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*Recommendations on health promotion trends in inhabitants
of rural areas on the basis of studies on traumatology*

Campaigns oriented towards prevention of trauma in Poland are not appreciated in our country in comparison with other health issues. They entered the scope of the knowledge and practice of health promotion and public health. In 1991 Green and Kreuter modified the definition of health promotion. According to these authors, it is "every planned combination of educational, political, legal and organizational support for actions and conditions of living leading to the health of the individual, groups and local societies" (1).

The aims in the health promotion of reduction of trauma are: change of risky individual behaviours; decrease of exposition to risk environments; deletion/modification of harmful products (3). According to Slet et al. there are differentiated three types of strategies of trauma prevention: 1. Education and change of behaviours. 2. Engineering and technology. 3. Legislation and introduction of the laws into practice. These authors state that the above mentioned three types of strategies together influence the epidemiological triad that is the host, the factor and the environment. Therefore, it follows that the change in behaviours and education should be focused on the host, legislation and introduction of the laws into practice – on change of the environment, while engineering and technology – on the change of the acting factor in order to change the transmission of energy (7, 8).

MATERIAL AND METHODS

The data including the material and methods were described in detail in our previous publication. In this paper there were additionally analyzed the results obtained on the basis of the study on the group of doctors (10 persons), nurses (10 persons) and social workers (9 persons), working in health centers in rural areas.

RESULTS

From the own studies and the results of other authors it follows that the problem of prevention of accidents and trauma in inhabitants of rural areas, including the disabled, requires introduction of new programmes of health promotion in the environment. Every disabled person is injured to a certain extent in somatic and/or psychic sphere, therefore individual transfer of health behaviors is crucial. In this group there are also included some elderly people who due to involutive processes are often prone to accidents and trauma. Accidents resulting in fracture of femoral neck are especially dangerous to them. The knowledge of people over 60 years of age in the scope of trauma prevention is little or even non-existing. From studies on the disabled carried out in the year 2000 it results that only 12% of the studied group possessed some knowledge on the causes of accidents, ways of lifting heavy objects,

correct behaviour after intake of a harmful chemical substance, using road as a pedestrian. Almost 87% judged that their access to the knowledge on this issue is limited. Selected elements of the knowledge on prevention of accidents were acquired by the studied by means of brochures and journals published by the Agricultural Social Insurance Fund, from television and radio programs. Other persons answered that they had no knowledge on behaviours allowing avoiding trauma.

For the disabled health promotion should be focused on tasks concentrated to the greatest extent on protection from trauma. The recommendations connected with their realization should concern individuals, groups of people and their environment of living (microenvironment). The main, reliable sources of information for the disabled persons should be health service workers, mainly doctors, nurses and social workers. They are persons who most often have direct contact with them.

On the basis of the analysis of the results of the studies it has been found that:

1. The greatest obstacles in everyday life of the disabled persons are technical obstacles, impeding not only moving (locomotion), but posing a real threat of causing an accident. It is a problem affecting especially persons with different locomotive system dysfunctions using for moving orthopedic or rehabilitative appliances (for example: walking sticks, crutches, orthopedic appliances, lower extremities prostheses), wheelchairs, three wheel support or using other people's help. The obstacles are of different type, and appear in the household, the farmyard, and buildings, mainly of public service. According to the comments of 13 of the studied persons it results that after the fall (in the staircase, on a curb, in bumpy road) they could not reach the vertical position and had to lay down in the site of accident from several minutes to several hours. In order to reduce the cases of trauma of this type there are necessary: liquidation of technical barriers, especially in the cities, installation of special barriers in the household and in the farmyard, levelling of obstacles resulting from unevenness of the ground, laying anti-slip materials on the floors, using protective shields on the hips of the elderly in order to minimize the risk of femoral neck fracture. It is indispensable to teach the disabled how to avoid such accidents and in case of their occurrence, how to manage in such situations.

2. Little or lack of knowledge on health concerning accident prevention often results from the lack of constant contact with basic health care workers. These contacts are most often limited to satisfaction of the basic medical, nursing and social needs.

3. From the analysis of the results of studies on the group of health service workers and social workers it follows that in communal and rural health centers there is deficit of constant programmes concerning health promotion in rural environments.

4. It is evident that there predominate customs which require more caution while performing many tasks in the household, in the farmyard and in the fields. From the obtained answers it can be concluded that in the rural families there is lack of information and knowledge on dangers resulting from the character of carried out works in the farm.

5. Family doctors and environmental nurses should devote more time to prevention of trauma.

6. The programme of health promotion should be focused on work with selected social groups, e.g. individual farmers, primary school pupils in rural areas and in cities, as well as policemen. The contents of the programmes should be in accordance with the level of education, profession, sex, age, place of residence and state of health.

7. As most of the accidents are traffic accidents, it is compulsory to increase safety on the roads, that is building flyovers, protective barriers in sites prone to accidents or on highly frequented roads, wearing of reflecting clothes, especially by children and adolescents, mainly living in villages situated at international routes, employing in the cities persons watching over pedestrian crossings, especially in vicinity of schools. In Poland there are carried out preventive actions by policemen and there are realized actions of the National Health Programme. The main operational aim is aim 10 of the Programme: to decrease the number and minimize the results of the accidents, mainly road accidents,

as well as connected with it aim 11: Increasing of the performance and effectiveness of emergency medical aid.

8. A considerable problem in the past 15 years in the field of causes and sequels of trauma has been the increasing number of cases of aggression of individuals and groups. The situation forces including these issues into health promotion programmes.

It should be underlined that currently in Poland there are carried out by policemen from road services and the national television station broad actions making children under 15 years of age aware of these issues. These are actions such as “a great lesson of traffic education for 2,000 children” and “free of charge reflective objects for children, e.g. vests, arm bands, leg bands, T-shirts with reflective elements, various reflective gadgets for bags, shoes etc.”.

DISCUSSION

Health promotion programmes should create unified conception of lifestyles and conditions of living, in order to maintain the best possible state of health. According to the main rule of the “Ottawa Charter”, known also as the “Constitution of Health Promotion”, every man has a right to increase control over the state of his health, including the possibilities of its improvement, thereby the possibility of its bettering as a result of access to knowledge on the issue (3, 6).

From the own results it follows that access of rural societies to information on accident and trauma prevention is scarce. *Fetlińska* (1) underlines that health promotion should be directed not only at the disabled, but at their families as well in order to allow common conscious choices of behaviors in a given situation of health limitations and according to their possibilities in the own environment. The tasks carried out in the field of third phase prophylactics are of utmost importance. *Kiwerski* (4) in his paper testifies to the necessity of transmission of knowledge on health promotion actions concerning spine injuries and their sequels.

As almost 60% of the accidents in farming occur while operating tractors and other farming devices and machines, *Mizgajski* and *Majczak* (5) underline that safety of using these machines is influenced by examinations being the base of issuing a permission to introduce these machines to the market in the Republic of Poland. *Ślęzak* (9) on the basis of the analysis of the documents on the persons suffering from accidents and trauma resulting in deaths, states that there exists the necessity of taking up broad preventive actions for the inhabitants of the rural areas, due to the causes of deaths. In 57% they were incorrect methods of work and bad technical state of the used machines, appliances and workplaces. Another author, *Lachowski* (2) focuses on carrying out actions promoting healthy lifestyle. They can be described as three general tasks: transmission of knowledge on dangers resulting from accidents in a given society, stimulation of activities counteracting accidents, creating the conditions for realization of a safety-oriented lifestyle. Health care personnel of rural health centers should use every contact with farmers to inform them on the healthy behaviours, rules of safety in the place of work in farming as well as types of work that are contraindicated in their state of health (10).

CONCLUSIONS

1. The knowledge of the studied persons in the field of prevention of accidents and trauma is inadequate. The level of knowledge is related to age, level of education, and place of employment. The elder age group is, the smaller knowledge on healthy behaviours is.

2. In the opinion of most of the studied doctors and nurses, in their environment of work due to various reasons there are not carried out actions connected with health promotion, also in the scope of prevention of accidents and trauma.

3. In order to determine the directions of health promotion for inhabitants of the rural areas, it is indispensable to introduce the obligation of registration of the disabled persons, including the reasons of their disability as well as medical and social needs of this group of people.

4. The realization of the health promotion programme should be carried out in strict cooperation with the Agricultural Social Insurance Fund, State Handicapped Person Rehabilitation Fund, Polish Society of Prevention of Invalidism and scientific institutes.

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SUMMARY

It results from epidemiological studies that accidents and traumas are one of more important medical and social problems in our country. These issues are complex as they are related not only to the need of treatment, rehabilitation and social guarantees of the injured, but also with problems of health promotion and prophylactics. As the etiology of accidents and traumas is often complex, it is indispensable to establish cooperation of specialists of many scientific disciplines such as medicine, pedagogy, sociology and psychology, statistics, economy, and law. The subject of prevention of accidents and traumas among rural population is still rarely discussed in scientific studies as these issues are underestimated by some scientific bodies and state administrative units and due to paucity of financial means devoted to health promotion and prophylactics. On the basis of the own studies it can be concluded

that knowledge of health promotion and prophylactics of trauma among the disabled persons inhabiting rural areas is insufficient and 87% of the disabled pointed out lack of information in this domain. The higher age group and the lower level of education, the lower knowledge of the subject. Scientific, educative and informative activity should be included in the programmes of health promotion and prophylactics.

Zalecenia kierunków promocji zdrowia wśród mieszkańców wsi w oparciu o badania urazowości

Z badań epidemiologicznych wynika, że wypadki i urazy, z powodu liczby, ciężkości uszkodzeń ciała i często śmiertelnych skutków, są jednym z ważniejszych problemów medycznych i społecznych w kraju. Zagadnienia te mają złożony charakter, bowiem wiążą się nie tylko z potrzebą leczenia, często wysoko specjalistycznego, rehabilitacji (w tym psychicznej) i zabezpieczaniem socjalnym poszkodowanych (renty inwalidzkie), ale także z szeroko rozumianymi zagadnieniami promocji zdrowia i profilaktyki. W związku z tym, że etiologia wypadków i urazów jest często wieloczynnikowa, konieczna jest współpraca specjalistów wielu dyscyplin naukowych, takich jak medycyna, pedagogika, socjologia i psychologia, statystyka, ekonomia i prawo. Problematyka zapobiegania wypadkom i urazom na wsi jest wciąż rzadko podejmowana w badaniach naukowych. Wynika to przede wszystkim z niedoceniań tych zagadnień przez niektóre środowiska naukowe i organy administracji państwowej oraz z niewielkich środków finansowych przeznaczanych na cele promocji zdrowia i profilaktyki. Z badań własnych wynika, że wiedza osób niepełnosprawnych zamieszkałych na wsi na temat promocji zdrowia i profilaktyki urazów jest niewystarczająca. Na brak informacji w tym zakresie wskazało 87% osób niepełnosprawnych. Im starsza grupa wieku i niższe wykształcenie, tym niższa jest wiedza badanych o tym problemie. W celu poprawy sytuacji w zakresie zmniejszania liczby wypadków, głównie komunikacyjnych, w programach promocji zdrowia i profilaktyki powinna być uwzględniona działalność badawcza, szkoleniowa i informacyjna.