



Qualitative study to explore stakeholder perceptions related to road safety in Hyderabad, India

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ABSTRACT

The Bloomberg Philanthropies Global Road Safety Programme in India focuses on reduction of drink driving and increase in helmet usage in the city of Hyderabad. During the early stages of implementation, perceptions of stakeholders on road safety were explored as part of the monitoring and evaluation process for a better understanding of areas for improving road safety in Hyderabad. Fifteen in-depth interviews with government officials, subject experts, and road traffic injury victims, and four focus group discussions with trauma surgeons, medical interns, nurses, and taxi drivers were conducted, analysed manually, and presented as themes. Respondents found Hyderabad unsafe for road-users. Factors such as inadequate traffic laws, gaps in enforcement, lack of awareness, lack of political will, poor road engineering, and high-risk road users were identified as threats to road safety. The responsibility for road safety was assigned to both individual road-users and the government, with the former bearing the responsibility for safe traffic behaviour, and the latter for infrastructure provision and enforcement of regulations. The establishment of a lead agency to co-ordinate awareness generation, better road engineering, and stricter enforcement of traffic laws with economic and non-economic penalties for suboptimal traffic behaviour, could facilitate improved road safety in Hyderabad.

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Introduction

Every year, approximately 1.24 million deaths and 20–50 million injuries are caused globally by road traffic crashes (RTC).¹ Low and middle-income countries (LMICs) are experiencing an epidemiological transition with an increasing burden of non-communicable diseases and injuries, including road traffic injuries (RTIs).^{1–3} LMICs account for 92% of the global RTI mortality.¹ India has the second largest number of fatal RTIs in the world, and these have been increasing over time.^{1,4} There has been a greater than three-fold increase in the number of persons injured per 100,000 population from 1970 to 2010.⁵ In addition to the growing mortality, an estimated two million people have disabilities as a result of RTIs in India.³ In 2009, 41.9 road crashes per 100,000 population were reported in India, a 97% increase from 1970.⁵ The economic impact of RTIs is estimated to be about 3% of India's GDP and its consequences are shared by individuals, their families, and the society.^{1,6}

The Bloomberg Philanthropies Global Road Safety Programme (formerly known as the Road Safety in Ten Countries project,

or RS10, and hereafter referred to as the Global Road Safety Programme, or the programme) is being implemented by a consortium of six international partners to improve road safety in ten LMICs, including India.^{7,8} The city of Hyderabad was selected as a site for this programme in India, in part due to a high burden of RTIs as compared to other major cities in India, especially among vulnerable road users (pedestrians and cyclists).⁹ With a population of about 6.8 million¹⁰ and a total area of nearly 7,100 sq. km, the Hyderabad metropolitan region in the state of Andhra Pradesh is the second largest urban development area in India.¹¹

The Bloomberg Global Road Safety Programme started in 2010 and the interventions in Hyderabad focus on two risk factors – drink driving and low helmet use. The effectiveness of helmets in reducing mortality and head injury among motorcycle riders has been documented extensively.^{12,13} Cost effective ways of increasing helmet use and low-cost solutions to prevent drink driving at both national and local levels are also available for uptake by policy makers.^{14,15} RTI prevention has gained momentum with the launch of the 'Decade of Action for Road Safety 2011–2020' in May 2011 by the United Nations (UN).^{1,16} In response to the UN launch, strategies have been initiated by the government of Andhra Pradesh, mainly through structural environment modifications and enforcement plans.^{11,14,17–20} Government agencies such as the Ministry of Road Transport and

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Highways of the Government of India, Transport Department of the Government of Andhra Pradesh, Hyderabad Traffic Police, Andhra Pradesh Road Transport Authority, local municipal bodies, and health care professionals are involved in road safety activities in the city. Exploration of stakeholders' perceptions about road safety can help to improve the effectiveness of the Bloomberg Global Road Safety Programme and the activities being implemented by the government to reduce RTIs in Hyderabad.

Strengthening road safety in India with the overall goal of reducing crashes and their consequences requires strong and continuous participation from all stakeholders, including road-users. During the review of the literature conducted as part of the baseline assessment of the programme in 2010, we found that most published studies from India have examined RTIs in the context of disease burden and risk factors, using mainly a quantitative approach.²¹ Qualitative studies move beyond risk factors and severity of injuries, and shed light on stakeholder perceptions, which can provide impetus for behaviour change and greater coordination.²² Qualitative studies also improve the understanding of contextual factors that play an important role in uptake and implementation of public health programmes. This study aimed to address the lack of qualitative data, using a strong focus on participatory approach of stakeholders and citizens regarding road safety, and offer suggestions to improve road safety in Hyderabad. This paper reports the qualitative findings collected as part of a larger on-going study on monitoring and evaluation of the Global Road Safety Programme in Hyderabad, and can help to strengthen the implementation of activities being conducted to reduce drink driving and increase helmet use.

Methods

Fifteen in-depth interviews (IDIs) and four focus group discussions (FGDs) were conducted in June–August 2011 to understand the perspectives of government officials and city residents regarding road safety. Respondents were chosen from among residents of Hyderabad, in order to maximise the likelihood of their being aware of the local conditions of roads, road-user behaviour, traffic regulations, and enforcement. Theoretical sampling strategy was used to recruit respondents for IDIs.^{23–25} Individuals deemed to be critical to the success of road safety interventions in their individual capacity were approached for IDIs. Five key informants were recruited for IDIs, including police personnel and government officials from departments allied to road safety. They were selected based on their work within departments or agencies supporting public safety and knowledge of different road safety initiatives. All were aware of, and some were involved in, the implementation of the Global Road Safety Programme in Hyderabad. In addition, road injury victims and health professionals were also interviewed to understand their perspectives. After each IDI, the interviewee was requested to nominate other possible respondents, thus enhancing the pool of key informants using the snowball technique.²⁶

Two trained researchers, both residents of Hyderabad and fluent in the local languages, conducted the data collection. A total of 15 respondents were contacted for IDIs, and all consented to participate (response rate 100%). All IDIs were conducted in English. Each interview was conducted in a safe and private location, at a time of convenience to the respondent, and lasted between 45 and 60 minutes. A set of open- and close-ended questions (Box 1) and probes were used to elicit respondents' perception of road safety with regard to risk factors associated with RTCs, effective interventions for ensuring road safety, existing laws and current status of enforcement, and barriers

Box 1. Examples of questions used to guide interviews/ focus groups

Is road safety an important issue in your country/city/area?

Please tell me what you know about existing laws regarding driving while intoxicated. What is mandated and what is not? (e.g. legal BAC level, etc.)

Who are most likely to be involved in behaviours such as driving while intoxicated?

Why do people drive while under the influence of alcohol?

Probe: individual barriers/ societal barriers

What do you think is the best way of improving road safety?

In the attempt to improve road safety, do you think the public will accept stricter law enforcement, more education, and higher legal penalties, etc.?

Do you think it is the government's responsibility to improve road safety? Or should it be the individual's responsibility?

and facilitators for implementing road safety in Hyderabad. The questions were developed based on literature searches and investigators' previous work on road safety. The initial IDIs helped refine the discussion guide for the FGDs. The interview and FGD guides were also translated into local languages, to be used in case of need.

Four FGDs were conducted - one each with trauma surgeons, medical interns, nurses, and taxi drivers. Health professionals from two large teaching hospitals were identified as key stakeholders because of their direct role in provision of care to road traffic injury victims. Taxi drivers were recruited through a cab company contractor of the researchers' acquaintance, and convened at the office of the researchers. Taxi drivers were approached as key stakeholders by virtue of their high levels of road-use and knowledge of and participation in the traffic culture of Hyderabad, which is characterised by a high level of disregard of road safety rules - exceeding speed limits, skipping traffic lights, aggressive overtaking or passing other vehicles, improper lane use, and inappropriate and illegal parking. All FGDs, except with the taxi drivers, were conducted in English. Each focus group comprised of four to six persons, both males and females, except the taxi drivers group that was all male, and the nurses group that was all female. The FGDs were conducted over a 45 to 60 minute period, at a convenient location for the respondents. Witnessed verbal consent and permission to audio-record the discussions were obtained.

Data collection, via both IDIs and FGDs, was continued until saturation of each concept was reached, and further data collection failed to contribute new information.²³ During the data collection phase, debriefing meetings were held among the research team members at the end of each day to ensure data quality and to share emerging findings. Expanded notes were prepared as soon after data collection as possible. Data from digital recorders and any additional notes taken during IDIs and FGDs were transcribed using Microsoft Word.

Each IDI and FGD transcript was checked twice - once immediately after transcription by researchers and again during data analysis. The transcripts were compared with the recorded digital files for accuracy. Disagreements or issues needing further clarity were resolved through discussions and triangulation of data sources. Manual thematic analysis was performed for IDIs and FGDs based on exploring both predetermined issues of interest and looking for new issues raised by the respondents.^{27,28} Themes representing a domain or topic area were listed and coded based on frequency and order of mention. Open coding

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