



**ATTITUDES AND PRACTICES AMONG COMMUNITY
RESIDENTS IN A LUOI DISTRICT, THUA THIEN HUE
PROVINCE TOWARDS SURGICAL EMERGENCY**

Tran Van Khoi

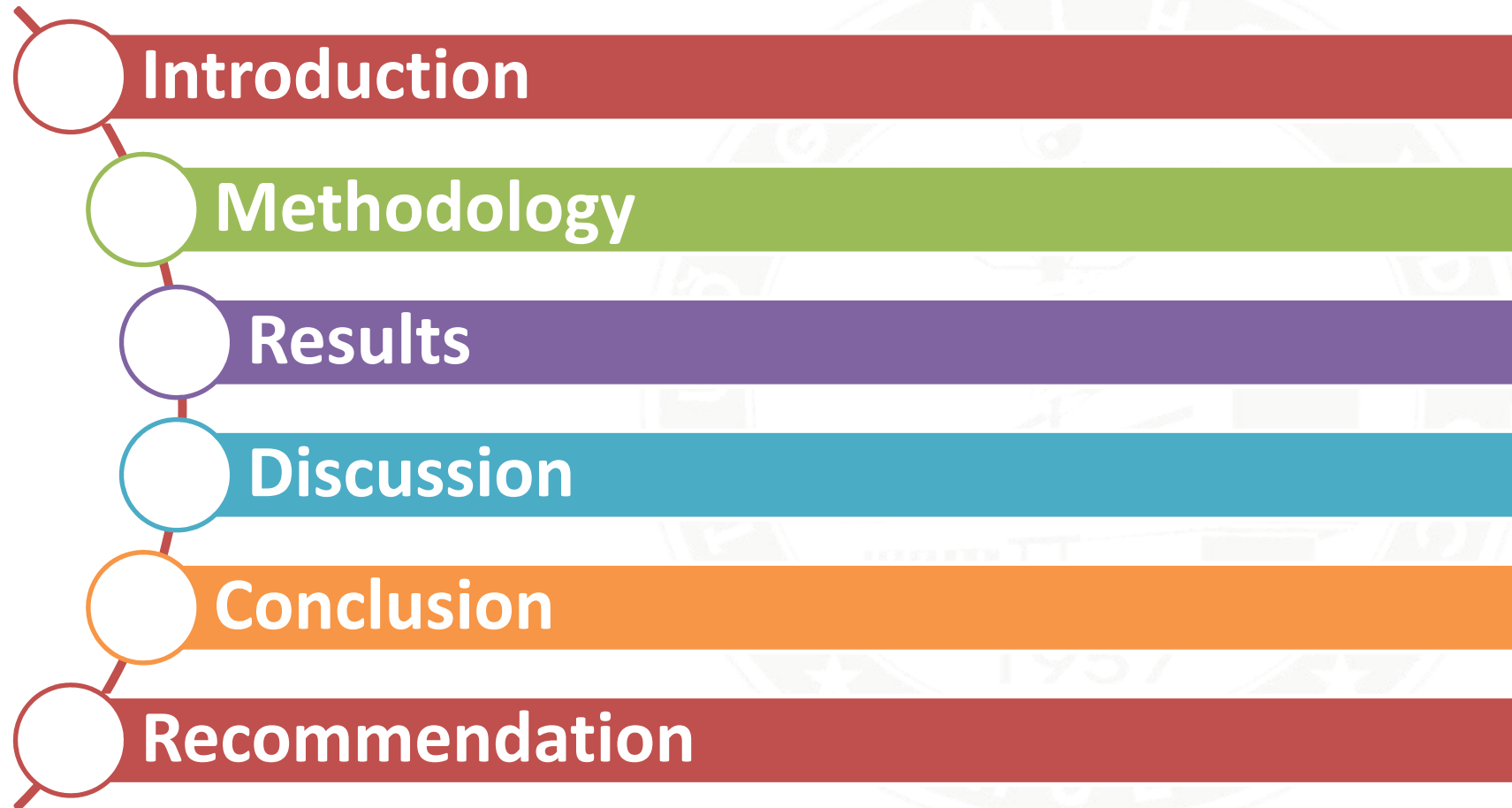
Le Duc Huy

Hoang Le Bich Ngoc

Le Hong Tram

Hue University of Medicine and Pharmacy

CONTENT



INTRODUCTION

- ✓ The burden of death and disability from injury is especially notable in low- and middle-income countries.
- ✓ It has been recognized that there are enormous gaps in access to life-saving and disability-preventing surgical services, particularly for the rural and/or marginalized populations in low- and middle-income countries.

INTRODUCTION

- ✓ Injuries accounted for fifth of the top 20 cause of death in Viet Nam (2010).
- ✓ It was estimated that 12.8% of the death in 2010 caused by injured accidents doubled the death by infectious disease (5.6%)

The limitation in surgical emergency (SE) accessibility was considered to be the main reasons which resulted in the unfortunate consequence.

OBJECTS

1. To understand the knowledge, approach attitudes and practices of residents in Nham commune, A-Luoi district in surgical emergency case.
2. To determine the associated factors related to the attitudes and managements of the residents.

METHODOLOGY

- 1. Study population:** Residents within the age of 16 and 60, currently living in Nham Commune, A Luoi District.
- 2. Study area:**

**Nham
commune**



METHODOLOGY

3. Study duration: February 2017 – August 2017

4. Study method

- ✓ Study design: Cross-sectional survey
- ✓ Study tool: A questionnaire including 4 parts (general information, knowledge, approach attitudes and managements towards surgical emergency case)

METHODOLOGY

5. Data collection:

- Data was collected by student of Hue University of Medicine and Pharmacy and the collaborators at Nham Commune. The process of collecting data happened during the time of “Charity care program” within 3 days at Nham Commune. After finishing, all the questionnaires were taken back and checked by supervisors.
- Joining in the research was absolutely volunteer and the respondents could stop whenever they felt inconvenient.

6. Analyzing data:

SPSS 18.0 and Microsoft Excel

METHODOLOGY

7. Sample size and choosing sample method

- **Sampling method: Convenience sample**
- **Subjects:** People who took part in the “Charity care program” at Nham Commune from 14/07/2017 to 16/07/2017.
- **Selection criteria:** The residents live at Nham Commune, from 16 – 60 years old and agree to join the interview.

METHODOLOGY

Listing the participants at Nham commune

Delivering the invitation

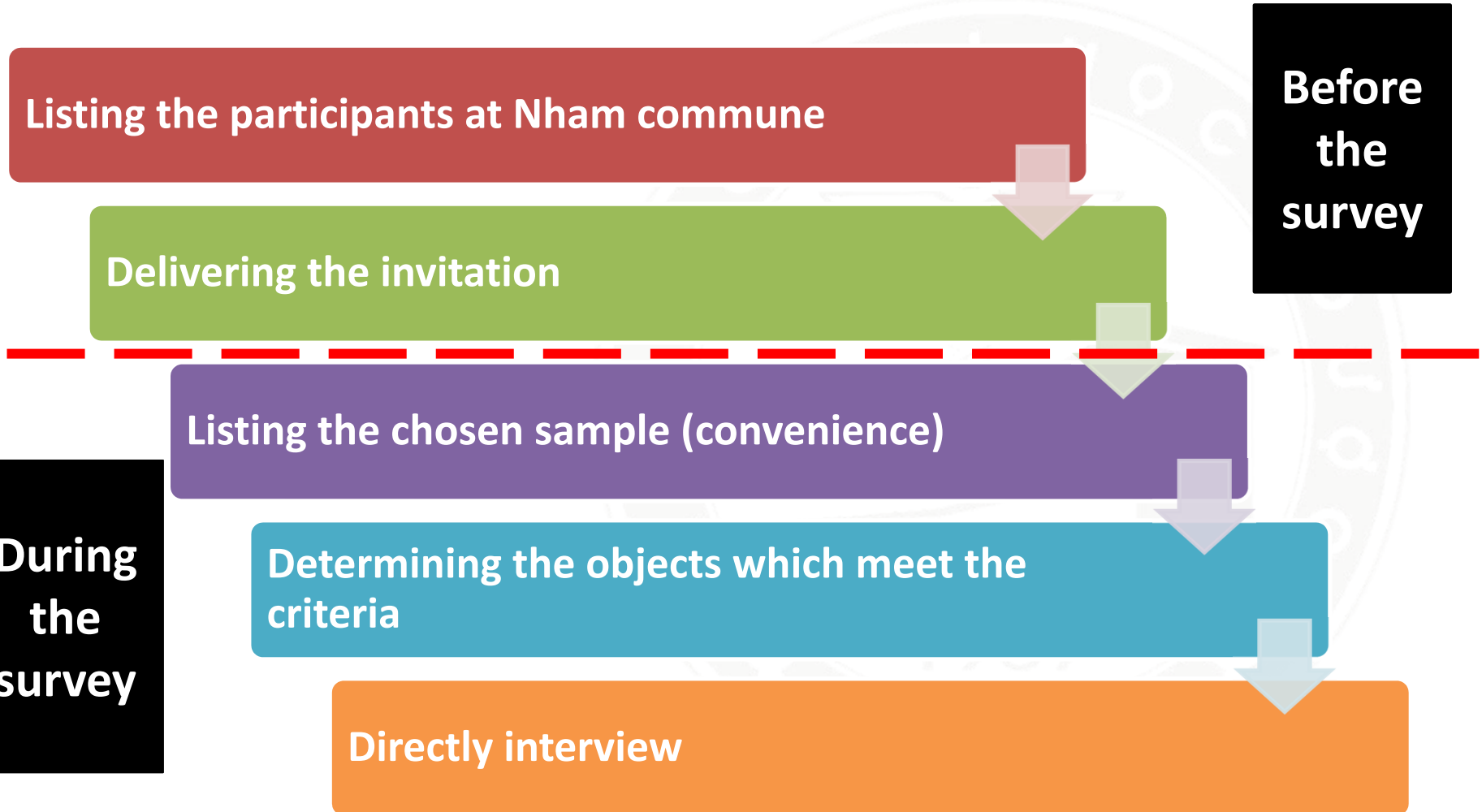
Listing the chosen sample (convenience)

Determining the objects which meet the criteria

Directly interview

Before
the
survey

During
the
survey



METHODOLOGY

8. Assessment:

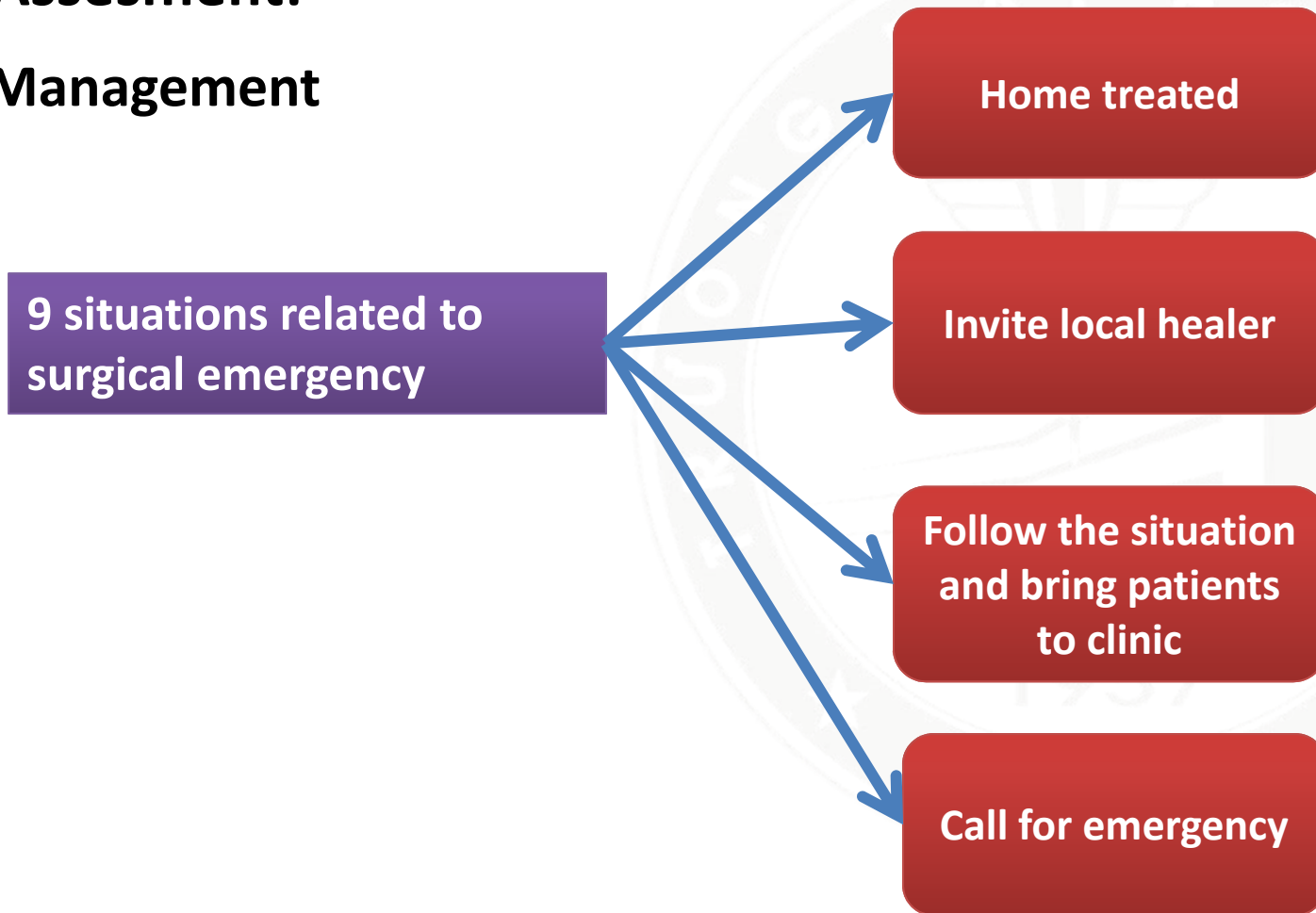
Approach attitude

Choice	Normal (1)	Partly worried (2)	Worried (3)	Extremely worried (4)
Point	1	2	3	4



METHODOLOGY

8. Assessment: Management



RESULT AND DISCUSSION

3.1 General characteristics:

Table 1: General features of research's object :

General features		n	%
Gender	Male	44	37.3
	Female	74	62.7
Age	<30	70	59.3
	>30	48	40.7
Education	Under high school	87	73.7
	Above high school	31	26.3
Job	Farmer	82	69.5
	Students	23	19.5
	Others	13	11.0
Ethnicity	Tà Ôi	108	91.5
	Kinh	10	8.5

RESULT AND DISCUSSION

3.2 Knowledge:

Table 2: Evaluating the basic knowledge of residents about SE

	Answer	N	%
Have already heard about SE	Yes	26	22.0
	No	92	78.0
Situations needs SE	Fractured	72	61.0
	Brain injury	70	59.3
	Stroke	38	32.2
	Appendicitis	72	61.0
	Snake bites	56	47.5
	Food poisoning	51	43.2
Know about CPR	Only know CPR	10	8.5
	Only know how to press the heart	7	5.9
	Both	28	23.7
	Have no idea	73	61.9

RESULT AND DISCUSSION

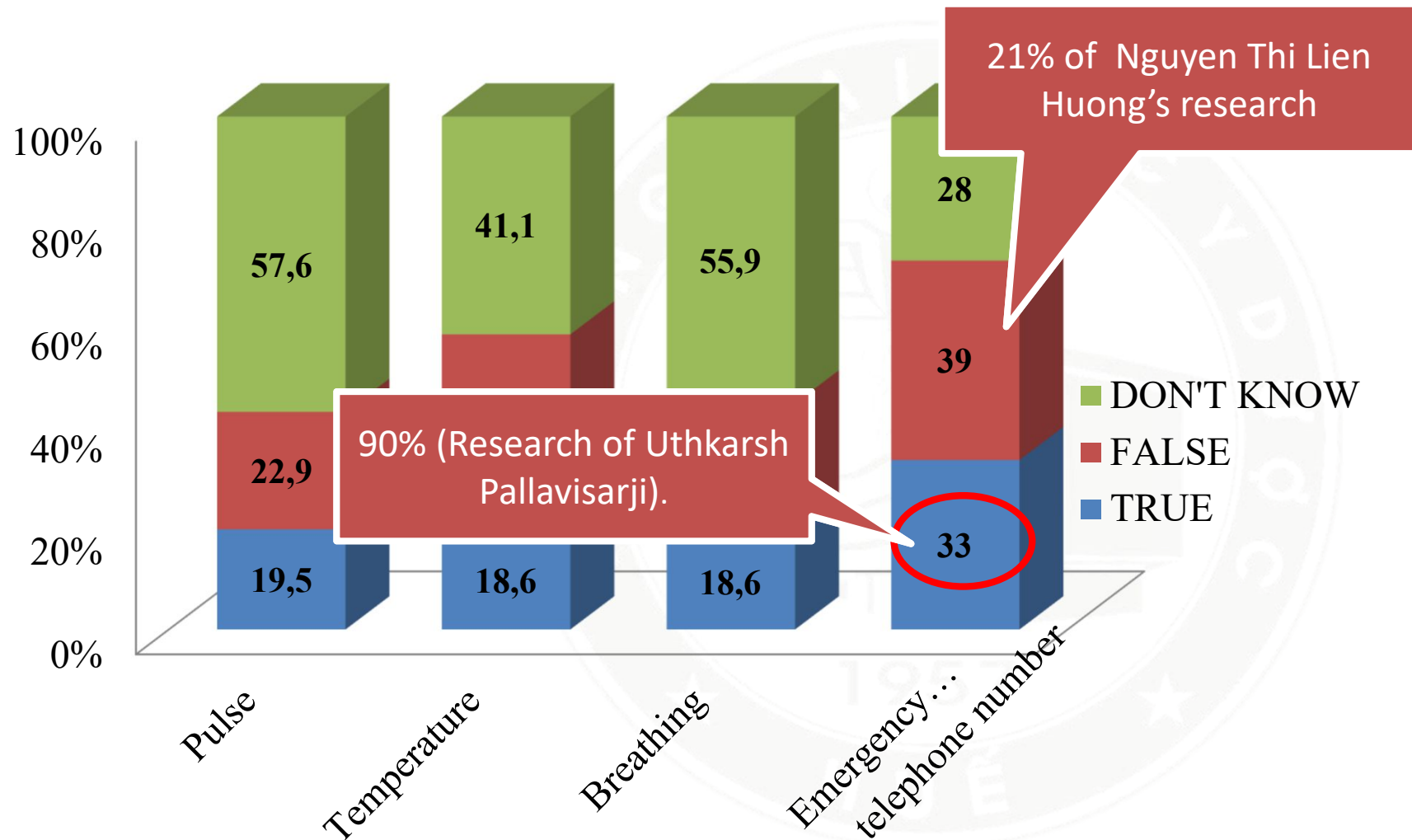


Diagram 1: The knowledge of vital sign and emergency telephone number among residents



RESULT AND DISCUSSION

3.3 Attitudes:

Table 3: The level of anxiety among residents toward surgical emergency case

	Victim	N	Mean	SD
Symptom	The scream in pain	117	3.2	0.837
	Unconscious	117	3.3	0.786
	Dizziness	116	2.5	1.009
	Difficulty in breathing	116	3.4	0.775
	Vomiting	116	3.0	0.751
Injuries location	Head injuries	116	3.1	0.858
	Abdominal injuries	116	2.9	0.915
	Limb injuries	116	2.3	1.118
Situation of accident	At night	117	3.5	0.727



RESULT AND DISCUSSION

3.4 Management:

Table 4: Managements of participants towards surgical emergency case

Situations	Home treated		Invite local healer		Follow the situation and bring patients to clinics		Call for emergency	
	N	%	N	%	N	%	N	%
Chest trauma in motor accident	0	0	5	4.2	20	16.9	92	78.0
The sharp pain in the right lower part of the abdomen	4	3.4	4	3.4	27	22.9	82	69.5
Burns in children caused by boiling water	6	5.1	7	5.9	25	21.2	78	66.1
Head injuries without bleeding	13	11.0	5	4.2	39	33.1	60	50.8
Thigh trauma, inflammation	16	13.6	12	10.2	31	26.3	58	49.2

RESULT AND DISCUSSION

Table 5: Practice of participants regarding surgical emergency case

Situations	Management	N	%
Assault with the knife/ stick	Remove the knife/stick	26	22.0
	Control bleeding	58	49.2
	Call for help	80	67.8
	Call for emergency	61	61.0
Traffic accident, unconscious people	Transfer to hospital immediately	45	66.9
	Call for emergency	45	36.4
	Assess whether patient is conscious or not	58	49.2
	Control bleeding	50	42.4
	Moved unconscious people	45	38.1
	Splinted fracture, keep position	27	22.9
Major bleeding	Tying cloth above the bleeding site (5cm)	61	51.7
	Direct pressure at the bleeding site	24	20.3
	Call for help	22	18.6
	Others	11	9.3

41,5% of Uthkarsh Pallavisarji



Table 6: The differences in approach attitudes and managements among participants

		N	Mean	SD	T/F value	Sig. (2-tailed)
Attitudes						
Gender	Male	73	30.78	4.49	2.16	0.033
	Female	43	29.07	3.42		
Identify surgical emergency case	Yes	46	31.32	3.74	2.51	0.013
	No	70	29.37	4.32		
Managements						
Age	<30	70	11.56	3.69	2.64	0.009
	30	48	9.56	4.47		
Occupation	Student	23	11.26	2.91	3.21	0.026
	Farmer	82	10.98	4.24		
	Housewife	6	5.83	3.31		
	Others	7	10.57	4.86		
Education	Illiteracy	15	7.73	2.74	3.65	0.008
	Primary school	38	10.34	4.97		
	Secondary school	34	11.24	3.18		
	High school	26	11.85	3.85		
	> High school	5	13.8	3.19		
Approach attitude	Low level of alert	60	9.98	3.78	-2.23	0.028
	High level of alert	56	11.66	4.31		

RESULT AND DISCUSSION

Table 7: The effect of factors related on management of residents - Multivariate linear regression analysis

Factors related	β	α	R	R ²	F
Approach attitude	0.17**	4.46	0.536	0.288	8.59***
Knowledge	0.51***				
Education	0.84**				
Occupation	-0.30*				
Age	-0.03*				

(* > 0.05 ; ** < 0.05 ; *** < 0.01)

CONCLUSION

- ✓ The knowledge about surgical emergency of residents at Nham Commune is still very low. Especially, there is only 33.0% of residents know the number of ambulance. There is 47.5% among them express the low level of alert upon the situation needs surgical emergency.
- ✓ The common way to support when meeting people having accidents is to bring them to the hospital immediately (66.9%). The proportion of residents having good management in stopping bleeding is 14.4%.
- ✓ The level of alert has the difference between the gender and determining the right situation needs surgical emergency. The management depends on the approach attitude factors, first-aid knowledge and education.

RECOMMENDATION

- ✓ Strengthening the campaign for communicating emergency service in order to raise the ability of accessing surgical emergency of Nham Commune's residents.
- ✓ Organizing training course about surgical emergency with the aim of increasing the awareness level and develop first aid skill for the situations of injured accidents among residents.

*Thank you for
listening*

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