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**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2530236>Available online at: <http://www.iajps.com>**Research Article****RTA: FREQUENCY, CONSEQUENCES AND SEASONAL
VARIATION IN DISTRICT MIRPURKHAS SINDH, PAKISTAN****Abdul Samad¹, Mohammad Akbar Kazi², Aisha Rasheed Shaikh³, Sultan Rajpar⁴,
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Head Quarter Hospital, Naushero Feroz, Sindh Pakistan⁵MBBS, M Phil (Anatomy), Lecturer, Department of Anatomy, Isra University Hyderabad.⁶MBBS, M Phil (Anatomy), Lecturer, Department of Anatomy, Isra University Hyderabad.**Abstract:**

This research work was conducted about the RTA (Road Traffic Accidents) in terms of frequency, consequences and variation during different seasons at Muhammad Medical College Hospital, a tertiary care set up in district Mirpurkhas. It was a descriptive study of cross-sectional type conducted on 125 patients of RTA at MMCH (Muhammad Medical College Hospital) Emergency department between 1st March-2014 to 28th Feb 2015. The information was obtained on a questionnaire following consent from patient or companion. Accident cases (125) were evaluated following admission to hospital with highest presentation reported to be in August (16) followed by March (15). Male component of study subjects was 67.2% while females were 32.8%. Age range of 21-30 years was more common, 41 case (32.8%), followed by 11-19 years 25 (20%) and majority of the cases were illiterate 82 (65.6%). Most cases were reported to occur in rainy season 52 (41.6%) with 2 wheel vehicles on top figures 82 (65.6%). Conclusion: March and August were most affected months; rainy season was more involved in RTA. Males were more affected than female with 2 wheel vehicles more involved.

Key words: RTA, Vehicles, MMCH, Seasons.**Corresponding author:****Abdul Samad,**

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INTRODUCTION:

The RTA (Road Traffic Accident) (RTA) is event that is frequently seen around the world as the number of vehicles is increased and the young generation is behaving like in hurry with rough driving style. RTA involves vehicle to vehicle, vehicles to pedestrians, vehicles to animals or vehicles to architectural places becoming a real tragedy for human life[1].Developing countries has RTA is at top reason for disability and death accounting for 1.3 million death per year and 3287 deaths/day [2,3]. Traffic accidents put damage the articular cartilage due to axial load [4,5]. RTA puts a significant economic burden on the human society and requires some initiative against it [6]. India has been reported to have an accident in every minute while a death after 8 min, creating a big socioeconomic problem for the country [7]. Road traffic injuries are among the major hurts responsible for nearly 50 million injuries each year in the world [8]. Pain of severe type is usually the major complain in RTA [9]. RTA is expected to be 3rd largest cause of death by 2020[10].Pakistan still suffers with accuracy of data for RTA mediated mortality as well as morbidity due to epidemiological data non- availability as a result of lake of interest. Factors are several for this increased frequency like ignorance, carelessness, over confidence and over speeding. This study on RTA was designed as there was lack of data available in this region of Sindh Province. Current study will hopefully help to educate the public and policy makers to arrange specific measures to tackle this problem differently in different seasons and different age groups through social awareness programs.

METHODS:

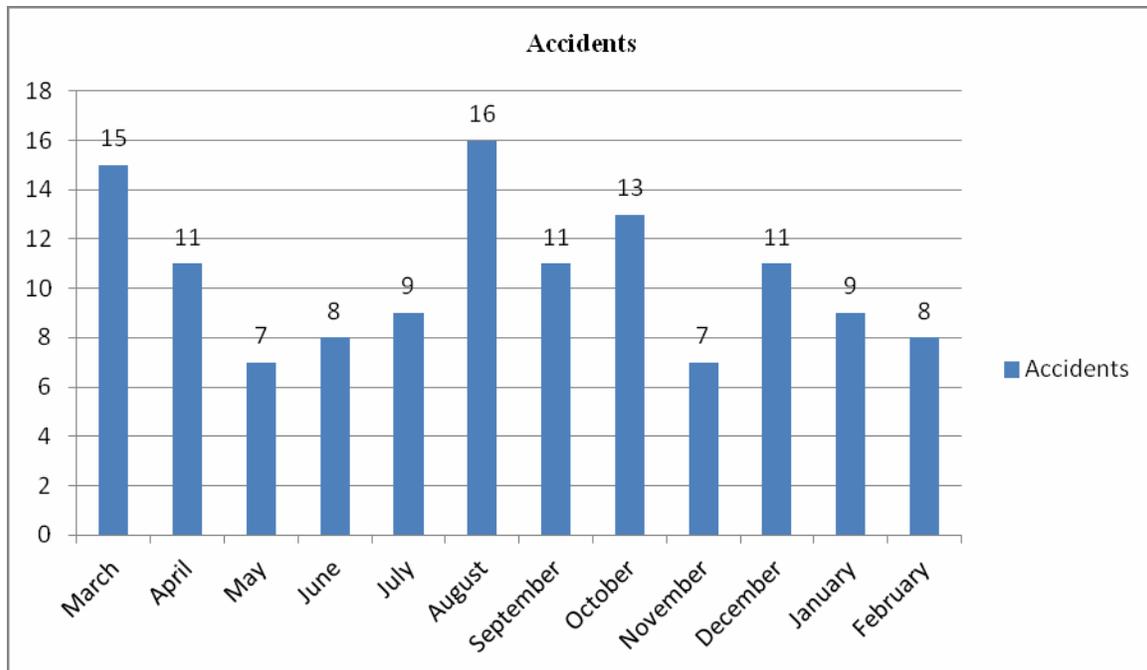
Present cross sectional survey work was undertaken from 01/03/2014 to 28/02/ 2015 at MMCH Mirpur Khas, Sindh. Data information from RTA patients was collected following consent taking on a designed proforma. Alive patients of any age and any sex which got injured following collision of vehicle were included in study while those who died were excluded along with injured patients following fall or repairing or loading the vehicles and non-welling patients. Collected data consists of identity, date, time and vehicles involved. This information was then entered in SPSS 22 soft wear to evaluate descriptive measures like mean, percentage and frequency of male and female gender etc . Results were presented in graphs and tables.

RESULTS:

Among 125 patients 67%(84) and 32%(41) were male and female respectively . Rural and Urban participants were 75 and 50 respectively. 41 cases were of age range 21-30 years while 26 patients were of 11-20 years. 56% (70) reported minor injuries and 44% (55) patients were having blunt injuries on heads with mild abrasions on limbs. Case distribution was as patients per month March15(12%), April11(8.80%), May07(5.60%), June08(6.40%) ,July09(7.20%), August16(12.80%) , September11(8.80%), October13(10.40%), November07(5.60%), December11(8.80%), January9(7.20%) and February08(6.40%). Those with bone fractures were 20 out of which 05 were having open fractures and 15 were of closed type.

Table#1. Study parameters with number of patients and percentage

| Parameters | Percentage/Number |
|--------------------------|-------------------|
| Gender | |
| Male | 67%(84) |
| Female | 32%(41) |
| Area | |
| Rural | 60%(75) |
| Urban | 40%(50) |
| Nature of Injury | |
| Minor Injuries | 56% (70) |
| Head Injuries | 44% (55) |
| Vehicles Involved | |
| Single Vehicle | 32%(40) |
| Double Vehicle | 68%(85) |



Figure#1. Frequency of RTA month wise distribution

DISCUSSION:

Our results were in accordance with an Indian study regarding gender involvement in RTI reporting 83.1% males and 16.9% females our survey also found the male in majority having injuries in RTA[11]. Similarly study by reported 80% male and 18% female was also consistent with us[12]. About 84% of the patients of RTA were illiterate of traffic laws so failed to abide traffic principals laws PDA 1965 (Pakistan Driving license Act of 1965) requires the permit to drive from any person who want to drive a vehicle but unfortunately majority of the victims are not getting a driving license our results are in agreement to a Peshawar study revealing that majority of victims (63%) were lacking a license for driving in valid form[13]. Another study reported maximum number of accidents during may to June and December to January that was in contrast without finding[14]. We also found that the 2nd biggest number of RTA patients were falling into the teenage group so traffic laws and principles be included in curriculum of this age group. Apart from the traffic laws, population should be educated to adopt safety measures which include helmets and seat belts.

CONCLUSION:

We concluded that March and August were the most affected months and rainy season was more involved in RTA. Males were more affected than female gender and two wheel vehicles more involved in accidents as compared to four wheel vehicles.

Recommendations:

1. Education and general awareness programs should be arranged by the traffic department
2. Safety measures be checked strictly on checkup points so that the public may abide the rules
3. Under age driving should be having high penalty
4. Driving without license should be discouraged at all levels with high fine and retention of vehicle till certain time period

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