
ROAD TRAFFIC ACCIDENTS AMONG YOUTH WORLDWIDE by Asmaa Hassan Abu Hassan

Research Aim: To explore how Road Traffic Accidents (RTAs) affect youth worldwide both physically and psychologically and how they affect their families and countries along with discussion of some solutions and recommendations.

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Introduction & Importance

In 2004, the World Health Organization (WHO) reported that over 1.2 million die and 50 million are injured each year because of road traffic accidents worldwide (WHO, 2004, p.3). Some studies predict that RTAs will be the third global burden after disease by 2020 (Khan& et al, 2007, p.324). Day after day, young children face the risk of road traffic accidents all over the world. RTAs affect many sectors of society: individuals, families, communities and countries. Victims of fatal road accidents die on the scene or in hospital. Survivors also suffer from different types of injuries and disabilities which can affect their quality of life. Sufferers can be passengers or pedestrians. And the drivers, they can even be the cause of the accident themselves. As these victims suffer, their families and communities will suffer too; they must sometimes carry the burden of caring for the victims. As well, their countries will struggle: the loss of manpower has a huge impact on the economic status of many countries. In 2002, RTAs cost the global community about US$518 billion (Ameratunga& et al, 2006, p.1533). Therefore, currently, road traffic accidents are considered one of the most serious issues facing youth worldwide. According to the WHO, “Over 50% of deaths are among young adults in the age range of 15–44 years. Among both children aged 5–14 years, and young people aged 15–29 years” (WHO, 2004, p.4). In other words, the WHO believes that the majority of RTA victims are young. Therefore, the issue needs more attention and support from every individual in all communities around the world. Youth are the permanent wealth and health of any society. They are the precious treasure of any developing nation. For that reason, this paper will explore how road traffic accidents affect youth worldwide both physically and psychologically, and how they affect their families and countries. Finally, the paper will discuss some solutions and recommendations.
Physical Effects

One of the most serious effects of road traffic accidents worldwide is physical injuries to young children. Death is considered the major consequence of physical injury. According to the WHO, “Deaths from road traffic injuries account for around 25% of all deaths from injury” (WHO, 2004, p. 4). This data shows that a full quarter of fatal cases are related to RTA injuries. Death is the end of human function and production. After that, physical disability varies in harshness. In one of the studies that was conducted in Saudi Arabia, Ansari and his colleagues found that “one person killed and four injured every hour” (Ansari & et al, 2000, p.37). Basically, they are saying that their population is at serious risk for RTAs.

Through my experience as a health care provider, I can divide disability into two parts: total and partial. Total disability consists of head and spinal injury; whereas, partial consists of lacerations, loss of limbs or fractured bones. The victims of head and spinal injury may be unable to return to their normal lives. They may even require full care all the time. Usually, these conditions are permanent and there are no actual treatments or cures because of the direct injury to the brain and spine, although, there are some rare cases that show physical improvements with limited movement. Often, these patients stay at the hospital for a long time. As for partial injury, there are many examples, for instance, fractures of bones, loss of limbs, abrasions, lacerations and blunt injuries. A study in Pakistan reveals that the most common injury among RTA survivors is fractures of bones which showed in 90 cases from a total of 150 survivors (Khan& et al, 2007, p. 325). Depending on the severity of these injuries, the patient will be treated in hospital. They will stay in hospital until finishing their treatment, and then they will be discharged to their homes. Also, the most common complaint of RTA patients is the persistence of pain after injury (Mayou & Bryant, 2003,

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1 Studies of physical effects are mainly conducted in UK, Pakistan & Saudi Arabia.
These patients need strong support during and after discharge. They need to follow their treatments to strengthen themselves. In some cases, physical rehabilitation is needed to enable RTA patients to work properly, and to become productive members of their societies. Mayou and Bryant state that “we believe this requires clear, positive, early information, advice and encouragement to return to normal activities, together with procedures for the early recognition and treatment of problems” and they add too that “simple treatments will often be effective in the early months after injury” (Mayou & Bryant, 2003, p.202). They are insisting that the sooner the intervention takes place, the quicker the healing will be. Consequently, the loss of human life or the loss of a limb cannot be reversed, but prevention and promotion can be enhanced.

**Psychological Effects**

Another serious consequence of road traffic accidents is psychological problems², which can have a substantial impact on the survivors of road traffic accidents and their families. Many studies focus on psychiatric disorders that result from RTAs. Some of these studies discuss the short and the long term consequences for those survivors. One study shows that one-third of young survivors experience a psychological disorder in the early stages and about 25% manifest symptoms for up to 1 year later (Blanchard & Veazey, 2001, p.146). In other words, young children may have mental problems after road traffic accidents. There are several different types of disorders. The common disorders are Acute Stress Disorder (ASD), Post-Traumatic Stress Disorders (PTSD), anxiety disorders, depression and mood disorders (Blanchard & Veazey, 2001, p.143). If we take Post-Traumatic Stress Disorders (PTSD) as an example, we find that PTSD is considered a serious disorder among young children. It can happen in early or in later stages. Also, the severity of symptoms can

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² Studies of psychological effects are mainly conducted in UK & USA.
vary during and after the accident. One study concludes that high levels of distress during and immediately after an accident are associated with severe post traumatic stress symptoms (Gallo, Barton& Jones, 1997, p.361). These symptoms can be intense fears, helplessness, and loss of control (Gallo& et al, 1997, p.360-361). Victims can lose their meaning of life and lose attachment to their surrounding environment. However, the treatment varies from type to type. The most common psychological therapies are cognitive-behavioral therapy (CBT), supportive counseling and anxiety management (Blanchard& Veazey, 2001, p.145). We cannot over state the importance of proper treatment. There is a need to offer the survivors quick, appropriate psychological support and proper assessment by health care providers. Gallo et al insist that all healthcare staff have an important role when they work with young children (Gallo& et al, 1997, p.361). They recommend that “During basic professional and in-services training, they should be made aware of the likelihood of post-traumatic reactions and of the paramount importance of the victim’s experience during, and immediately, after the accident for subsequent coping” (Gallo & et al, 1997, p.361). In making this comment, Gallo et al agree that the prompt involvement of competent health care providers may improve the coping process and shorten the recovery. Moreover, a good channel of communication between the patients, families and health care providers is essential. Therefore, the psychological disorders can’t be ignored for the health and wealth of youth worldwide.

Effects on Families

Families also suffer from their children’s involvement in road traffic accidents. They are considered another hidden victim of RTAs, and need care and support just like other RTA victims or survivors. Families can be affected psychologically and socially. High levels of anxiety, depression, irritability and mood disturbances are the most common psychological
symptoms among victims’ relatives (Livingston & Brooks, 1988, p.10). This is related to the shock of losing their close relatives or loved ones. One study found that 15% of young RTA survivors’ parents had PTSD 7-12 months after the accident (Blanchard & Veazey, 2001, p.145). The distress can be temporary or permanent, which really depends on how close they were to the victims. As well, social interaction can be affected. It will be diminished over time if no proper intervention takes place. Families can experience several interpersonal difficulties such as family friction or poor tolerance. Another study suggests that the reason for this is related to the sudden change in family life which can threaten living or working conditions (Livingston & Brooks, 1988, p.12). Also, this study revealed that there is a significant difference between the way nuclear families and extended families deal with these situations (Livingston & Brooks, 1988, p.11). Overall, family cope is varies from culture to culture and every community has different family behaviors and interaction strategies. However, families can be another burden if the treatment is delayed. Livingston and Brooks recommend a need for having a rehabilitation program for families (Livingston & Brooks, 1988, p.14). Furthermore, families can be supporters as well as assessors. How? By becoming involved as active members in the actual therapy that includes the survivors. They can assist the health care providers by following patient progress. They can be the first contact person to assess patient, which may improve the patient’s condition. One study shows that relatives could record any personal changes in the survivor even up to 5 years after the injury (Livingston & Brooks, 1988, p.9). Why aren’t families being involved as contributors in the treatment of victims or survivors? By acting as contributors, they would be protected from living in deep grief or isolating themselves from the real world. Why are they allowed to spend most of their time with their children in hospital without any social

3 The study mentioned is from the UK, and may differ from other communities. I offer it as an example.
life? There is a need to care for families as much as we care about the RTAs victims. Family wellness is the core of any wealthy society worldwide.

**Effects on Countries**

All the countries in the world are affected by youth road traffic accidents. RTAs influence several sectors in of society. One of the most important influences is on the youth of these countries. Imagine if these countries lost all their young people; they would become aged nations. With all due respect to older people, in reality, the young generation is important to prolonging the life of nations. Because of this, there is a necessity to have the youth healthy and capable of functioning efficiently. RTAs also influence the wealth of these countries. In 2002, RTAs cost the global community about US$518 billion (Ameratunga & et al, 2006, p.1533). Thus, road traffic accidents cost human lives, resources, facilities and money. How does this happen? First, the accident kills or handicaps manpower. Then, it damages facilities, and nations need adequate resources to treat this issue. As a result, this presents the economy with a new kind of crisis. What can countries do to recover from this serious issue? What resolution can be found? The answer is simple but the act requires readiness and actual intervention through the involvement of many sectors and specialties. One part of the solution is to set up a new database to collect, store and analyze information relating to road traffic accidents in every country (Ansari & et al, 2000, p.37). Governments need to know the causes, effects, incidence rates, and affected populations. All of this is to discover the appropriate intervention for their country. Another significant solution is the legislation of traffic rules and a regulation panel to fit every country’s specific needs. Further, proper punishment is needed for any traffic violation (Ansari & et al, 2000, p.39). According to the WHO, “At governmental level this means establishing a close collaboration between the sectors of transport, public health, finance, the judiciary and
others concerned” (WHO, 2004, p.3). In other words, the WHO believes that every government in every country needs to work side by side with their local organizations and agencies to minimize the danger of RTAs. Another necessity is to enhance the health care system in all countries. The quality of care needs to be improved in all different areas of health care and specifically among health care providers, resources and facilities. At the same time, it is important to increase the awareness in the population and especially in young children. All of this can be done through national and international campaigns of health education about the risk of road traffic accidents and the solutions. All countries need to collaborate to achieve the benefit of youth and its wealth.

Conclusion

Road traffic accidents affect youth worldwide. RTAs are considered one of the main causes of morbidity and mortality around the world. In 2004, the WHO estimated that 1.2 million people were killed and 50 million injured in road traffic accidents worldwide. This will be a global burden in the coming years if it isn’t resolved soon. There is an urgent need to resolve this issue as soon as possible. It affects the world in general but the human beings specifically. It impacts our young children’s health, families, communities and countries’ wealth. However, several studies discuss the importance of prevention and promotion of road traffic accidents among young children. Therefore, this paper explored how road traffic accidents affect youth worldwide both physically and psychologically, as well as the effects on their families and countries. Finally, the paper discussed some solutions and recommendations.
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References:


