequency (%)
Age (years)	
12	44 (22)
13	156 (78)
Sex	
Male	100 (50)
Female	100 (50)
Religion	
Hindu	162 (81)
Christian	28 (14)
Muslim	10 (5)
Types of family	
Joint	67 (33.5)
Nuclear	133 (66.5)
Area of resident	
Rural	84 (42)
Urban	82 (41)
Hostel	34 (17)
Order of the child in their family	
1 st child	93 (46.5)
2 nd child	79 (39.5)
3 rd child	22 (11)
4 th child	6 (3)
Academic performance	
Excellent	17 (8.5)
Good	88 (44)
Average	95 (47.5)
Poor	0 (0)

Lalitha *et al.* (2014) conducted a study on RTA. The data will be analyzed using both descriptive and inter inferential statistics. Data were collected using structured interview questionnaire. Result: The highest percentage 30 (60%) is between the age of 17 and 18 years. Highest rate 32 (64%) have the upper-income family. Highest percentage 35 (70%) had given the incorrect answer in pre-test. Knowledge of college students regarding the prevention and control of RTAs in the post-test 48 (96%) had given the correct answer. 2 (4%) had given an incorrect answer about the attitude, the prevention, and control of RTAs in the pre-test. 35 (70%) had given wrong answer. 15 (30%) had given the correct answer. Findings related to the attitude of college students regarding the prevention and control of RTAs in the post-test. 46 (92%) had given a correct answer. 4 (8%) had given an incorrect answer. A study concluded that the teaching program for the students had an impact on the knowledge of the students regarding RTA.^[13]

Kohli and Gaurav (2014) conducted an experimental study, to assess the effectiveness of STP on knowledge of traffic safety among schoolchildren at selected urban schools, Ludhiana (2014). The right experimental design was used, and the study was conducted on 64 schoolchildren. The data collected through self-structured questionnaire and were analyzed by descriptive and inferential statistics. Results: The pre-test mean knowledge score of the experimental group was 19.66 and in post-test 31.94 after carrying out the STP. On another side, control group implies knowledge score of pre-test was 19.91 and in post-test 21.41. Horizontal “t” test findings between pre-test and post-test of the experimental group were 18.065 also highly significant at the level of $P = 0.001$ and vertical t -test value between post-

tests of control and experimental group was 198.677 also highly significant at the level of $P = 0.001$. It has shown that structured teaching brought valuable change in the knowledge of schoolchildren regarding traffic safety.^[14]

An experimental study was to evaluate the effectiveness of child-to-child program on road safety measures among primary schoolchildren at selected primary schools in Bangalore. Preexperimental one group pre-test and post-test designs were used. Samples of the study were 60, 4th standard children and purposive sampling technique were used to select them. The study was conducted using structured interview schedule which comprised two sections, i.e., demographic characteristics and questions on knowledge regarding road safety measures. Result: The overall pre-test means knowledge scores of children who were taught by the trainer children was found to be 42.9% with standard deviation (SD) 7.1% as compared to overall post-test mean knowledge score noticed as 77.0% with SD 6.1%. Further, the enhancements mean knowledge score after the child-to-child teaching on road safety measures was found to be 34.0% with SD 7.0%. The data subjected for statistical paired t-test showed a highly significant difference ($P < 0.05$) existing between pre-test and post-test overall mean knowledge score ($t = 34.35^*$).^[15]

Dong *et al.* (2011) conducted a cross-sectional study to find the association of road safety knowledge and risk behavior with pediatric road traffic injury, China. Stratified cluster sampling technique was used to survey 3747 children from six primary schools and six middle schools in Guangzhou, China. Data were collected on sociodemographic factors and road traffic injuries during the past year. Knowledge about road safety rules was assessed using a 14-item road safety knowledge index, and risky road safety behaviors were measured using a 25-item road safety behavior index. Results: A total of 403 (10.8%) students reported having at least one road traffic injury during the past 12 months. A high proportion of injuries were found among children who were boys, in primary school and from the suburbs. Bicycle-related injuries were the most common (46.0% of all injuries). Motor vehicle-related injuries had higher hospitalization rates and worse psychological impact than bicycle or pedestrian injuries. Children with low and medium road safety knowledge had 1.5–3 times the odds of injury compared with students with high road safety knowledge. Students with high scores on the dangerous road behavior index had twice the odds of injury compared with students with low scores. Better road safety knowledge and the avoidance of walking or cycling-related risk behaviors are important factors for road traffic injuries among Chinese schoolchildren. Many injury prevention programs are needed to improve road safety knowledge and reduce risk behaviors.^[16]

STUDIES RELATED TO THE EFFECTIVENESS OF VIDEO-ASSISTED TEACHING

Pradhan *et al.* (2016) conducted a study to find the effectiveness of video-assisted teaching module on knowledge regarding Neonatal Resuscitation protocol as per NSSK guidelines of

staff nurses in hospitals in Raipur. Structured knowledge questionnaire was used to collect data from 40 staff nurses to assess the pre- and post-knowledge of staff nurses on neonatal resuscitation. Results: The study results revealed that the mean post-test knowledge score (17.92) was higher than the mean pre-test knowledge score (13.17). Enhancement between the pre-test and post-test was obtained by paired *t*-test value 6.81 for knowledge on neonatal resuscitation at $P < 0.001$ which was highly significant in improving the experience of staff nurses. There is an exceptionally substantial association between the demographic variables like mass media exposer and the post-test knowledge as the Chi-square value is 17.14 at $P = 0.002$.^[17]

STUDIES RELATED TO INJURIES CAUSED BY RTAs AND RELATED FIRST AID MEASURES

Leidman *et al.* (2016) conducted a prospective surveillance on road traffic fatalities in selected Governorates of Iraq from 2010 to 2013, Iraqi Ministry of Health routine prospective injury surveillance collects information on all fatal injuries in eight Governorates of Iraq: Baghdad, Al-Anbar, Basrah, Erbil, Kerbala, Maysan, Ninevah, and Al-Sulaimaniya. Coroners ascertain information from physical examinations, police reports, and family members. The highest numbers of fatalities were among children and young men. Nearly half of fatalities were pedestrians; a proportion nearly doubles that of any neighboring country.^[18]

A multicenter case management study on home safety measures of unintentional injury among young kids at Montreal. The study used records from five pediatric hospital emergency departments for the 2-year amount in 1995–1996. The 351 case subjects were kids aged 7 years and fewer, the United Nations agency given with injuries from falls, burns or scalds, ingestions, or choking. The study concludes that the homes of injured and non-injured children included in our study differed concerning several hazards for falls, burns, poisonings, and ingestions.^[19]

Bini *et al.* (2015) conducted a descriptive, evaluative approach on the effectiveness on prevention of RTAs among school-going children, Chennai. Quasi-experimental one group pretest-posttest design was to collect the data from 100 school-going children who fulfilled the inclusion criteria and was selected by probability simple random method. Structured questionnaire schedule was used to manage the demographic data and to assess the knowledge of RTAs among school-going children. They were given a pre-test followed by the teaching program, and a post-test was administered 5–7th day. A group of 50 students was selected at a time for 30 min and was chosen for intervention program. Data were tabulated and analyzed using descriptive and inferential statistics. Result: In pre-test, of 100 sample, 83% had inadequate knowledge on road traffic rules and regulation and 17% had moderately adequate knowledge. After the STP, the post-test results were of 100 samples, 99% of children had sufficient experience and 1% had moderate expertise on RTAs planned teaching program, was effective in improving the understanding to the prevention

of RTAs among school-going children, and have implication for nursing, community, and to the teachers.^[20]

Studies on domestic injuries

A study was conducted on medical specialty falls from windows; the study was among youngsters 0–9 years previous. 18 were case windows, 18 were in-home controls, and 14 were matched community controls. Case windows were a lot of seemingly than community controls to be horizontal sliders 100 versus 500th, to own deeper sills six. 28 versus 4.31 inches, to be higher than the outside surface 183 versus 82 inches, and to hold screens that falling below a threshold derived from the static pressure of a 3-year-old leaning against the mesh 60. The study concludes that case–control methodology can be accustomed to study risk factors for medical specialty falls from windows.^[21]

A population-based police investigation, the study was conducted on hindrance methods for probably serious injury events among kids younger than 3-year-old time primarily based on circumstances encompassing injury events in the USA. The study concludes that the study findings support developing multifaceted prevention approaches informed by community-based injury surveillance.^[22]

A study was conducted on feminine involvement in prosecuting attorney and their level of knowledge relating to care at Denizli, Turkey. The study was among the female relatives of patients presenting at the university-based emergency department among the 6-month study amount comprised the study sample. The study concludes that intensive coaching of girls on prosecuting attorney ought to be undertaken, and therefore, the mass media ought to be used to realize this state.^[23]

Mothers and their youngsters, from birth to 3 years previous, taking part in the home observation and measures of the atmosphere study. The study concludes that an intervention to reduce exposure to hazards in homes led to a 70% reduction in the rate of modifiable medically attended injury.^[24]

DISCUSSION

The findings of the study have specific vital implications for nursing service, education, administration, and nursing research. Children must be encouraged to attend the health teaching program inwards. Nurse as the change agent can introduce child-to-child approach in school health program to impart knowledge on health-related conditions. Nursing students can utilize child-to-child approach to give health education in the schools, hospitals, and community. Nursing administration: Nursing personnel can organize continuing nursing education program on child-child approach in all health sectors. This study finding can be effectively utilized by the emerging researchers. Child-to-child approach may also be used in imparting knowledge regarding disease conditions among peer groups.

Child-to-child approach can be initiated in primary schoolchildren by the middle school students are change

agents. The concept of the child-to-child approach such as child-to-siblings child-to-mothers and child-to-community approach could be launched in schools/community. A longitudinal study can be undertaken to assess the changes in health on knowledge and practices of the community/family to which the change agents belong to, after training the change agents on a felt topic. Child-to-child approach can also be evaluated by other methods such as role play, puppet show, storytelling, and demonstration.

CONCLUSION

The study findings terminated that the first faculty children have lack of data on road traffic regulations and few students though they need the knowledge and have poor observe within the day nowadays life. Parent and academics produce awareness concerning road safety rules by video presentation or conducting exhibition. Hindrance of RTAs and road traffic rules ought to be incorporated within the course of study that permits the students to develop advanced information, thereby RTAs are often prevented.

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How to cite this article: Mistry MA. Road Traffic Accidents and Vital Public Health: An Important Issue with Current Scenario. *Int J Nurs Med Invest.* 2018;03(3):74-79