

# INTERNATIONAL JOURNAL OF INNOVATIVE RESEARCH AND KNOWLEDGE

ISSN-2213-1356

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## A Matter of Life and Death: Road Traffic Accidents in Sri Lanka

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### Abstract

Road Traffic Accident (RTA) is a noticeable social problem in Sri Lanka which has become a major obstacle in the development process and has great impact in all aspects of life. This exploratory study was conducted among 30 victims who met with RTA in 2016. The main objectives of this study were to explore the reasons behind RTA, to analyse the socio-cultural aspects of RTA and to exemplify the diverse effects of RTA with the aim of promoting health and well-being of people through preventing RTAs in Sri Lanka with special reference to Akkaraipattu Divisional Secretariat division of Ampara district. Primary data were collected using interviews and observations while secondary data were collected through records, journals, books, articles, reports and websites. Collected data were analysed using both qualitative and quantitative analysis methods and presented in a descriptive way. RTA mostly occurred among young and middle-aged adults between the age range of 22 to 50 and male population has been identified as the highly vulnerable group. Road users, vehicle, road conditions, road design and environmental factors were the contributory factors of RTA. Violation of traffic rules was identified as the most prominent reason (22%) and driving while being sleepy and fatigue was the least contributory reason (8%) for RTA. The lives of the people are influenced by their cultural norms and values which affect the way they distinguish road safety and regulations. The consequences of RTA can be classified into four broad categories as physical effects, financial effects, social effects and psychological effects. The physical effects of RTA can range from minor to severe. It creates enormous economic hardship to the entire family. Social cost of RTA has become unavoidable burden to the development of the country that includes the loss of productivity of the victims cost of legal system and health sector of the country. RTAs affect the health and emotional well-being of the participants. The victims have fallen into post-traumatic stress disorder like anxiety and depression. Most of the victims moved from western medical system to traditional medical system due to its availability, low-cost and good relationship between

*traditional medical practitioner and the victims. RTAs are predictable and preventable. Comprehensive measures, road safety programmes, good policies and plans interventions which include better understanding of the social impact of road-related deaths and injuries are important to preserve the precious life of human beings.*

**Keywords:** Accidents, Health, Injuries, Road, Well-being

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## 1. Introduction

Human society has its own order like nature. Life is a process of continuous adjustment and readjustment, when they fail to adjust themselves it creates social problems among human beings. Globalization and modernization have impacted all countries in the world, especially the developing countries. Social problems are the general concerns which are rapidly increasing in the contemporary society (Rao, 1990). There are number of social issues existing in the world such as teenage pregnancy, drug addiction, poverty, domestic violence, child abuse, prostitution, road traffic accidents, divorce and crime, etc.

Road Traffic Accidents (RTA) has become one of the serious issues among all societies today without any distinction and differentiation (Hassan, 2010). RTA is a growing public health problem all over the world that takes the life of approximately 1.3 million people and millions become disabled annually. About 90% of those accidents take place in developing countries and it has been identified as a challenge by the United Nations and its member countries. If the severity of RTA continues further, it will become the third-leading cause to the global burden of injury by 2020 (Weerawardena et al, 2013).

Not surprisingly, RTA has become a noticeable social problem in Sri Lanka. RTA is more severe than we imagine and it remains a major cause of mortality and morbidity in Sri Lanka. Latest WHO data pointed out those RTA deaths in Sri Lanka reached 2.19% of total deaths. According to the statistics of Sri Lankan Police our roads are becoming deadlier by the year. 3,003 deaths, 2,824 fatal accidents, 13,961 minor accidents, 8,515 critical accidents and 13,675 damages were occurred in the road of all over the island in 2016 which carries the economic cost of 50 million approximately (Road Traffic Accidents, 2017).

In the past, road traffic safety was the concern of a few people, because our country faced other disasters as a result of which we had already lost precious human life. Now the war is over, and the country is developing gradually, this development process is now disrupted by the rapid increment of RTA in Sri Lanka which highly impacts all aspects of life, especially in health and wellbeing of the societal members (Gunesekara, 2013), RTA cause considerable social and economic losses to individuals, their families and nation as a whole. It primarily affects the direct participants of RTA and their family members. The direct participants of RTA particularly suffer health consequences and impacted on the living standard. Due to the fact that RTAs lead to a large number of fatal devastating injuries, the consequences of these accidents are fundamentally reflected in the social sphere (Masilkova, 2017).

In this context, this study was conducted on Road Traffic Accidents (RTA) with the aim of promoting health and well-being of people through preventing RTAs in Sri Lanka with special reference to Akkaraipattu Divisional Secretariat division of Ampara district in order to explore the reasons behind the RTA, to analyse the socio-cultural aspects of RTA and to exemplify the diverse effects and consequences of RTA in Sri Lanka by addressing the health and wellbeing issues faced by the victims of RTA.

## 2. Literature Review

### 2.1 Conceptual Framework of Road Traffic Accidents (RTA)

In general accident is considered as an undesired, unplanned and unintended happening or unfortunate harmful event which occurs suddenly and causes unexpected happening like injury or loss, a decrease in the values of the resources or increase in the liabilities. RTA is an event occurs on the road with vehicles, persons,

animals or with property, which involves death or injury of persons or damages to property (Sri Lanka Police Report, 2017).

Road transport plays a key role in promoting socio-economic development in terms of social, regional and national integration which is the primary mode of transport that links the centres of production, consumption and distribution of goods and passengers. Since the road transportation increases year by year, RTA also increases (Labana, Parikh & Parekh, 2015). RTA is not a recent phenomenon. The first RTA occurred about 150 years ago in Ireland where a lady lost her precious life on the spot (Arif, Ahmed, & Rasool, 2015).

RTA almost always leads to legal responsibility. RTA is deliberated as the leading cause of injuries and death worldwide with 86% deaths taking place in low and middle income countries. RTA accounts thousands of lives across the world every year. The average person has a one in hundred lifetime risk of losing precious life in a RTA and one in three lifetime risk of being injured in a developed country (Jeepara & Pirasath, 2011). According to WHO report, more than 1.25 million people die each year as a result of RTA. Road traffic injuries have become the leading cause of death among young people aged between 15 and 29 years. Between 20 to 50 million people suffer due to non-fatal injuries and disabilities as a result of their injuries. In most of the countries including developing and developed nations, RTA cost 3% of the gross domestic product. Every life is precious to the family, friends, and society (Road Traffic Injuries, 2018).

Single casual factor is not contributing to RTA, rather a number of multiple factors contribute to this RTA; increasing number of motor vehicles, speeding, adverse weather, driving errors, design of the vehicle, not wearing helmet, speed of operation, road design, and driver skill, fatigue and other impairments. Drivers and road users are most important contributory factors to this road collision such as reckless driving, negligence of pedestrians, driving under the influence of liquor, fatigue, falling asleep and speed control (Jeepara & Pirasath, 2011).

RTA has become a noticeable social problem and it is the 11<sup>th</sup> leading cause of death in Sri Lanka. According to WHO, health is concerned as physical and mental well-being of human beings. An optimal condition of health of a person depends on and calculated by a set of conditions that will enable the person to live and work so as to meet their needs and wants. People rarely consider about their health condition due to their busy life of earning more, even though they may start to realise the need of maintaining good health condition when it is affected by a disease or damage or an injury (Masilkova, 2017).

RTA is considered as a global problem which results in deaths, injuries, psychological problems and financial losses. Financial losses impact the victims and their families severely as an immediate consequence of RTA (Gorea, 2016). RTA also has an enormous effect on health related issues. Victims who are affected by this RTA often need medical facilities and medication is an unavoidable factor among those. Consequently, road safety has become an issue of national and international concern (Labana, Parikh & Parekh, 2015).

## 2.2 Previous Studies on Road Traffic Accidents (RTA)

Masilkova (2017) wrote a review article on Health and social consequences of RTAs in Czech Republic. The article claimed that the consequences of RTAs primarily affect the direct participants of RTA and their families. RTAs lead to a large number of fatal incapacitating injuries which reflected in the social sphere. This brings difficulties in financial situation, job losses and psychological consequences (Masilkova, 2017).

Gorea (2016) talked about financial difficulties of RTA in his study "Financial impact of road traffic accidents on the society". The study detailed that, RTA is a global problem resulting in deaths, physical injuries, psychological problems and financial losses. The study found that financial damages of RTA have immediate consequences and long term consequences on the victims and their families (Gorea, 2016).

Jeepara & Pirasath (2011) submitted a study on "Road traffic accidents in Eastern Sri Lanka: An analysis of admissions and outcome". This study identified that most of the victims of RTAs were very young and male

adults from urban areas. Drivers and passengers are common victims to this RTA. Driving after drinking alcohol, driving without a driving licence, driving without wearing helmets are major contributing factors to RTAs. Motor bike accidents and head and limb injuries are common among the victims of RTA (Jeepara & Pirasath, 2011).

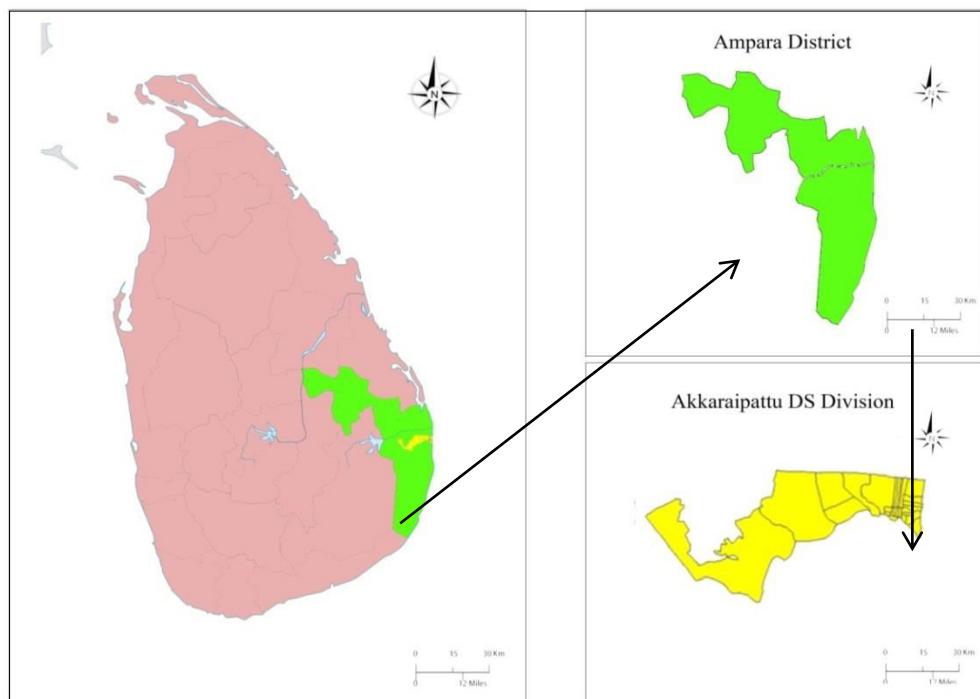
Kumarage, Wickremasinghe & Jayaratne (2003) did an analysis on Road Accidents in Sri Lanka. The study explored that accidents have steadily increased in Sri Lanka due to the rapid increase in the amount of travel, shift from public transport to unsafe mode of private vehicles, violation of road rules, poor road designs, lack of safety interventions and poor maintenance programmes (Kumarage et al, 2003).

Mayou & Bryant (2003) did a study on “Consequences of road traffic accidents for different types of road user”. The study measured about physical status of victims, post-traumatic disorder, mood, travel anxiety and health status for the period of three months to three years. The study identified that motorcyclists and pedestrians sustain the most severe injuries and suffer more by having continuous medical problems (Mayou & Bryant, 2003).

### 3. Methodology

#### 3.1 Field Setting

This study was conducted in Akkaraipattu DS division of Ampara District which is located in Eastern Province of Sri Lanka which comprises of 9 small villages and 28 GN divisions. It acts as an agro-economic hub with vast extents of paddy field. The total population of the study area is 43,837 (Male -51% and Female - 49%). Majority of the population is Muslims (99%) who are living here for the last several decades with people from other religions (Hindus and Sinhalese) peacefully. The main occupations of the people here are agriculture, fishing, and small industries. Also numbers of educated people are working in different types of employment sector and contribute to the economic development of the area. 45% of people in the study area receive more than LKR 15,000 income and literacy rate of male and female population are 76% and 69% respectively. All community health services achieved more than 97% (Resource Profile and Statistical Report of Akkaraipattu DS Division, 2017).



**Figure 1: Akkaraipattu DS division of Ampara district**

Source: Survey General Department of Sri Lanka, Digital Data, 1:50 000 (2016)

### **3.2 Sampling**

A population usually represents a group of individual units with some common interest. Typically, the population of the study is very large, therefore difficult to handle and completing all the observation is impractical. Therefore, there is a need to select individuals to collect sufficient data. A sample is the subset of the population being studied which represents the larger population (Johnson & Wichern, 2007). In order to achieve the objectives of the study under the selection of non-probability sampling techniques, purposive sample method was used for this study where one in the study population is selected based on the knowledge and purpose of the total study. The sample size is 30 individuals who met RTA in year 2016.

### **3.3 Data Collection Methods**

Data is considered as a collection of past and present facts, figures, information and other relevant materials which serve as the basis of the study. The source of data was categorized into two types as primary data and secondary data depends on the nature of data and mode of data collection. Primary data are data that were previously unknown and that have been gained by the researcher for a specific purpose. Secondary data are data that have been already gained for specific purposes which tends to be readily available, inexpensive to obtain and can be examined over a longer period of time (Kothari, 2004).

Both primary data collection methods and secondary data collection methods were used for this study. Interview and observation methods were used to collect the primary data. Interviews were carried out among victims of RTA along with their family members. Participant observation also conceded actively by looking and listening carefully. Records and Statistical reports of Akkaraipattu Police, books, magazines, newspaper, articles journals, reliable web sites were the secondary data utilized for this study to get more information.

### **3.4 Data Analysis and Presentation**

Data analysis is a process of arranging the collected data systematically to increase the understanding of the concept (Wong, 2008). According to this study collected data were analysed by using both qualitative and quantitative data analyse methods. Mainly qualitative method was used, because the study mainly dealt with interview transcript, observation notes and audio clips. The process of analysing the data of this study was basically involved coding and categorising the data.

The study always relies on proper data presentation which is essential due to the worth and efficacy of the research findings. Data presentation refers to the chore of drawing inferences from the collected information after the analysis of the total study (Kothari, 2004). According to this study, collected data were summarized and presented in text and figures in an appropriate manner that can be easily understandable and utilized by the readers.

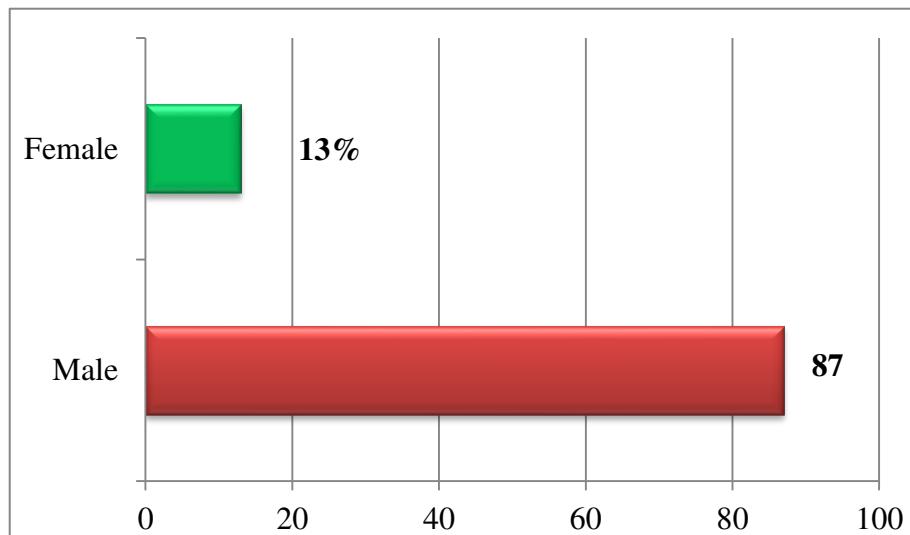
## **4. Results and Discussion**

Sri Lanka as a developing country has the responsibility of attaining the task of road safety within the nation, in order to contribute to the sustainable development for the well-being of its valuable citizens. According to the Police report on RTA of Ampara district which comprises of 20 Divisional Secretariat divisions, the numbers and causalities of RTA have highly increased in Akkaraipattu DS division. Compared to other Police divisions records related to RTAs in Ampara district, the situation of Akkaraipattu DS division is becoming worse. The death toll rate and injured people are high in this study area. This existing situation in the district reveals that the roads are becoming deadlier and more danger to travel through Akkaraipattu DS division (Sri Lanka Police Report, 2017).

### **4.1 Demographic Characteristics of the Victims of RTA**

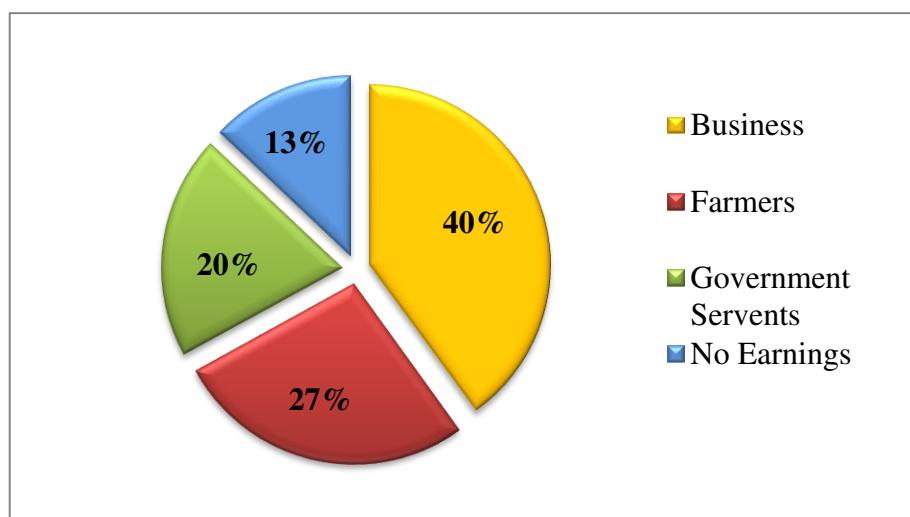
There are some considerable similarities in the way different road users are affected by RTA. The study found that RTA mostly occurred among young and middle-aged adults between the age range of 22 to 50 in the

study area. As mentioned above in the literature review, the first RTA was occurred in Ireland where a lady lost her precious life on the spot. Though, the majority of the victims of this terrible RTA is male population who have the responsibilities to look after their family members, adults are highly vulnerable to RTA. The study revealed that 87% of the victims of RTA were males who are the breadwinners of the family and rest 13% of them were female population those who have already married and have children. The following figure 2 describes the gender distribution of RTA.



**Figure 2: Gender distribution of RTA**

Economic contribution is one of the basic obligations to run the family without any barriers. There is no any positive attainment in this terrible RTA, each and every person who is met with the RTA loss their valuable life, properties, social involvement and their peaceful life. According to the findings of the study 40% of the victims of RTA have done business for generating income, 27% of them are farmers and within them only 13% of victims have own farming lands and rest 13% are doing cultivation in others' lands as labourers. The next 20% of the total RTA victims are government employees and 13% of them are not engaging in any sort of income generating activities. It is clearly described in the figure 3 as follows.

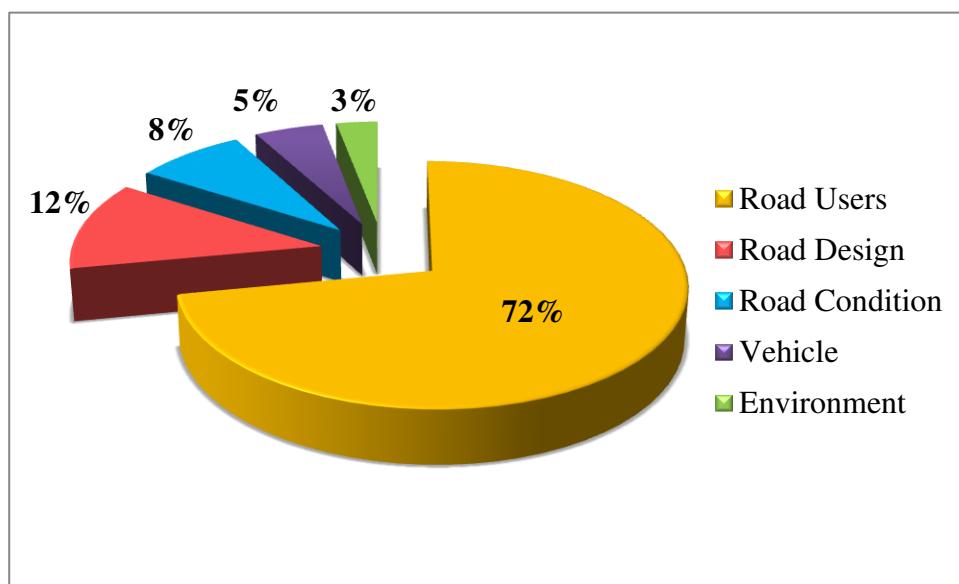


**Figure 3: Occupations of the Victims of RTA**

The study also tried to identify the preference of medical systems by the victims. All the victims of RTA were admitted to the hospital immediately after the accident where western medical practitioners were available, and they followed western medical system further to cure their injuries. There is no any surgeon available in the government hospital in the study area, so people need to go to private clinic centres for consultation. The medication in private clinic centres is highly expensive and poor people cannot afford to go there. This kind of impoverish situation forced them to seek traditional medicine which is affordable. 60% of the victims have moved to get treatment from traditional or indigenous medical practitioners who have knowledge, skills and practices based on beliefs, theories and experience to different cultures and practices. Especially, the victims who sustained bones and nerves fractures seek help from these traditional practitioners. The victims said that the traditional medical practitioners are friendly in nature. Their instructions are clear and they have trust on them.

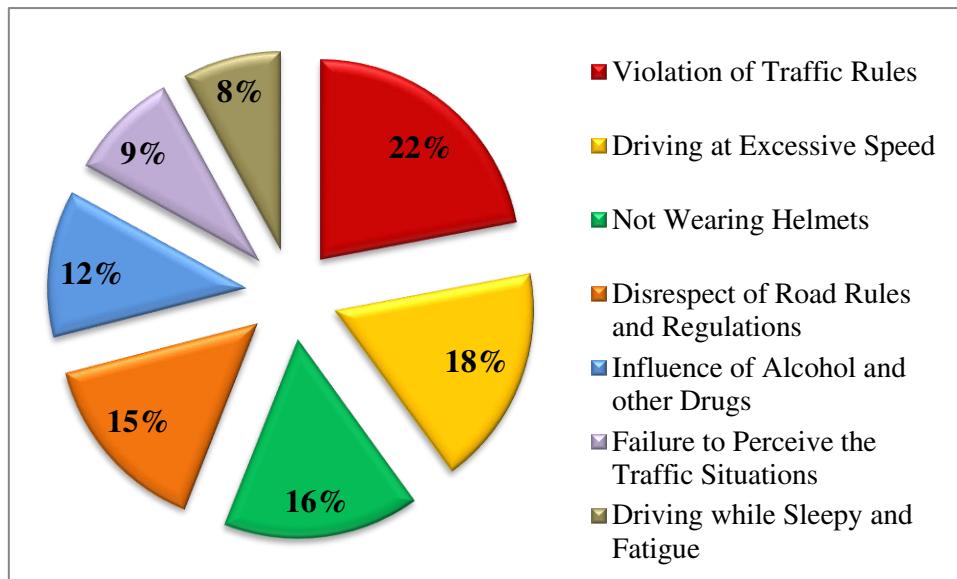
#### **4.2 Contributory Factors and Reasons behind RTA**

There are several factors that contribute to this RTA in the study area such as road users, vehicle, road conditions, road design and environmental factors. The study found that road users and their enormous behaviours are the main contributory factor to the RTA. The second contributory factor is road design, third is road condition, fourth one is vehicle and least contributory factor is the condition of the environment. The following figure 4 clearly visualises the factors that lead to RTA in this area.



**Figure 4: Factors Contribute to the RTA**

Road users are the major contributory factor which induces the RTA. The study found that both vehicle drivers and pedestrians contributed to RTAs; especially the most unsafe drivers are roaming in our roads. Violation of traffic rules (22%), driving at excessive speed (18%), not wearing helmets (16%), disrespect to road rules and regulations (15%), driving under the influence of alcohol and other drugs (12%), failure to perceive the traffic situations (9%) and driving while being sleepy and fatigued (8%) are the major reasons behind this RTA in the study area. The below figure 3 shows the faults of road users that cause RTAs.



**Figure 5: Reasons behind the RTA**

#### 4.3 Socio-Cultural aspects of RTA

The lives of the people are influenced by their cultural norms and values which affect the way they distinguish road safety and regulations. Culture and different lifestyles strongly influence the behaviours of the individuals and groups. The road is a public space where individuals meet other road users and interact with people from different social backgrounds within their cultural context. From the childhood all sorts of people are educated and highly instructed about road rules and regulation. Also the country and relevant authorities already have taken enough initiatives and people are strictly advised to follow the road rules and regulation to address this RTA, even though most of the people are not ready to make road safety as their life style. RTA is not an unexpected happening on the road according to the definition because road users already have sufficient knowledge on how to use the roads. People often neglect the road safety regulations and kill others and themselves which is equal to suicide and murder.

The study also pointed out that generally carelessness and irresponsibility of the road users are the backbones which increase the RTA in this area. People do not have concerns about the importance of following the road rules and regulation while they are entering the road. These irresponsible people do not even think about themselves and others and just behave in the way they want to, causing accidents on the road and creating severe damages. For an instance, the study closely observed the behaviours of the road users for some extended period of time and came up with some incidents like pedestrians not using pedestrian crosses to cross the road, they suddenly cross the road where they want and creating mess in the road. This carelessness highly contributed to create problems on the roads. RTAs are predictable and preventable, though these negligence and irresponsible behaviours, practices and limited knowledge of the people on impacts of RTA, do not allow public to prevent RTA and promote road safety in all parts of the nation.

#### 4.4 Consequences of RTA

The study found the consequences of RTA in the recent past which carries only the negative costs among the participants. RTA primarily affects the direct participants and their family members. It not only severely impacts the individuals those who involve in it but also impacts the well-being of the total family, society and country. The adverse consequences of RTAs are fundamentally reflected in all spheres which can be classified into four broad categories as physical effects, financial effects, social effects and psychological effects.

The physical effects of the RTA can range from minor to severe depending on the extent of the injuries. According to the study, 40% of the victims of RTA got severe major injuries and suffer a lot physically and experience difficulties in performing everyday task. Within that 20% of the victims who got major injuries, some are still bed ridden and doing their activities with the help of others. Other 60% of the victims of RTA got minor injuries though they are still not fully recovered from their injuries. The most affected group by traffic accidents are drivers of the vehicle. Damages to the bones were the most common injury among them and still experiencing the pain in their wounds.

RTA creates enormous economic hardship and financial losses on the victims, their family members and to the nation. Economic losses tend to have a lasting impact for survivors of road crashes which affect the total well-being and living standard of both individuals and entire family. This financial effect is even more dramatic among the poor. The majority of the RTA victims are daily wage earners. They are engaged in business and farming activities to look after their family members. Due to the RTA, the victims lost their earnings and burdened them with extra expenses. Their physical injuries kept them home without going to work. The cost of hospitalisation, long-term care and material damages create severe burden to the entire family. Particularly the 40% of the RTA victims who suffer with severe major injuries are facing serious financial difficulties. They borrow money to cover expenses following all their losses. 13% of the victims of this RTA who got major injuries sold their wife's jewellerys for medical purposes to cover the cost of hospitalization and medication.

Most of the investigations omit the social consequences of RTA which is very much essential in measuring the total effects of RTA. Especially, to a developing country like Sri Lanka the social cost of RTA have become unavoidable burden in the development progress towards the attainment of development. The social effects of RTA include the loss of productivity of the victims to the country and also it causes a huge cost in the legal system to clear cut the impacts of RTA. Government need to allocate more money for the health sector to provide good medication and hospitalization facilities to the affected people under social concern to improve the health conditions. RTA creates a new social status of unemployed people in the society due to their current situation too. The cost of pain, suffering of the victim and their family is also another factor that can reduce the human development index of the country.

#### **4.5 Health and Emotional Well-being of the Victims of RTA**

It is appropriate to discuss about psychological effects of RTA in this section as it is highly associated with health and Emotional well-being of the victims. Healthy life is not limited to physical fitness as it is associated with emotional well-being too. There is a necessity to discourse more on the health and well-being of the victims of RTA which associates with psychological effects. The individual who is injured in the RTA is often considered as a second level person in the family as well as in the society too. Their health status let them be at home for some extended period of time which creates a traumatic experience among them.

The victims of RTA have fallen into post-traumatic stress disorder (PTSD) like anxiety and depression. The study found that almost all the victims of RTA have PTSD, especially among the victims those who severely injured. RTA has made sudden changes in the current life of total family members. The victims feel guilt, unreality and fear while thinking about their accident and voidable future life. They often complained that, sometimes they feel helpless and lost control. 40% of the victims reported that, it is better to die than living with disabilities by getting help from others. Nervousness, lack of sleep, anger and irritability are common feelings among the victims of RTA. 47% of the victims reported that, their current situation made their family members to mourn all the time. 80% of the victims stated that police investigations and visiting to court also pushed them to fall in distress.

The victims also criticised that, at the very beginning after some period of their accidents, family members, relatives, neighbours and friends often visited the hospital and home to look after them and they spend some

time to talk with them, yet now they hardly visited to see them. This condition of loneliness and isolation also induced a different state of thinking with depression. The victims of RTA reported that, they are having a mentality that they have lost their social recognition and status in the society. They try to understand what happened to them and try to regain their social status on their surroundings. They expect to get in touch with friends and relatives who may be supportive to them in numerous ways.

## 5. Conclusion

RTA has become a noticeable social problem in Sri Lanka. RTA has become a major obstacle in the development process of Sri Lanka which highly impacts all aspects of life. RTA mostly occurred among young and middle aged adults between the age range of 22 to 50 and male population is highly vulnerable. There are several factors that contributed to this RTA in the study area as road users, vehicle, road conditions, road design and environmental factors. Road users and their enormous behaviours is the main contributory factor and the least contributory factor is condition of the environment. Violation of traffic rules, driving at excessive speed, not wearing helmets, disrespect of road rules and regulations, driving under the influence of alcohol and other drugs, failure to perceive the traffic situations and driving while being sleepy and fatigue are the major reasons behind this RTA in the study area.

The adverse consequences of RTA can be classified into four broad categories as physical effects, financial effects, social effects and psychological effects. The physical effects of the RTA can range from minor to severe which depends on the extent of the injuries. RTA creates enormous economic hardship that tends to have a lasting impact on the survivors of road crashes which affect the total well-being of both individuals and entire family. Social cost of RTA has become unavoidable burden to the development of the country. RTA associates with psychological effects too that highly affect the health and emotional well-being of the participants either directly or indirectly. The victims of RTA have fallen into post-traumatic stress disorder (PTSD) like anxiety and depression and suffer emotionally. Most of the victims of RTA moved from western medical system to traditional medical system due to its availability, low-cost and tie between traditional medical practitioner and the victims.

The lives of the people are influenced by their cultural norms and values which affect the way they distinguish road safety and regulations. People are strictly advised to follow the road rules and regulation, even though most of them are not ready to make road safety as their life style. People often neglect the road safety regulation and killing others and themselves. RTAs are predictable and preventable, though the irresponsible behaviours of the people, practices and limited knowledge on impacts of RTA, do not allow our public to prevent RTA and promote road safety in all parts of the nation.

## 6. Recommendations

Comprehensive measures, road safety programmes, good policies and plans interventions such as educating people on traffic safety and regulation, resolving road infrastructure deficiencies, restraining punishment for lawbreakers who commit fatal and serious accidents, including traffic road safety in school curriculum, drawing the attention of all road users through social media to improve the safe practices on the road, giving counselling and moral support to the victims of RTA and their family members, providing incentives to the victims of RTA, conducting awareness programmes and open discussions among the public which include better understanding of the social impacts of road-related deaths and injuries are some of the recommendation to promote road safety and prevent RTA in Sri Lanka.

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