Factors Associated with Driving Behavior and Road Traffic Accidents among Public Vehicle Drivers in Kathmandu Valley: A Cross-sectional Study

Suraj Bhushal¹, Bishnu P Choulagai², Rakshya Niroula³, Ambika Thapa Pachya¹ ¹Department of Community Health Sciences, Patan Academy of Health Sciences, Lalitpur, Nepal ²Central Department of Public Health, Institute of Medicine, Tribhuvan University, Kathmandu, Nepal ³Program Support Team, United Mission to Nepal, Kathmandu, Nepal

ABSTRACT

Introduction: Vehicle drivers are most significant stakeholder in any road traffic accident (RTAs). This study aims to assess their knowledge related to traffic signs and attitude towards safe driving practices and to identify self-reported risky driving behaviors, their encounter of RTAs, and their associated factors.

Methods: We carried out a cross-sectional study in Kathmandu valley where14 prime spots were randomly selected and time location sampling was done. Face to face interview was done with public vehicle drivers using pretested structured questionnaire. We analyzed the association using logistic regression. Ethical clearance was obtained from Institute of Medicine. Informed written consent was taken the participants.

Results: Of 411 public vehicle drivers, mean age was 31.8 (\pm 8.2) years. All participants were male of which 71.0% lived in a joint family. More than half had less than 10 year experience and 20% of them were driving 12-18 hours per day. Half of them had good knowledge on traffic signs while nearly one tenth had non-supportive attitude towards safe driving practices. Prevalence of at least one risky driving behavior was 68%, however, only a few cases had been caught and fined by traffic. Self-reported encounters of RTA were 21.7%; of these, 22.2% also had human injuries. Experiences of driving less than 10 years and living in a nuclear family were significantly associated with risky driving. Moreover, age of public vehicle drivers less than 25 years, living in nuclear family and continuing driving while fatigue were also significantly associated with RTAs.

Conclusion: Only half of drivers had good knowledge on traffic signs. Risky driving behavior present in about seven among ten public vehicle drivers and two among ten encountering RTAs. We recommend interventions targeted to change behavior among drivers to reduce risky driving behaviors, to increase age bar for permitting driving license for public vehicles and not continuing driving while fatigue to reduce RTAs.

Keywords: Road traffic accidents drivers, Traffic, Driving behaviors, Kathmandu

INTRODUCTION

Road traffic accidents (RTAs) are among the leading causes of unnatural deaths, morbidities and disabilities.¹ Global share of RTAs accounts to 1.35 million of death tolls with road traffic injuries affecting people of age 5-29 years; as a major killer.² Lower and middle income countries make a share of around 60% of the world's total registered vehicles while 90% of the world's crash deaths occur here.² More than 85% of all deaths and 90% of disability adjusted life years were lost from road traffic injuries in developing countries.³ The seriousness of problem can be felt in the notion that not a single day passes without a RTA.⁴

Despite of being a pertinent preventable cause of this loss, absolute control of RTAs has not been established as it involves multi-dimensional factors of causation.⁵ Study shows that drivers were found to have risky driving

behavior and thus encountered RTAs.⁶ While there is very little known about the driving behaviors among public vehicle drivers in Nepal.⁷⁻⁹ Every year more than 5,500 accidents occur in Kathmandu Valley causing more than 180 deaths.⁹ A study done in Kathmandu Valley in Nepal also showed that public vehicles-like bus (10.51%) and microbus (5.89%) are attributable to RTAs.⁸ Thus, the study was carried out among public vehicle drivers in Kathmandu Valley to assess their knowledge related to traffic signs and attitude towards safe driving practices, and to identify selfreported risky driving behaviors, their encounter of RTAs and their associated factors. The study findings may help

Correspondence: Suraj Bhushal, Department of Community Health Sciences, Patan Academy of Health Sciences, Lalitpur, Nepal, Email: surajbhushal@pahs.edu. np to generate evidence for preventive aspects of RTA tailored for public vehicle drivers in Kathmandu Valley.

METHODS

This was a cross-sectional study done in Kathmandu Valley. The study was carried out from October 2014 to March 2015. Population of study included all the public vehicle drivers. There is very little known about the driving behaviors among public drivers in Nepal, so sample size was calculated using single proportion formula at 95% confidence interval (CI) and 50% prevalence and nonresponse of seven percent. The calculated sample size was 411. Data from Vehicle Management Committee Office and Driver's Association Office was used to locate bus parks operational within the Kathmandu of which 14 prime spots were randomly selected. Drivers were met at different locations at specific time in these identified prime spots. Time location sampling (TLS) was used involving sampling persons at different times and locations till sample size was reached.

Data was collected through face to face interview using pretested structured questionnaire which included socio-demographic characteristics, knowledge and attitude towards risky driving behavior and episodes of RTA encountered in past two years by the participants. Participants were given time to recall events and probing was done to reduce the recall bias in the study. Knowledge of participants was assessed regarding ten important traffic signs. Respondents answering correctly to at least eight signs were categorized as having good knowledge. Similarly, participants answering correctly to five to seven answers were categorized as medium and those answering to less than five answers correctly were categorized as having poor knowledge level. Attitude of participants was assessed related to safe driving practices- fastening seat belt while driving, no drunk and drive, no use of mobile phone while driving, no driving while feeling fatigue and no close chasing. Participants scoring more than three points were regarded as having supportive attitude while those scoring less than or equal to three were regarded as having non supportive attitude towards safe driving practices.

Data was checked manually for completeness and entered in EpiData 3.1 Version, Odense Denmark, EpiData Association and was analyzed using Statistical Package for Social Sciences (SPSS) version 17, Chicago, SPSSInc.. Both descriptive and inferential statistics were calculated. Odds ratio (OR) (95% CI) was used to find out significance of association. Statistically significant variables during bivariate analysis with variance Inflation Factor (VIF) less than 10 were further taken for multivariate analysis of logistic regression model. Hosmer and Lemeshow test was used to test goodness of fit of the logistic regression model.

Ethical clearance for the study (Ref:107(6-11-E)/071/072) was obtained from Institutional Review Board of Institute of Medicine; Tribhuvan University and permission was obtained from traffic office and Buspark Management Committee. Participants were clearly stated about the objective of study and that there was no direct benefit participating in the study. Informed written consent was obtained and they were informed about the voluntary nature of participation. Anonymity and confidentiality of participants was maintained throughout the study. The study includes only the public vehicle drivers. So, the findings may not be generalized for private vehicle drivers.

RESULTS

Socio-demographic information of participants

A total of 411 public vehicle drivers were interviewed in the study; 176 (42.8%) drove passenger bus (Table 1). The mean age and standard deviation (SD) was 31.8 (\pm 8.2) years. All participants were male of which 354 (86.0%) were married and 292 (71.0%) lived in joint family. Among the participants, 157 (36.0%) were Brahmins and Chhetris, 141 (34.0%) were from relatively advantaged Janajati, 110 (26.0%) were relatively disadvantaged Janajati and 13(3.2%) were Dalits. All of them could read and write; 135 (33.0%) had completed lower secondary level and 127 (31.0%) had secondary level.

Participants' experience of driving ranged from less than 10 years to more than 30 years; with more than half (56.4%) having experience of less than 10 years. They had routine practice of driving with a range of less than 6 hours to 18 hours of driving per day; 20% drove from 12-18 hours per day. The profession yielded monthly income ranging from less than NRs. 5,000 to more than NRs. 15,000; 220 (53.5%) of them earned more than NRs. 15,000 from this profession. Majority of them, 323 (78.6%) didn't have ownership of the vehicle and used to ride rental/lease vehicles (Table 1).

Table 1: Driving experience, driving hours per day, type of vehicle and ownership of vehicle among the public vehicle drivers

Characteristics	Number (n=411)	Percentage	
Duration of driving in years			
Less than 10	232	56.4	
10-20	138	33.6	
20-30	37	9.0	
Above 30	4	1.0	

Driving hours per day						
0-6	49	11.9				
6-12	280	68.1				
12-18	82	20.0				
Mean \pm SD (10.3 \pm 2.8)						
Type of vehicle						
Bus	176	42.8				
Microbus	162	39.4				
Minibus	73	17.8				
Ownership of vehicle						
Own	88	21.4				
Others	323	78.6				

Knowledge and attitude of participants on traffic signs Half (50.4%) of the participants had good knowledge on traffic signs (Table 2).Traffic signs related to no parking (96.8%), maximum speed 40km/hr (89.5%), pedestrian crossing (85.2%), no right turn (82.2%), and road hump (82.7%) were correctly identified by participants. Among the participants, 243 (59.1%) couldn't identify traffic sign related to no overtaking, 219 (53.2%) couldn't identify stop and give way and 184 (44.7%) couldn't identify fourway intersection ahead, 142 (34.5%) couldn't identify no entry and 121 (29.4%) couldn't identify road narrow on both sides. Less than one tenth (9.7%) of participants had non-supportive attitude towards safe driving practices

Table 2: Knowledge on traffic signs and attitude towards safe driving practices

Characteristics	Number (n=411)	Percentage		
Knowledge on traffic signs				
Good	207	50.4		
Medium	144	35.0		
Poor	60	14.6		
Attitude towards safe driving practices				
Supportive	371	90.3		
Non supportive	40	9.7		

Prevalence of risky driving behavior among participants Sixty-eight percent of participants were found to have done at least one of the risky driving behaviors in last twelve months prior to survey. Unfastening seat belt while driving was found among 190 (46.2%), using mobile phone while driving among 145 (35.3%), continued driving while feeling fatigue among 95 (23.1%), close chasing among 97 (23.6%), drink and drive among 14 (3.4%) participants. Among those reporting to have close chasing, the reasons of close chasing were- to overtake in 39 (40.2%), traffic jam in 31 (32.0%), hurry in 25 (25.8%) and for fun in 2 (2.1%) cases.

Self- reported traffic fines/charges and road traffic accident

No participant reported to face traffic fines and RTA due to unfastening of seat belts. Among 14 participants, four (28.6%) reported to face traffic fines for drink and drive and one of them (7.1%) met an RTA due to it. Similarly, among 145 participants who used mobile while driving, 22(15.2%) reported to face traffic fines and one of them (0.7%) met RTA due to it. Further, there were two (2.1%) self-reported RTA cases due to driving while feeling fatigue. And two (2.1%) reported RTA due to close chasing.

Also, in the period of last twenty four months before data collection, 89(21.7%) reported to have encountered RTA while driving public vehicle. Among them, 68(76.4%) had encountered RTA once, 14(15.7%) encountered RTA twice and 7(7.9%) encountered it thrice in last twenty four months. In these RTAs, physical damage to vehicle was caused in 85 (95.5%) and human injuries in 20(22.2%) of cases.

Factors associated with risky driving behavior

During multivariate analysis, factors like- experience of driving less than 10 years (AOR=1.772, CI: 1.047-2.997), living in nuclear family (AOR= 2.288, CI: 1.134-3.984) were significantly associated with risky driving. Driving Microbus in comparison to minibus was found protective in case of risky driving behavior (Table 3). The model was fit as shown by Hoamer and Lemeshow test (p-value = 0.183) as it is larger than 0.05. The predictability of regression equation was 70.3%.

Factors associated with road traffic accident

During multivariate analysis, factors like- age of public vehicle drivers less than 25 years (AOR=2.075, CI: 1.026-4.197), living in nuclear family (AOR= 2.047, CI: 1.181-3.550) and not continuing driving while fatigue (AOR= 0.550, CI: 0.311-0.970) were significantly associated with RTA (Table 4). The model was fit as shown by Hosmer and Lemeshow test (p value = 0.345) as it is larger than 0.05. The predictability of regression equation was 79.8%.

Table 3: Multivariate analysis for factors associated with risky driving behavior

Characteristics	Risky driving behavior		UOR (95% CI)	AOR (95% CI)
	Yes No Number Number (%) (%)		-	
Driving experience	in years			
Less than or equal to 10	55 (26.44)	153 (73.56)	0.799 (0.526- 1.212)	1.977 (1.137- 2.997)
More than 10	76 (37.44)	127 (62.56)	Reference	Reference

Type of family					Type of family				
Nuclear	93 (80.17)	23 (19.83)	2.335 (1.396-3.905)	2.325(1.304- 4.145)	Nuclear	37 (68.10)	79 (31.90)	2.189(1.338- 3.580)	2.047
Joint Marital status	187 (63.39)	108 (36.61)	Reference	Reference	Joint	52 (1.40)	243	Reference	Reference
Married	244 (68.93)	110 (31.07)	1.294(0.722- 2.319)	1.814 (0.873- 3.771)	Continued driving	while feeling	(78.60) g fatigue		
Unmarried/Single	36 (63.16)	21 (36.84)	Reference	Reference	No	, 60 (18 99)	256.81.01)	0 533 0 317-	0 550
Type of vehicle					110	00 (10.99)	250 01.01)	0.897)	(0.311-0.970)
Bus	143 (81.25)	33 (18.75)	1.525(0.800- 2.907)	1.667(0.835- 3.328)	Yes	29 (30.53)	66 (69.47)	Reference	Reference
Microbus	83 (51.23)	79 (48.77)	0.37(0.201- 0.678)	0.417 (0.215- 0.809)	Education Below secondary	52 (21.05)	195 78 95)	0 915 0 568-	
Minibus	54 (73.97)	19 (26.03)	Reference	Reference	Delett beechaal y	02 (21:00)	190,0000)	1.475)	
Education					Secondary and	37 (22 56)	127 77 44)	Reference	
Below secondary	156 (63.16)	91 (36.84)	0.553(0.356- 0.859)		above	57 (22.50)	12, , , ,	Tereference	
Secondary and	124 (75.61)	40 (24.39)	Reference		Marital status				
above					Married	76 (21.47)	278 78.53)	0.925 0.474-	
Religion								1.806)	
Hindu	234 (68.42)	108 (31.58)	1.083(0.625- 1.878)		Unmarried/Single	13 (22.81)	44 ((77.19)	Reference	
Non-Hindu	46 (66.67)	23 (33.33)	Reference		Kengion	/=			
Ethnicity Dalit	9 (69.23)	4 (30.77)	0.87(0.254-		Hindu	75 (21.93)	267 (78.07)	1.104 0.582- 2.093)	
	× /	· /	2.983)		Non-Hindu	14 (20.29)	55 (79.71)	Reference	
Relative	66 (60)	44 (40)	0.58(0.343-		Ethnicity				
disadvantaged			0.981)		Dalit	2(15.20)	11(0162)	0 6 8 0 0 1 4 2	
janajati	00 (70 21)	(20 50)	0.010(0.545		Dani	2 (13.36)	11(04.02)	3 231)	
advantaged janajati	99 (70.21)	42 (29.79)	0.912(0.547-		Dolotivoly	28 (25 45)	92 (74 EE)	1 278 0 713	
Brahmin/Chhetri	106 (72 11)	41 (27 89)	Reference		Disadvantaged	28 (23.45)	82 (74.55)	2 291)	
Ownership of vehic	le	11 (27.07)	Reference		janajati			2.291)	
Own	64 (72.73)	24 (27.27)	1.312(0.783-		Relatively	28 (19.86)	113 80 14)	0.927	
		. ,	2.229)		advantaged	20 (19.00)	115 00.14)	(0.523-	
Others	216 (66.87)	107 (33.13)	Reference		janajati			1.644)	
Knowledge of traffi	c signs				Brahmin/Chhetri	31 (21.09)	116	Reference	
Good	148 (71.50)	59 (28.50)	1.918 (1.060- 3.471)			()	(78.91)		
Medium	98 (68.06)	46 (31.94)	1.629(0.877-		Type of vehicle				
			3.026)		Bus	39 (22.16)	137	1.014 0.525-	
Poor	34 (56.67)	26 (43.33)	Reference				(77.84)	1.960)	
Attitude towards sa	fe driving be	havior			Microbus	34 (20.99)	128	0.946 0.484-	
Non-supportive	32 (80)	8 (20)	1.984(0.888-				(79.01)	1.851)	
Supportive	248 (66 85)	123(33.15)	4.434) Reference		Minibus	16 (21.92)	57 (78.08)	Reference	
Note Adjusted	for 200	ownershi	n of vehic	le driving	Driving Hours				
hours knowled	an attitud		r or venic	ic, univilig	Less than or equal	48 (23.08)	160	1.185 0.740-	
nours, knowled	ge, attitud	le			to 10	()	(76.92)	1.898)	
Table 4: Multiv	variate an	alysis of fa	actors assoc	ciated with	More than 10	41 (20.20)	162 (79.80)	Reference	

Table 4: Multivariate analysis of factors associated with road traffic accident

Characteristics	Risky driving behavior		UOR (95% CI)	AOR (95% CI)
	Yes Number (%)	No Number (%)		
Age				
Less than or equal to 25	27 (30)	63 (70)	1.790 1.055- 3.039)	2.075 (1.026- 4.197)
More than 25	62(80.69)	259 (19.31)	Reference	Reference

172 54.55) 1.804 1.101-Less than or equal 60 (45.45) to 10 2.958) More than 10 29 (16.20) 150 83.80) Reference Ownership of vehicle Own 18 (20.45) 70 (79.55) 0.913 0.510-1.632) Others 71 (21.98) 252 78.02) Reference Knowledge

Driving Years

Good	50 (24.15)	157 75.85)	1.274 0.627- 2.586)		
Medium	27 (18.75)	117 81.25)	0.923 0.432- 1.971)		
Poor	12 (20)	48 (80)	Reference		
Attitude					
Non-supportive	12 (30)	28 (70)	1.636 0.795- 3.366)		
Supportive	77 (20.75)	294 79.25)	Reference		
Unfastening seatbel	t				
No	40 (18.10)	181 81.90)	0.636 0.397- 1.020)		
Yes	49 (25.79)	141 74.21)	Reference		
Drink and drive					
No	86 (21.66)	311 78.34)	1.014 0.277- 3.716)		
Yes	3 (21.43)	11 (78.57)	Reference		
Use of mobile phone					
No	48 (18.05)	218 81.95)	0.559 0.346- 0.901)		
Yes	41 (28.28)	104 71.72)	Reference		
Closely chasing other vehicle					
No	62 (19.75)	252 80.25)	0.638 0.378- 1.077)		
Yes	27 (27.84)	70 (72.16)	Reference		

Note: Adjusted for ownership of vehicle, vehicle type, driving years, driving hours, knowledge, attitude, risky driving behaviors

DISCUSSION

The study was done among 411 public vehicle drivers in Kathmandu Valley. Only half had good knowledge on traffic signs. One in ten drivers had unsupportive attitude towards safe driving practices while in practice there were around seven in ten drivers who were doing at least one of the risky driving behaviors. The odds of RTA increased with age of drivers less than 25 years and belonging to nuclear family.

In this study all participants were male while there were certain female public vehicle drivers in other studies.¹⁰ The differences may be due to the trend of male public vehicle drivers in Nepal and being taken as risky and frequent travelling females are not encouraged for public vehicle drivers while there are some female helpers working in the local route vehicles in Kathmandu valley.

In this study, only half of participants had good knowledge on traffic signs. Such gap in knowledge leads to an unintentional violation of traffic signs which further lead to RTA. Trade unions and government bodies should be implementing routine and refresher trainings to public vehicle drivers to keep their knowledge abreast related to traffic signs.

Less than one tenth of the participants had non-supportive attitude towards safe driving practices and sixty-eight percent of participants were found to have done at least one of risky driving behaviors in last twelve months before survey. The participants with non-supportive attitude were 2.090 times more likely to have risky driving behavior. This finding was similar to the cohort study done in France where risky behavior with increased risk road traffic crashes were likely to have negative attitude towards traffic safety was associated with risky behavior. Similar to the cohort study, in our study too it is difficult to establish the temporality of the association of the attitude and behavior as the assessment of behavior was retrospectively assessed for past twelve months from the time of survey.¹¹ We recommend interventions targeted to change behavior among drivers to reduce risky driving behaviors to be implemented with involvement of the stakeholders to design the program.

Among self reported RTAs in this study, there were20 out of 89 RTAs (22.2%) with human injuries. Most of the data in different studies consider RTAs only with human injuries making tolls of RTA.^{9,12} This can be tip of iceberg to relate to total RTAs that are actually occurring because every RTA without human injury may not be reported.

Among drink and drive cases, 28.6% reported to face traffic fines for drink and drive and one of them met an RTA due to it in last twelve months. The association of drink and drive was statistically not significant in our study which could be due to less number of the sample for the subanalysis for drink and drive and RTA. However, drink and drive increases risk of accidents due to effect of alcohol on abilities of judgment, vigilance, recognition, reaction, and controlling of the drivers were impaired.¹³ Nepal has been implementing strict rules for drink and drive control and we recommend continuity of such rules.

In our study risky driving behaviors of unfastening seat belts and use of mobile phones were prevalent among 46.2% and 35.3% of the participants. The association of theses risky driving behavior was not seen to be statistically associated with RTAs in our study. This could be because there were no cases facing RTA due to unfastening seat belts and only one case facing RTA due to mobile phone use in our study. However, study done in Congo show that unfastening seat belts were seen to have $1.85 (\pm 0.062)$ times odds of occurrence RTA-related fatality.¹⁴ And study done in Iran show that using mobile phones during driving have 9.4 times higher chance of RTA than those not using mobile phones while driving.¹⁵

In this study, routine practice of driving was in a range of less than 6 hours to 18 hours of driving per day and one fifth drove from 12-18 hours per day. This study also showed that not continuing driving while fatigue is protective. Driving while feeling fatigue increases risk of RTA.¹⁶ Having at least two drivers in the long routes of public vehicles in Nepal has potential to reduce RTAs.

In this study lower age group had increased odds of RTA as compared to higher age group (>25 years). The finding is consistent with the finding of study done in Palpa, Nepal.¹⁷ This is a worrisome state as there is no specific age bar set separate for being eligible for public vehicle driving. Existing age bar needs to be increased for allowing public vehicle driving.

Also, public vehicle drivers with less experience of driving (less than 10 years) have increased odds to have risky driving behaviors. This was similar to the finding of the study done in Ethiopia where inexperienced drivers are more indulged in risky driving behavior.¹⁸

In this study microbus driver were found to have less risky driving behavior as compared to minibus. The similar comparison has not been done in the past studies related to risky driving behavior.^{17,18} The difference seen in our study could be due to the relatively longer routes of the minibus than microbus in our setting.

Living in nuclear family was significantly associated with both risky driving behavior and encountering RTA. This variable has not been explored in other literature though studies are done in lifestyle and its relation to RTAs.^{19,20} We assume that this might have been due to decreased sense of responsibility and increased sense of freedom when people live in nuclear families in our context. But actual reasons for how nuclear family setting increased odds of risky driving behavior as well as RTAs need to be explored.

CONCLUSION

Among public vehicle drivers, still half of them did not have good knowledge. There were one in ten drivers who had unsupportive attitude towards safe driving practices while in practice there were around seven in ten drivers who were doing at least one of the risky driving behaviors. The cases being fined by traffic police were only in few occasions. More than two in ten drivers had encountered RTAs and the odds of RTA increased twice with age of drivers less than 25 years. On the good note it was seen that not continuing driving while fatigue would help prevent RTAs. We recommend interventions targeted to bring behavioral change among drivers to reduce risky driving behaviors, increase age bar for permitting driving license for public vehicles and not continuing driving while fatigue to reduce RTAs. The reasons for how nuclear family setting increased odds of risky driving behavior as well as RTAs need to be explored.

ACKNOWLEDGMENT

We would like to acknowledge all the participants who spared their time for sharing their experiences.

REFERENCES

- Atreya A, Nepal S, Gyawali PR. Spectrum of Unnatural Deaths in Palpa, Nepal: Autopsy Based Study. Birat Journal of Health Sciences. 2019 Sep 4;4(2):744-9. [GoogleScholar]
- 2. World Health Organization. Global status report on road safety 2018. World Health Organization; December 2018. [Google]
- Nantulya VM, Reich MR. The neglected epidemic: road traffic injuries in developing countries. Bmj. 2002;324(7346):1139-41. [GoogleScholar][PubMed]
- 4. Gopalakrishnan S. A public health perspective of road traffic accidents. Journal of family medicine and primary care. 2012 Jul;1(2):144.[PubMed]
- Park K, Park's Textbook of Preventive and Social Medicine, 23rd Edition, India: Bhanot Publications; 2015.
- Hassen A, Godesso A, Abebe L, Girma E. Risky driving behaviors for road traffic accident among drivers in Mekele city, Northern Ethiopia. BMC research notes. 2011;4(1):1-6 [GoogleScholar][PubMed]
- Joshi SK. A study of injuries and violence related articles in Nepal. J Nepal Med. Assoc. 2009 Dec 5;48(3):209-16. [GoogleScholar]
- Shrestha BK. Road traffic accidents in Kathmandu Valley. The Third Pole: Journal of Geography Education. 2013;13:54-6.[FullText].
- 9. Dhakal KP. Road Traffic Accidents in Kathmandu Valley. Journal of Health Promotion. 2018;6:37-44.
- 10. Li G, Baker SP, Langlois JA, Kelen GD. Are female drivers safer? An application of the decomposition method. Epidemiology. 1998 Jul 1:379-84. [PubMed]
- 11. Nabi H, Salmi LR, Lafont S, Chiron M, Zins M, Lagarde E. Attitudes associated with behavioral predictors of serious road traffic crashes: results from the GAZEL cohort. Injury Prevention. 2007 Feb 1;13(1):26-31. [GoogleScholar]
- 12. Abegaz T, Gebremedhin S. Magnitude of road traffic

accident related injuries and fatalities in Ethiopia. PloS one. 2019 Jan 29;14(1):e0202240.[GoogleScholar] [PubMed]

- 13. Nangana LS, Monga B, Ngatu NR, Mbelambela EP, Mbutshu LH, Malonga KF. Frequency, causes and human impact of motor vehicle-related road traffic accident (RTA) in Lubumbashi, Democratic Republic of Congo. Environmental health and preventive medicine. 2016 Sep;21(5):350-5.[GoogleScholar]
- 14. Kogani M, Almasi SA, Ansari-Mogaddam A, Dalvand S, Okati-Aliabad H, Tabatabaee SM, Almasi SZ. Relationship between using cell phone and the risk of accident with motor vehicles: An analytical cross-sectional study. Chinese journal of traumatology. 2020 Dec 1;23(06):319-23.[GoogleScholar]
- Zhao X, Zhang X, Rong J. Study of the effects of alcohol on drivers and driving performance on straight road. Mathematical problems in engineering. 2014 Jan 1;2014. [GoogleScholar][FullText]
- 16. Smith AP. A UK survey of driving behaviour, fatigue, risk taking and road traffic accidents. BMJ open. 2016 Aug 1;6(8):e011461.[PubMed]

- 17. Shrestha VL, Bhatta DN, Shrestha KM, Krishna Bahadur GC, Paudel S. Factors and pattern of injuries associated with road traffic accidents in hilly district of Nepal. Journal of Biosciences and Medicines. 2017 Dec 14;5(12):88.[GoogleScholar]
- 18. Mekonnen TH, Tesfaye YA, Moges HG, Gebremedin RB. Factors associated with risky driving behaviors for road traffic crashes among professional car drivers in Bahirdar city, northwest Ethiopia, 2016: a crosssectional study. Environmental health and preventive medicine. 2019 Dec;24(1):1-9.[GoogleScholar]
- 19. Al-Hemoud AM, Simmons RJ, Al-Asfoor MM. Behavior and lifestyle characteristics of male Kuwaiti drivers. Journal of safety research. 2010 Aug 1;41(4):307-13. [GoogleScholar][PubMed]
- 20. Chliaoutakis JE, Darviri C, Demakakos PT. The impact of young drivers' lifestyle on their road traffic accident risk in greater Athens area. Accident Analysis & Prevention. 1999 Nov 1;31(6):771-80. [GoogleScholar] [PubMed]