

National institute of Public health Center for Population Health Research

Research interventions on RTI injuries in Mexico

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COMMUNITY-BASED IDENTIFICATION AND IMPLEMENTATION OF INTERVENTIONS FOR RTI PREVENTION IN CUERNAVACA, MEXICO

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RESEARCH QUESTION

¿WHICH WOULD BE THE FEASIBLE AND EFFECTIVE INTERVENTIONS FOR THE PREVENTION OF ROAD TRAFFIC INJURIES IN THE CITY OF CUERNAVACA, MEXICO, SINCE THE POINT OF VIEW OF THE MAIN ACTORS INVOLVED ON THEM?

MAIN OBJECTIVE

To use participatory methods with stakeholders to identify, design and implement feasible and effective interventions for the prevention of road traffic injuries in young population in the city of Cuernavaca, Mexico

Traditional approach for RTI preventive interventions

Decision makers (experts or Health workers)

Research Problem

Proposed approach for RTI preventive interventions

Decision makers (experts or Health workers)

Population

Population

Consensus



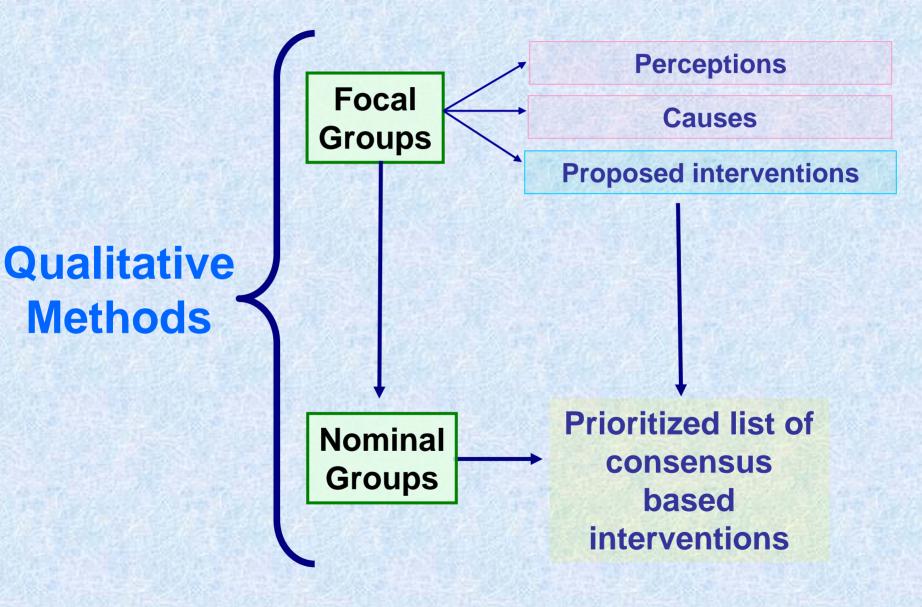
PHASE ONE

The focus was on: situation analysis and intervention identificationFocal and nominal groups techniques

PHASE TWO

The focus is on: implementation of the selected interventions and evaluation • Quasi-experimental design

Methodology Phase 1



WHO WERE THE STAKEHOLDERS?



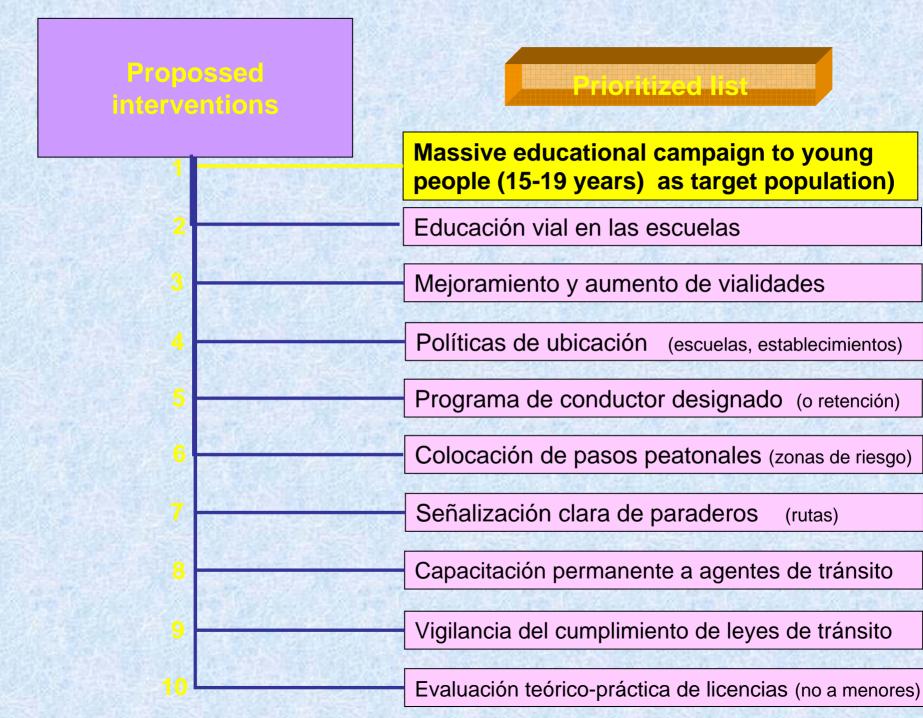


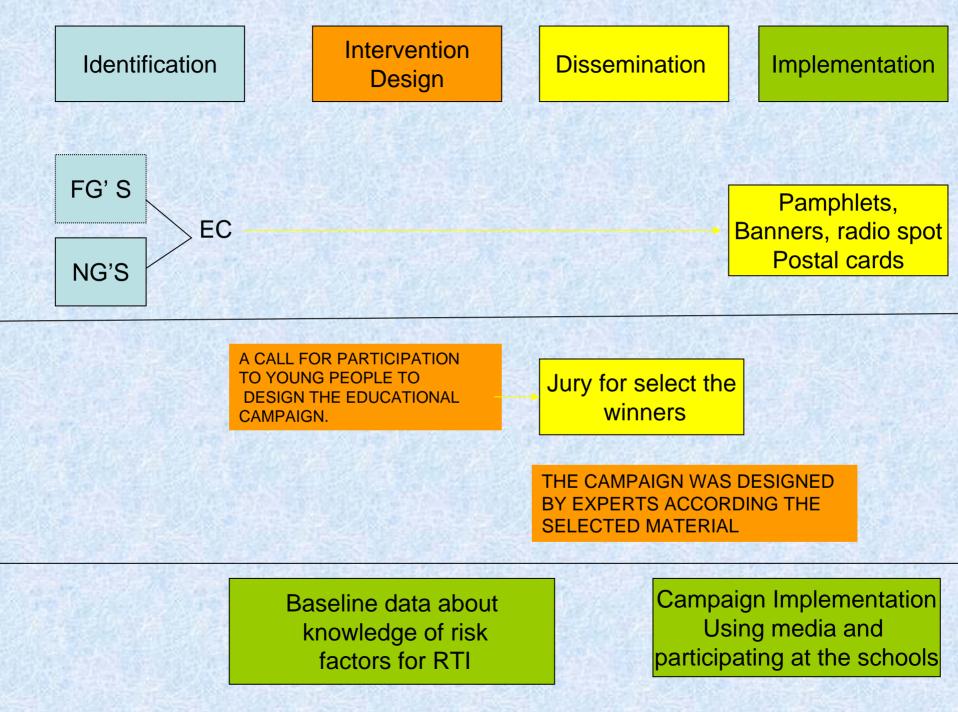












Methodology Phase 2

Quasi-experimental

Design

Baseline Data:

Sample size : MD 0.02, SD 1.46, Power 90% CL 95% =700 students (15-19 years) and 16 schools randomly selected

Knowledge of risk factors, perceptions and behaviours (10 questions) Intervention 3 months

Follow up Data: was applied 3 months after the intervention

The measure of impact was: changes on the knowledge of the risk factors measured

Results

Questions	baseline	Follow up	P value
	n (%)	n (%)	1.440
Place of RTI among the 10 pricipals causes of death First and second Third and fourth Fifth and seveth Do not know	695 207 (29.8) 222 (31.9) 29 (4.2) 237 (34.1)	691 403(58.3) 132(19.1) 14(2.0) 142(20.5)	0.000
 ¿who must be use seat belt? Only the driver All the vehicle occupants Only those seated at front side Do not know 	693 6 (0.8) 625(90.1) 61(8.8) 1(0.1)	696 0 662(95.1) 33(4.7) 1(0.1)	0.002
When you will not be able to drive a car After two drinks After 4 or more drinks After any amount of alcohol intake Other Do not know	696 98(14.0) 117(16.8) 428(61.5) 43(6.2) 10(1.4)	682 122(17.8) 130(19.1) 386(56.6) 32(4.7) 12(1.7)	0.130
Use of seat belt Always Just on highways Only in long journeys Do not know	691 673(97.4) 14 (2.0) 1 (0.1) 3 (0.4)	696 683(98.1) 8(1.1) 5(0.7)	0.061

Index* Results

Knowledge Index	Baseline	Follow Up
	n (%)	n (%)
Low	263 (41.16)	165 (25.62)
Medium	227 (35.52)	222 (34.47)
High	149 (23.32)	257 (39.91)
Total	639	644

0 = 0.000

*Factorial analysis¹ taking into account the 10 questions

[] Hair J F Jr, Anderson R E, Tatham R L, Black W C. Análisis multivariante. 5a. edición. Madrid: Editorial Prentice Hall Iberia, 1999:79-142.

Conclusions

Educative interventions represent a first strategy for changes in knowledge and population behaviors.

Appropriate methodology to measure short term changes in the knowledge of risk factors associated with RTI

Changes in knowledge do not mean changes on behavior, to achieve is necessary:

 rethink the interventions strategies according dissemination of information to target groups and
 to pay attention on the environmental factors and social norms of behavior.

The used design limitation was not to have a control group