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CIVIL SOCIETY SUPPORTING GOVERNMENT IMPLEMENTATION OF THE ROAD TRAFFIC LAW IN CAMBODIA

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Background In January 2015, the King of Cambodia signed the new Road Traffic Bill into law. The RTL addresses drinking and driving, speeding, helmet use, and other road safety issues. Implementation of the law is an important component of reducing road traffic crash-related injuries and deaths.

Description of the problem As road safety good practice suggests, legislation without comprehensive implementation campaigns will not result in impactful reductions of road traffic death and injury. In Cambodia, district level implementation of the Road Traffic Law is necessary to achieve intended reductions of road traffic death and injury.

Results A coalition of civil organisations led by the Advocacy and Policy Institute (API) partnered with the government to effectively implement the national law at the district level. API worked with 12 district governments to allocate road safety funds and integrate the road safety law into district development plans. The Cambodian Red Cross utilised its seat on the National Road Safety Committee to maintain strong national-level support for the Road Traffic Law among policy-makers and enforcement agencies. Lastly, the Women's Media Centre launched a public awareness campaign about the importance of the law and safe practice for road safety.

Conclusions API and other civil society organisations effectively supported local implementation of Cambodia's national law. Without the added civil society resources, the general public would not have been sufficiently aware of the new legislation, its underlying rationale, or penalties. Likewise, sufficient attention to implementation of the new legislation may not have been paid in the finalisation of district development plans and other legislative implementation platforms.

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UNDERSTANDING SPEEDING BEHAVIOUR AMONG OMANI DRIVERS USING THEORY OF PLANNED BEHAVIOUR

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Background Oman has one of the highest road traffic fatality rates in the world. Speeding behaviour has been recognised as one of the most important risk factor in fatal road traffic crashes (RTCs) in the Sultanate of Oman in the year 2011. The aim of this study was to identify factors that are associated with self-reported speeding behaviour based on the Theory of Planned Behaviour (TPB).

Methods The study was cross sectional. A total of 1800 Omani male drivers in the age range of 17–45 years were recruited during March 2013 from directorate of vehicle registration using systematic random sampling technique based on their seat number. A questionnaire was developed and used to collect data concerning socio-demographic characteristics, driving behaviour, driving history and the subscales of TPB. The questionnaire was assessed for validity and reliability. Multivariate logistic regression

was used to examine the association between the constructs of TPB and speeding behaviour.

Results The response rate was 71.4%. The mean age was 29 ± 6.6 (mean \pm standard deviation) years. Only 14% ($n = 174$) of the drivers reported that they never or very rarely exceeded the speed limit when given the chance. The drivers with younger age, having children, high monthly income, having motoring and speeding offences were more likely to speed compared to other drivers. The odds of speeding among those who said their speed was "much faster" compared to other drivers was 4.7 (Odds Ratio (OR) = 4.7, 95% CI: 1.6, 13.8). Around 46% of the sample had got speeding offences. Speeding behaviour is significantly predicted by attitude and subjective norms. Speeding behaviour is significantly predicted by intention to respect the speed limits (OR = 0.72, 95% CI: 0.72, 0.76) and by attitude, subjective norms and perceived behavioural control.

Conclusions Speeding behaviour is common among male Omani drivers and the TPB can be used to understand the factors associated with it.

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RISK FACTORS AMONG HEAVY VEHICLE DRIVERS

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Background Since 1995, Traumatic injuries remain as the leading cause of hospitalisation in Sri Lanka for consecutive years. Among traumatic injuries, road traffic injuries are leading. It accounts for 22% to 25% of all types of injuries. For both fatal and non-fatal Road Traffic Injuries (RTI), heavy vehicles are involved frequently. It was revealed from the statistics available at National Transport Medical Institute (NTMI) in Colombo, Western Province of Sri Lanka that 10.38% of heavy vehicle drivers met with accidents were found medically unfit for driving and they face a number of risk factors. The study was undertaken with the objective of describing the risk factors and occupational health hazards among heavy vehicle drivers.

Methods A descriptive cross sectional study design was adopted with a systematic random sample of heavy vehicle drivers attending to renew driving licenses at NTMI, the national institute with its branches responsible for conducting medical examination of heavy vehicle drivers enabling them to obtain or renewal of driving licenses in Sri Lanka during a period of one month. Data were collected using a questionnaire and a document review (medical examination and investigations) using a check list.

Results The majority of heavy vehicle drivers in study population comprise young male drivers with a mean of 33.9 years. They work for extended period of time (mean working duration is 11.3 hours). The study showed a clear evidence of high incidence of Gastro Esophageal Reflux Disease and Gastritis (13.8%). The conditions like impaired distance vision (4.4%) Hypertension (0.8%) and Diabetes Mellitus (1.2%) were also found. Nonspecific backaches and pains (10.9%) and chronic cough (9.7%) were common complaints. The habits of cigarette smoking (45.1%), beetle chewing (34.9%) and alcohol consumption (60.5%) were obviously high, compared to national level. The leading occupational health hazards encounter with heavy vehicle driving were identified in the study. They included frequent exposure to diesel exhaust (8.5%), overload vehicle (26.8%), uncomfortable gear lever operation (13%), uncomfortable foot pedals (14.6%), uncomfortable steering wheel operation