



Meta-Analysis of Road Traffic Accidents in Bangladesh: A Health and Safety Perspective

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Abstract

Road traffic accidents represent a complex challenge with far-reaching implications for public health and safety in Bangladesh. This meta-analysis undertakes a comprehensive exploration, positioning the investigation within the expansive context of health and safety. Drawing upon data repositories from both authoritative channels, exemplified by the Bangladesh Road Transport Authority (BRTA), and independent platforms such as the Bangladesh Jatri Kalyan Samity, this study endeavors to provide an intricate understanding of the multifaceted health implications stemming from road accidents. By adopting a nuanced approach that amalgamates official and independent datasets, the study seeks to transcend traditional analyses and offer a holistic perspective on the impact of road accidents on public health.

A focal point of this meta-analysis is the meticulous scrutiny of monthly trends, recognizing that temporal variations can significantly influence the health outcomes of road accidents. The aim is to discern patterns, identify peaks and troughs, and elucidate the interplay between seasonal, temporal, and health-related factors. This temporal analysis is pivotal for formulating targeted interventions and policies that align with dynamic patterns and effectively address health challenges associated with road accidents. Addressing the challenge of disparities in reporting between official and independent sources, this meta-analysis accentuates the critical need for standardized data collection methodologies. By acknowledging and reconciling variations in reported statistics, the study aspires to enhance the accuracy of health impact assessments, ensuring a more precise understanding of the consequences of road traffic accidents.

INTRODUCTION

Background

The escalating issue of road traffic accidents in Bangladesh poses a critical threat to public health, necessitating a focused examination of its intricate health and safety implications. As the frequency and severity of accidents rise, the toll on human lives, physical well-being, and mental health becomes increasingly pronounced. Injuries strain the healthcare system, contribute to long-term health complications, and give rise to mental health challenges such as post-traumatic stress and anxiety disorders. Beyond the immediate health impact, road accidents have broader social and economic ramifications. Understanding the root causes, patterns, and regional variations is crucial for developing evidence-based interventions that prioritize health and safety in Bangladesh's evolving road traffic landscape.

Objectives

The objectives of this meta-analysis are multifaceted, aiming to conduct a comprehensive investigation into the landscape of road traffic accidents in Bangladesh. The specific goals include:

Examine Discrepancies in Reported Statistics: The first objective centers on scrutinizing and reconciling variations in reported statistics from different sources. By comparing data obtained from official channels like the Bangladesh Road Transport Authority (BRTA) and independent platforms such as the Bangladesh Jatri Kalyan Samity, the meta-analysis seeks to identify discrepancies. This involves assessing the reliability and consistency of the data, acknowledging potential biases or disparities, and establishing a foundation for more accurate and standardized reporting methodologies.

Analyze Monthly Variations: This objective entails a meticulous analysis of monthly trends in road traffic accidents. By examining patterns over time, the meta-analysis aims to discern any temporal variations, identifying peak months or seasons when accidents are more prevalent. This temporal analysis provides insights into the dynamics of road accidents, enabling a nuanced understanding of the factors contributing to fluctuations over different periods.

Explore Regional Variations: The meta-analysis also endeavors to conduct a detailed examination of regional disparities in road traffic accidents. Recognizing that different

geographical areas may exhibit unique characteristics and challenges; this objective involves identifying regions with elevated accident rates and understanding the specific health-related factors influencing these variations. Regional analysis allows for targeted interventions, acknowledging the diverse landscape of Bangladesh and tailoring strategies to address specific health challenges in different areas.

Identify Health-Related Factors: At the core of this meta-analysis is the identification of health-related factors contributing to road accidents. This involves a deep dive into the behavioral, environmental, and systemic elements influencing the health outcomes of accidents. Understanding these factors is crucial for formulating evidence-based recommendations and interventions that not only prevent accidents but also address the health implications arising from them.

METHODOLOGY

Data Collection

The meta-analysis employs a dual-source approach for data collection, drawing on both official data provided by the Bangladesh Road Transport Authority (BRTA) and independently collected data from the Bangladesh Jatri Kalyan Samity. By combining these datasets, the study seeks to integrate perspectives from regulatory bodies and civil society, ensuring a comprehensive and well-rounded dataset. This meta-analytical approach aims to enhance the robustness of the analysis by considering diverse sources of information, acknowledging potential discrepancies, and promoting a more nuanced understanding of the health implications associated with road traffic accidents.

Monthly Trends

An in-depth analysis of monthly trends is conducted to unveil patterns and temporal factors influencing health outcomes, particularly injuries and fatalities resulting from road accidents. This involves categorizing and scrutinizing accident data every month to identify peaks, troughs, or recurring patterns. By discerning these temporal trends, the meta-analysis aims to contribute insights into the dynamics of health consequences over different periods. This knowledge is pivotal for devising targeted interventions, emphasizing the importance of temporal considerations in road safety strategies.

Regional Disparities

To understand the diverse health challenges associated with road accidents, the study conducts a detailed regional analysis. This involves identifying areas with heightened health risks by examining regional variations in accident rates. By delving into the specific health-related challenges in different regions, the meta-analysis aims to uncover nuanced insights. These insights are critical for tailoring interventions that address the unique health dynamics of each region, acknowledging the geographical diversity within Bangladesh. The regional disparities analysis contributes to the development of

targeted and region-specific recommendations to improve health outcomes in the aftermath of road traffic accidents.

RESULTS

Discrepancies in Reporting

The analysis reveals notable variations in statistics reported by different sources, underscoring the need for standardized data collection methodologies. Discrepancies in reporting, particularly between official data from the Bangladesh Road Transport Authority (BRTA) and independently collected data from the Bangladesh Jatri Kalyan Samity, highlight the importance of establishing uniform reporting practices. This emphasizes the imperative for collaboration between regulatory bodies and civil society organizations to ensure a more accurate and cohesive assessment of the health impacts associated with road traffic accidents.

Health Implications

The examination of health implications stemming from road accidents yields multifaceted insights. The meta-analysis delves into the direct consequences, including injuries and fatalities, shedding light on the magnitude of physical harm inflicted. Furthermore, an exploration of long-term health effects on survivors uncovers the enduring health challenges faced by individuals post-accident. These findings contribute to a holistic understanding of the health repercussions, laying the groundwork for targeted interventions and healthcare strategies to address the diverse health needs arising from road traffic accidents.

Mental Health Considerations

A crucial aspect of the results focuses on the mental health implications for individuals affected by road accidents. The meta-analysis identifies and addresses the psychological aftermath, encompassing conditions such as post-traumatic stress disorder (PTSD) and anxiety disorders. By recognizing the mental health toll on survivors, the study emphasizes the significance of incorporating mental health support structures within the broader framework of post-accident interventions. These considerations contribute to a more comprehensive understanding of the overall health impact, advocating for holistic approaches that address both physical and mental well-being in the aftermath of road traffic accidents.

CAUSES OF ROAD TRAFFIC ACCIDENTS FROM A HEALTH AND SAFETY PERSPECTIVE

Behavioral Factors

In dissecting the intricate web of causes behind road traffic accidents, the examination extends to a comprehensive analysis of various behavioral factors, recognizing their profound implications for health and safety outcomes:

- **Age of the Driver:** The meta-analysis scrutinizes how different age groups contribute to accident causation, considering the varying skills, reaction times, and risk perceptions associated with drivers of different ages.

- **Recklessness and Aggressive Driving:** The study investigates the role of driver behaviors characterized by recklessness and aggression, identifying how these factors escalate the likelihood of accidents and compromise the well-being of all road users.
- **Lack of Knowledge about Traffic Regulations:** A lack of awareness about traffic rules is explored as a potential cause, evaluating how inadequate knowledge contributes to unsafe driving practices and subsequently affects health outcomes.
- **Over-Speeding:** The impact of over-speeding on accident severity and health consequences is closely examined, recognizing it as a significant contributor to accidents and a key determinant of the resulting injuries.
- **Weather Conditions:** Adverse weather conditions, including rain, fog, or poor visibility, are considered in assessing their influence on accident causation and the subsequent challenges they pose to emergency response and casualty care.
- **Nighttime Driving:** The analysis acknowledges the heightened risks associated with nighttime driving, exploring how reduced visibility and altered driving conditions during this period contribute to accidents and impact health-related outcomes.
- **Overtaking Maneuvers:** Risky maneuvers such as overtaking are scrutinized for their role in accident causation, recognizing the potential dangers and health implications associated with these behaviors.

Emergency Response and Casualty Centers

The evaluation of causes extends to the effectiveness of emergency response systems and casualty centers, recognizing a myriad of factors that influence health-related consequences post-accident:

- **Age of the Driver in Emergency Response:** The study assesses how different age groups may have distinct needs in emergency response scenarios, considering factors such as medical requirements and communication preferences.
- **Weather Conditions and Emergency Response:** Adverse weather conditions are explored in terms of their impact on the timeliness and effectiveness of emergency response efforts, addressing challenges posed by weather-related complexities.
- **Over-Speeding and Emergency Response:** The study investigates how over-speeding affects the severity of accidents and subsequently influences the demands placed on emergency services, influencing the speed and nature of response.
- **Nighttime Conditions and Casualty Care:** The analysis considers the unique challenges posed by accidents occurring at night, examining how reduced visibility and

altered conditions impact casualty care and the overall health outcomes for those involved.

- **Driver Knowledge and Casualty Centers:** The role of a driver's knowledge about traffic rules is explored in the context of casualty centers, assessing how informed drivers may contribute to more effective casualty care through better communication and cooperation.

DISCUSSION

Public Health Interventions

The discussion segment engages in a comprehensive exploration of the meta-analysis findings, particularly their implications for public health interventions.

- **Targeted Awareness Campaigns:** The study underscores the need for targeted awareness campaigns aimed at addressing behavioral factors identified as significant contributors to road traffic accidents. Strategies for educating drivers, emphasizing adherence to traffic regulations, and promoting responsible driving behaviors form a crucial aspect of these campaigns.
- **Trauma Care Improvements:** The meta-analysis findings highlight the imperative for enhancements in trauma care. Recommendations include bolstering emergency response systems, optimizing casualty centers, and ensuring seamless coordination between healthcare providers to minimize the health-related consequences of road accidents.
- **Mental Health Support:** Recognizing the often-overlooked mental health aspects, the discussion emphasizes the necessity of integrating mental health support into post-accident interventions. This involves providing accessible resources and counseling services to individuals affected by road accidents and addressing conditions such as post-traumatic stress disorder (PTSD) and anxiety disorders.

Policy Recommendations

In offering evidence-based insights, the discussion extends to the formulation of policy recommendations geared towards advancing health and safety outcomes associated with road traffic accidents in Bangladesh.

- **Behavioral Policies:** The study advocates for the implementation of behavioral policies that target specific age groups and address reckless driving behaviors. These policies may include educational initiatives, licensing requirements, and awareness programs tailored to the diverse demographics of drivers.
- **Infrastructure Enhancements:** Recommendations involve improving road infrastructure to accommodate safer driving conditions. This includes measures such as proper signage, well-maintained roads, and the incorporation of technology to monitor and manage traffic flow.

- **Emergency Response Policies:** Proposals for policies focus on optimizing emergency response systems, ensuring rapid and efficient interventions following accidents. This includes investing in advanced medical training for responders, utilizing technology for quicker response times, and enhancing communication networks.
- **Mental Health Integration:** Policymakers are encouraged to integrate mental health considerations into broader health policies, recognizing the psychological toll of road accidents. This involves establishing support systems, counseling services, and awareness programs that destigmatize seeking mental health assistance.

CONCLUSION

In conclusion, the meta-analysis has illuminated critical insights into the complex landscape of road traffic accidents in Bangladesh. The synthesis of data from diverse sources, including the Bangladesh Road Transport Authority (BRTA) and the Bangladesh Jatri Kalyan Samity, has provided a nuanced understanding of the health and safety implications associated with these incidents.

The key findings underscore the imperative for an integrated health and safety approach to effectively address the multifaceted challenges posed by road traffic accidents. The convergence of behavioral factors, ranging from age-related considerations to reckless driving behaviors, necessitates targeted interventions. The variations in reporting between official and independent sources highlight the need for standardized data collection methodologies, emphasizing the importance of cohesive collaboration between regulatory bodies and civil society.

The temporal and regional analyses have unraveled patterns and disparities, offering valuable insights into the dynamics of accidents and their health-related outcomes. From over-speeding in adverse weather conditions to the challenges posed by nighttime driving, the identified factors contribute to a comprehensive understanding of the issues at hand.

As the meta-analysis delves into the direct health consequences, mental health considerations, and the effectiveness of emergency response systems, it becomes evident that addressing road traffic accidents requires a holistic approach. The proposed public health interventions, encompassing targeted awareness campaigns, trauma care improvements, and mental health support, serve as crucial components of this integrated strategy.

Furthermore, evidence-based policy recommendations emerge as a cornerstone for effecting lasting change. From behavioral policies targeting specific age groups to infrastructure enhancements and mental health integration into broader health policies, these recommendations form a roadmap for policymakers to navigate the challenges posed by road traffic accidents.

In essence, the meta-analysis serves as a call to action, emphasizing the critical need for a unified and comprehensive strategy that prioritizes both health and safety. The findings presented herein aim to inform and guide policymakers, stakeholders, and the broader community toward fostering a safer road environment in Bangladesh, where the well-being of its citizens is safeguarded through a robust and integrated health and safety framework.

Keywords: Road traffic accidents, health, and safety, meta-analysis, Bangladesh Road Transport Authority (BRTA), Jatri Kalyan Samity, monthly trends, regional analysis, behavioral factors, emergency response, public health interventions.

ACKNOWLEDGMENTS

We express our sincere gratitude to the Bangladesh Road Transport Authority (BRTA) and the Bangladesh Jatri Kalyan Samity for their invaluable contributions to this meta-analysis. Their commitment to road safety and the sharing of comprehensive data have been instrumental in unraveling the intricate dynamics of road traffic accidents in Bangladesh.

Additionally, we extend our appreciation to all the individuals and organizations involved in collecting, analyzing, and disseminating the data used in this study. Their efforts have significantly enriched the depth and reliability of the information, contributing to the thoroughness of our findings.

This work stands as a collaborative effort, and we acknowledge the collective dedication of those working towards promoting road safety and public health in Bangladesh.

REFERENCE

1. World Health Organization. *Global Status Report on Road Safety 2015*. Geneva, Switzerland: World Health Organization; 2015. [Last accessed on 2018 Dec 07]. Available from: https://www.who.int/violence_injury_prevention/road_safety_status/2015/en/ [Google Scholar]
2. Association for Safe International Road Travel. Association for Safe International Road Travel | Road Crash Statistics 2017. *Association for Safe International Road Travel*. 2017. [Last accessed on 2018 Jun 20]. Available from: <https://www.asirt.org/safe-travel/road-safety-facts/>
3. Lopez AD, Mathers CD, Ezzati M, Jamison DT, Murray CJ. Global and regional burden of disease and risk factors, 2001: Systematic analysis of population health data. *Lancet*. 2006;367:1747–57. [PubMed] [Google Scholar]
4. *UNDataCountryProfile*. Bangladesh: United Nations; 2017. [Last accessed on 2018 Aug 23]. United Nations. Available from: http://data.un.org/CountryProfile.aspx/_Images/CountryProfile.aspx?crName=Bangladesh. [Google Scholar]

5. Alonge O, Agrawal P, Talab A, Rahman QS, Rahman AF, Arifeen SE, et al. Fatal and non-fatal injury outcomes: Results from a purposively sampled census of seven rural subdistricts in Bangladesh. *Lancet Glob Health*. 2017;5:e818–27. [PubMed] [Google Scholar]
6. Worldbank. The World Bank | Urban Population Growth (Annual %) | Data. *Worldbank*. 2017. [Last accessed on 2018 Mar 14]. Available from: <https://data.worldbank.org/indicator/SP.URB.GROW>.
7. CEIC. *Bangladesh Motor Vehicles / Automobile / Car Sales / Economic Indicators / CEIC*. 2017. [Last accessed on 2018 May 20]. Available from: <https://www.ceicdata.com/indicator/bangladesh/motor-vehicles-sales-growth>.
8. Bangladesh Road Transport Authority. Bangladesh Road Transport Authority (BRTA) | Road accident and casualties Statistic. *Bangladesh Road Transport Authority*. 2016. [Last accessed on 2018 May 09]. Available from: <http://www.brtta.govbd/newsite/en/home/>
9. Bangladesh Road Transport Authority. Bangladesh Road Transport Authority (BRTA) | Number of Registered Motor Vehicles in Bangladesh. *Bangladesh Road Transport Authority*. 2017. [Last accessed on 2018 Jun 08]. Available from: <http://www.brtta.gov.bd/newsite/en/home/>
10. Bachani AM, Koradia P, Herbert HK, Mogere S, Akungah D, Nyamari J, et al. Road traffic injuries in Kenya: The health burden and risk factors in two districts. *Traffic Inj Prev*. 2012;13(Suppl 1):24–30. [PubMed] [Google Scholar]
11. Lagarde E. Road traffic injury is an escalating burden in Africa and deserves proportionate research efforts. *PLoS Med*. 2007;4:e170. [PMC free article] [PubMed] [Google Scholar]
12. Mirkazemi R, Kar A. A population-based study on road traffic injuries in Pune City, India. *Traffic Inj Prev*. 2014;15:379–85. [PubMed] [Google Scholar]
13. Santamariña-Rubio E, Pérez K, Olabarria M, Novoa AM. Gender differences in road traffic injury rate using time travelled as a measure of exposure. *Accid Anal Prev*. 2014;65:1–7. [PubMed] [Google Scholar]
14. Rodríguez JM, Peñaloza RE, Moreno Montoya J. Road traffic injury trends in the City of Valledupar, Colombia. A time series study from 2008 to 2012. *PLoS One*. 2015;10:e0144002. [PMC free article] [PubMed] [Google Scholar]
15. Stewart BT, Lafta R, Cherewick M, Esa Al Shatari SA, Flaxman AD, Hagopian A, et al. Road traffic injuries in Baghdad from 2003 to 2014: Results of a randomised household cluster survey. *Inj Prev*. 2016;22:321–7. [PubMed] [Google Scholar]
16. Jacoby SF, Winston FK, Richmond TS. 150 Using Local Context to Inform Road Traffic Injury Prevention in Global Employee Wellness Programs. *Injury Prevention*. 2016;22(Suppl 2):A1–A397. [Google Scholar]
17. Algora-Buenafé AF, Suasnavas-Bermúdez PR, Merino-Salazar P, Ramón Gómez García A. Epidemiological study of fatal road traffic accidents in Ecuador. *Australasian Medical Journal*. 2017;10:238–45. [Google Scholar]
18. Ansari S, Akhdar F, Mandoorah M, Moutaery K. Causes and effects of road traffic accidents in Saudi Arabia. *Public Health*. 2000;114:37–9. [PubMed] [Google Scholar]
19. Donroe J, Tincopa M, Gilman RH, Brugge D, Moore DA. Pedestrian road traffic injuries in urban Peruvian children and adolescents: Case control analyses of personal and environmental risk factors. *PLoS One*. 2008;3:e3166. [PMC free article] [PubMed] [Google Scholar]
20. Goniewicz K, Goniewicz M. 896 Causes and Effects of Road Traffic Accidents in Poland. Tampere, Finland. *BMJ Publishing Group Ltd*. 2016:A319–20. [Google Scholar]
21. Klauer SG, Guo F, Simons-Morton BG, Ouimet MC, Lee SE, Dingus TA. Distracted driving and risk of road crashes among novice and experienced drivers. *N Engl J Med*. 2014;370:54–9. [PMC free article] [PubMed] [Google Scholar]
22. Staton C, Vissoci J, Gong E, Toomey N, Wafula R, Abdelgadir J, et al. Road traffic injury prevention initiatives: A systematic review and metasummary of effectiveness in low and middle income countries. *PLoS One*. 2016;11:e0144971. [PMC free article] [PubMed] [Google Scholar]
23. Zhang J, Lindsay J, Clarke K, Robbins G, Mao Y. Factors affecting the severity of motor vehicle traffic crashes involving elderly drivers in Ontario. *Accid Anal Prev*. 2000;32:117–25. [PubMed] [Google Scholar]
24. Zimmerman K, Jinadasa D, Maegga B, Guerrero A. Road traffic injury on rural roads in Tanzania: Measuring the effectiveness of a road safety program. *Traffic Inj Prev*. 2015;16:456–60. [PubMed] [Google Scholar]
25. Sango HA, Testa J, Meda N, Contrand B, Traoré MS, Staccini P, et al. Mortality and morbidity of urban road traffic crashes in Africa: Capture-recapture estimates in Bamako, Mali, 2012. *PLoS One*. 2016;11:e0149070. [PMC free article] [PubMed] [Google Scholar]
26. Mashreky SR, Rahman A, Khan TF, Faruque M, Svanström L, Rahman F. Hospital burden of road traffic injury: Major concern in primary and secondary level hospitals in Bangladesh. *Public Health*. 2010;124:185–9. [PubMed] [Google Scholar]

27. Ditsuwan V, Veerman LJ, Barendregt JJ, Bertram M, Vos T. The national burden of road traffic injuries in Thailand. *Popul Health Metr.* 2011;9:2. [PMC free article] [PubMed] [Google Scholar]
28. Bahadorimonfared A, Soori H, Mehrabi Y, Delpisheh A, Esmaili A, Salehi M, et al. Trends of fatal road traffic injuries in Iran (2004-2011) *PLoS One.* 2013;8:e65198. [PMC free article] [PubMed] [Google Scholar]
29. Orsi C, Bertuccio P, Morandi A, Levi F, Bosetti C, La Vecchia C. Trends in motor vehicle crash mortality in Europe, 1980-2007. *Saf Sci.* 2012;50:1009-18. [Google Scholar]
30. Li YH, Rahim Y, Lu W, Song GX, Yan Y, De DZ, et al. Field data: A study on trend and prediction of fatal traffic injuries prevalence in Shanghai. *Traffic Inj Prev.* 2006;7:403-7. [PubMed] [Google Scholar]
31. Mishra B, Sinha Mishra ND, Sukhla S, Sinha A. Epidemiological study of road traffic accident cases from Western Nepal. *Indian J Community Med.* 2010;35:115-21. [PMC free article] [PubMed] [Google Scholar]
32. Nantulya VM, Reich MR. The neglected epidemic: Road traffic injuries in developing countries. *BMJ.* 2002; 324: 1139-41. [PMC free article] [PubMed] [Google Scholar]
33. Constant A, Lagarde E. Protecting vulnerable road users from injury. *PLoS Med.* 2010;7:e1000228. [PMC free article] [PubMed] [Google Scholar]
34. Naci H, Chisholm D, Baker TD. Distribution of road traffic deaths by road user group: A global comparison. *Inj Prev.* 2009;15:55-9. [PubMed] [Google Scholar]
35. Rus Ma D, Peek-Asa C, Baragan EA, Chereches RM, Mocean F. Epidemiology of road traffic injuries treated in a large Romanian emergency department in Tîrgu-Mureş between 2009 and 2010. *Traffic Inj Prev.* 2015;16:835-41. [PMC free article] [PubMed] [Google Scholar]
36. Berecki-Gisolf J, Yiengprugsawan V, Kelly M, McClure R, Seubsman SA, Sleigh A, et al. The impact of the Thai motorcycle transition on road traffic injury: Thai Cohort Study results. *PLoS One.* 2015;10:e0120617. [PMC free article] [PubMed] [Google Scholar]
37. Nantulya VM, Reich MR. Equity dimensions of road traffic injuries in low- and middle-income countries. *Inj Control Saf Promot.* 2003;10:13-20. [PubMed] [Google Scholar]

Citation: Dr. Syed Mahmood Shahidul Islam, Fatema Shahinur Jahan, et al., “Meta-Analysis of Road Traffic Accidents in Bangladesh: A Health and Safety Perspective”, Universal Library of Medical and Health Sciences, 2024; 2(2): 05-10. DOI: <https://doi.org/10.70315/uloap.ulmhs.2024.0202002>.

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