# ASSOCIATION BETWEEN MANDATORY SEATBELT LAWS AND ROAD TRAFFIC INJURIES IN IRAN

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**Abstract.** This study investigated the efficacy of mandatory seatbelt legislation on traffic injuries and intensity of road traffic injuries (RTIs). We carried out a before- after interventional study. Data regarding road traffic accidents and injuries one year before and one and two years after the implementation of mandatory seatbelt legislation were obtained from the traffic police database. Traffic accident mortality was 13.0% of all RTIs during the year prior to implementation. This decreased to 9.7% and 11.4% during the first and second years after implementation, respectively (p< 0.001). The mortality rate was not consistent for seatbelt use since there was a slight increase in the mortality rate in second year after implementation of mandatory seatbelt use although this level was lower than the pre- implementation rate. Our findings suggest mandatory seatbelt use reduces the intensity of RTIs and reduces the crude number of RTIs.

Keywords: traffic injuries, seatbelt, accident, legislation, Iran

#### INTRODUCTION

Road traffic injuries are an emerging global epidemic; causing 13% of all injuries and 1.2 million deaths every year (WHO, 2004). During the next 20 years, there is expected to be a 65% increase in road traffic injuries; mainly in developing countries (WHO, 2004). Road traffic injuries (RTIs) are a major public health problem in Iran, causing 27,000 deaths annually, 65 deaths per day, and ten times this rate in disabilities according to the

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Tel: +98 (21) 2243 9980; Fax: +98 (21) 2243 9980 E-mail: hsoori@yahoo.com traffic police (Nikzad, 2006). RTIs have increased in recent decades (WHO, 2009). The world-wide road traffic injury/death rate is 3 people per 10,000 vehicles, but in Iran it is 33 people per 10,000 vehicles (Nikzad, 2006). Lack of adequate legislations could result in an increase in traffic injuries and deaths by 67% by the year 2020 (WHO, 2004). This increase could be 83% in low and middle income countries but there is an expected decrease of 27% in high income countries (WHO, 2004; Crandon et al, 2006). Some studies have reported human factors have the most influence on RTIs; these factors include driver' behavior, speed, violation of traffic laws, poor driving skills, decentralization, fatigue, and physical disabilities (Farland and Moore, 1957; Evans, 2003; Hasselberg et al, 2008). The seatbelt legislation was

Table 1
Number (%) of non- fatal and fatal motor vehicle injuries before and after seatbelt
enforcement.

		Num	1ber (%)	
	Non-fatal	Fatal	Not recorded	Total
One year before seatbelt enforcement One year after seat belt enforcement Two years after seat belt enforcement Total	136,141 (85.1) 133,568 (88.9) 121,872 (87.7) 391,581	20,880 (13.0) 14,609 (9.7) <sup>a</sup> 15,881 (11.4) 51,370	3,042 (1.9) 2,056 (1.4) 1,213 (0.9) 6,311	160,063 150,233 136,966 449,262

 $^{a}p$ < 0.001 comparing before, one year and two years after seatbelt enforcement.

introduced on 31 January 1933 in the UK and car crashes decreased about 10% during the post-legislation period (Thomas, 1990). Seatbelt usage has saved more lives than any other intervention; it has reduced mortality from road traffic injuries by 25-67% (Salzberg et al, 2004; Shults et al, 2004; Williams and Wells, 2004). Some studies in high income countries reported minimal reduction in traffic deaths after seatbelt law enforcement. There is a lack of data from low and middle income countries in this regard. Evans and Graham (1991) reported only an 8% reduction in traffic death after seatbelt law enforcement. Seatbelt legislation was passed in Iran in 2005. It stated front seat passengers only were required to wear seatbelts. The effect of seatbelt legislation on reduction in severity of traffic injuries has not studied. In this study the association between mandatory seatbelt use legislation and changes in road traffic injuries in Iran were investigated.

#### MATERIALS AND METHODS

Data regarding motor vehicle accidents and injuries from one year before until two years after implementation (2004-2006) of mandatory seatbelt legislations was obtained from the center for information and communication technology (ICT) of the traffic police department. The records on death cases from RTIs were collected by the legal-medicine organization of Iran and were added to the records for injury cases from the Emergency Medical Services (EMS) and merged with traffic police data on crashes. The deaths of passengers of buses, trucks and pedestrians were excluded. After data cleaning and stratification of RTIs to control for the main confounders (by cause of death or injury and type of accident), data regarding injuries and death before and after implementation of mandatory seatbelt use legislation were compared. The data were analyzed with SPSS software (version 13) and STATA. Variables, such as age and sex, were used for subgroups analysis. The chi-square test was carried out to compare fatal and non- fatal injuries before and after intervention.

#### RESULTS

The total number of RTIs during the study was 449,262. One year before seatbelt legislation the number of traffic injuries was 160,063 (35.7%) and during the first year after intervention this number was150,233 (33.4%); two years after intervention it was 136,966 (30.9%). Table 1

		Number (	%)	
	Seatbelt use	Non- seatbelt use	Not recorded	Total
One year before seatbelt enforcement One year after seat belt enforcement Two years after seat belt enforcement Total	8,470 (5.5) 13,633 (9.1) <sup>a</sup> 18,595 (13.4) 40,698 (9.1)	151,192 (94.5) 130,750 (87.0) 98,869 (71.1) 371,811 (82.8)	131 (0.1) 5,850 (3.9) 21,502 (15.5) 27,483 (6.1)	160,063 150,233 138,966 449,262

Table 2 Number (%) of motor vehicle accident injured drivers by seatbelt use.

 $^{a}p$ < 0.001 comparing before, one year and two years after seatbelt enforcement.

shows the significant reduction in traffic deaths one year after seatbelt legislation of 9.7%, compared with one year prior to legislation (13.0%) (p< 0.001). During the second year this rate increased 1.7% but in comparison to one year prior to legislation, this was 1.6% lower. Seatbelt use significantly increased 3.6% in the first year and 7.9% in the second year after seatbelt legislation compared to one year prior to legislation (p<0.001) (Table 2).

In all age groups seatbelt usage increased after intervention (Table 3). This trend is increasing. This figure was significantly higher among the 30-50 years old age group (p< 0.001) but lower among those >50 years old.

Fatal injuries in men decreased during the first year of seatbelt enforcement by 4.2% compared to one year prior to intervention (8.4%) (p< 0.001) (Table 4). During the second year this rate increased 2.4% but compared to one year prior to intervention deaths from RTIs decreased by 2.2%.

## DISCUSSION

This study shows mandatory seatbelt legislation reduced the number of RTIs. During the second year after implementation there was an increase in injuries but there was still better than the year before intervention. Statistics from the World Report on Road Traffic Injury Prevention shows seatbelt usage varies, from a high of 93% in the UK and Germany to lows of less than 60% in Albania and Bulgaria (McCarthy, 1989). Transport Canada's fact sheet, from January 2008 showed 92% of Canadians use seatbelts (O' Sullivan, 2009). After the world's first mandatory seatbelt law was passed in Victoria, Australia, in 1971, car occupant deaths fell by 18% in the following year and by 26% four years later (WHO, 2004) . In the UK front passenger seatbelt usage was made mandatory in 1983. Usage jumped from 37% to >95% shortly afterwards. The United States allows each state to set seatbelt laws (Evans, 2003). The first mandatory seatbelt use law was in New York State in 1984 (Evans, 2003). Seatbelt laws are now in effect in 49 states and the District of Columbia, although the severity of the law differs from state to state (O' Sullivan, 2009). In the year 2000, seatbelt use in Korea was only 23% (O' Sullivan, 2009). After introduction of mandatory seatbelt laws, seatbelt use rose >95%(WHO, 2004). Figures from seatbelts and child restraints show that use of seatbelts reduces the chances of drivers and front seat passengers of being killed up to 50%

Nr	umber ('	%) of mc	tor vehi	cle accid	Table 3 ent inju1	red drive	ers by ag	e and se	atbelt us	ë.		
						Nu	mber (pe	rcent)				
		<30 years		3	0-39 year	S	7	40-49 yeaı	rs.		>50 years	
ı	Seatbelt using	Non- use of seatbelts	Not re- corded	Seatbelt using	Non- use of seatbelt	Not re- corded	Seatbelt using	Non- use of seatbelt	Not re- corded	Seatbelt using	Non- use of seatbelt	Not re- corded
One year prior to seatbelt enforcement	2,423 (4 6)	49,920 (95.3)	55 (0.1)	2,131 (78)	25,324 (92-2)	18	1,402 (8.5)	14,997 (91 4)	18 (0.1)	795 (7 2)	10,274 (92-7)	13
One year after seatbelt	4,246	38,851	2,189	2,802	20,893	1,055	1,765	11,718	613	1,106	9,722	434
enforcement	(9.4)	(85.8)	(4.8)	(11.3)	(84.4)	(4.3)	(12.5)	(83.1)	(4.3)	(6.8)	(86.3)	(3.9)
Two years after seatbelt enforcement	5,850 (15.2) <sup>a</sup>	27,577 (71.6)	5,059 (13.2)	4,118 (17.8)	16,066 (69.5)	2,937 (12.7)	2,101 (16.6)	8,857 (69.9)	1,722 (13.6)	1,680 (12.8)	10,213 (78.0)	1,200 (9.2)
ª p< 0.001 comparing before,	one year Nur	: and two mber (%)	years aft	er seatbelt or vehicle	enforcen Table 4 e accider	nent. 1t driver	s by sex	and fata	lity.			
					Non-fata]				Fatal		P	otal
				Male		Female		Male	ΕĘ	emale		
One year before seatbelt er One year after seatbelt enfr Two years after seatbelt en	nforceme orcemen iorcemen	t t		66,938 (91. 67,739 (95. 61.100 (93.	6) 69 8) 65 4) 60	,203 (94.7 ,829 (93.1 ,772 (92.9	) 12, ( 5,	804 (8.4) 528 (4.2) <sup>a</sup> 651 (6.6)	90,8 90,8 20,8 20,8	76 (5.3) 31 (6.9) 30 (7.1)	160,0 150,2 136.9	63 (100) 33 (100) 66 (100)
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 $^{\mathrm{a}}p<0.001$  comparing before, one year and two years after seat belt enforcement.

and by nearly 25% for rear seat passengers (Laurence et al, 2002). Lawrence et al (2002) reported that in the intervention community seatbelt use among children riding in the front seats of vehicles increased from 47% to 57%. Another study showed after intervention an increase in the prevalence of seatbelt use for drivers and front seat passengers in Guangzhou, China (Science Daily, 2007). The intervention was evaluated using a comparison group pre-test post-test design which included an extensive cost effectiveness evaluation. Following the 12-month intervention period, the prevalence of seatbelt use increased significantly, from a prevalence of 50% (range: 30-62%) to a prevalence of 62% (range: 60-67%) in the intervention city (Science Daily, 2007). Thomas (1990) found the number of car accident cases decreased by about 10% in the post-legislation period after seatbelt enforcement.

There are significant differences between populations of seatbelt users and fatal injuries caused by traffic accidents. The severity of seatbelt laws does not reduce high risk behavior (Salzberg et al, 2002). A study showed the rate of fatal injuries was higher in non-seatbelt users. These results are in line with other countries findings (Alaa et al, 2011). It is possible high risk traffic behavior is more common among non-seatbelt using drivers. This hypothesis was validated in a study by Ferguson (2003) in the United States. Less severe seatbelt laws may have less of an impact in some countries (Nakahara *et al*, 2003).

Less common seatbelt use in men than women has been reported in some studies (Nelson *et al*, 1989; Preusser *et al*, 1991). In Japan after seatbelt enforcement the mortality rate, based on the traffic volume observed, reduced by 8%, which was less than the expected rate reduction (Nakahara *et al*, 2003). There was a weak relationship between seatbelt use and driver mortality in England (McCarty, 1989). This may be due to a significant increase in traffic volume (Roberts, 1993). We studied the effect of seatbelt use in relationship to motor vehicle deaths and injuries. There was no parallel national campaign or intervention regarding speed limit or improvement in road conditions of the country.

A limitation of our study was uncontrolled factors, such as educational programs, which could have influenced seatbelt use. Seatbelt use was not pervasive among injured subjects; poor compliance with the laws was evident. Undocumented accidents may have increased during the study, but there could be a problem with data collection.

The use of seatbelts has been an effective road safety measure. Improvement in seatbelt use culture by education to increase awareness and continuing seatbelt enforcement are necessary for success.

In conclusion, this study shows mandatory seatbelt use reduces the frequency of RTIs. However, during the second year after implantation the efficiency of this intervention decreased. Continuous enforcement of seatbelt use is recommended.

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