

getting TB. Regarding TB stigma, subjects tends to be afraid of the condition if others know they were infected with TB, to feel embarrassed if they getting TB, to feel ashamed if getting TB. The most common cause of getting TB is poor hygiene. The variables of relative factors of TB stigma were the school they studied and the villages the lived. The students who ever got TB would felt easy to get TB. The relative factors of preventive TB behavior intention were TB knowledge, health behavior and the incentive to obtain more TB information.

Conclusion: These results can be used for TB prevention in junior high school in indigenous living areas. We suggest to give more TB education to these students and it is a part of effective ways on decreasing TB in ten years of our government policy. The material of TB education needs to be improved and made more interesting for students. If students receive correct TB information, they will propagate these information to their family and community.

SP-071

Urbanization, Violence & Health: Secondary Trauma and Chronic Stress among Urban Low Income Communities- All for New Public Health

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Interpersonal violence (family, intimate partner and community violence) is increasingly recognized to impact on public health in rapidly developing countries. Such violence emerging in urban poor/low income communities amidst rising prosperity in Malaysia is posing serious challenges to public health policy. Qualitative in-depth interviews were conducted with 25 respondents from 12 low-cost housing within Kuala Lumpur to explore their perceptions, attitudes and experiences of violence, and health impact. The 25 respondents, (12 men and 13 women) of diverse ethnicity, were staying in predominantly public low-cost, high density housing. Community violence, i.e. vandalism, street fights, robbery, drug dealing and homicide, was common. Women and men perceived domestic violence as private matter although several felt it was not right for a husband to beat his wife. Several men had been robbed, threatened and beaten. Three men had perpetrated violence: selling drugs during teen years, involved in illegal motorcycle racing, and assaulting a neighbour. Two women had been robbed. However, majority reported at least one family member having had experienced some form of violence. None had suffered any physical disability/disfigurement due to violence. However, secondary traumatising, viz. hearing about rape and murder happening within the neighbourhood, had created pervasive fear of and vulnerability to violence. None reported symptoms of severe psychological consequences viz. disturbed sleep, appetite and moods. Rapid urbanization and poverty leading to community violence impact on people's health through

secondary traumatising and chronic stress. New Public Health, based on citizen empowerment, is urgently needed to address such ecological correlates of health.

SP-072

Burden of Home Injuries to the Surgical Unit in the General Hospital, Nuwara-Eliya, Sri Lanka Samath D Dharmaratne¹, Asanka Abeyrathna², Achala Jayatilleke³

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Introduction: Injuries accounts for 9% of world deaths and 12% of the world burden of diseases. In Sri Lanka, injuries were the leading cause of hospital admissions for the past decade. Published data on the burden of home injuries in Sri Lanka are scarce.

Objective: To describe the burden of home injuries to the Surgical Unit in the General Hospital, Nuwara-Eliya, Sri Lanka.

Methods: A descriptive study was carried out in the Surgical Unit (male and female) from May 1, 2008 to June 30, 2008 (period of two months). All subjects admitted during this period with home injuries were included in the study. Data were collected using an interviewer administered structured questionnaire. Data was entered into an Excel data sheet and was analyzed using SPSS 12.1 statistical software. Results Of the admissions with unintentional injuries, home injuries constituted 20.9% (n=68). The mean age of the injured was 14.5 years (SD = 18.1 yrs). Majority were females (60.3%). Of the home injuries 35 (51.5%) were due to falls, 15 (22%) were due to instruments, 11 (16.2%) were due to burns, 2 (2.9%) from foreign bodies in the nose and 5 (7.4%) due to other causes. Out of 11 burn patients 6 were due to hot water burns under the age of 2.5 years. Conclusions: Burns in young children were identified as an important cause of home injuries apart from falls and instruments in this cold climate.

SP-073

Contribution of Alcohol to Deaths in Road Traffic Injuries in Eastern Taiwan

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Background and purposes: Road traffic fatality has been consistently highest in eastern Taiwan. Previous studies revealed risky driving behavior is common in this district. Our objective was to assess whether alcohol involvement in crashes and their fatality.

Materials and Methods: Police records of motor vehicle crashes occurred in eastern Taiwan, from January 2001 to December 2005 were analyzed. Information on all traffic injuries is assembled by road police. Detail information was collected on the crash and the vehicles,

drivers and persons involved. This report was based on 9,611 crashes caused by drivers' fault. Results: On average, the fatality rate was 5.2%. Two major causes of fatal crashes were driving under the influence of alcohol (DUI) 38.2% and speeding 17.7%. In rural districts, of the 5,748 crashes, the average fatality rate was 7.7% and the primary causes were DUI (15.3%) and speeding (9.0%). Of the 444 fatal crashes, speeding (14.7%) and DUI (35.1%) accounted for nearly half of them. In urban districts, of 3,863 crashes, the average fatality rate was 1.3%. Also speeding (3.3%) and DUI (6.2%) were the primary causes of the crashes. Of those crashes, the average fatality rate was about 3% to 6%. Multivariate analysis showed DUI and speeding were the significant factors associated with fatality in rural district.

Conclusions: Driving under alcohol influence was really common in eastern Taiwan, especially at rural district. This issue should be tackle without delay. The characteristics of road-users and the efficiency of trauma rescue system should be further assessed. Campaigns of road safety and public transport education are in needed.

SP-074

The Roles and Experience of Bystanders in the Bullying Process

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Background: The responses of bystanders can enhance or reduce the effects of bullying. Besides adolescents, adults could also be bystanders. This study intended to understand the bullying process via bystanders' observation and the possible factors of the bystanders' various responses.

Method: Ten focus groups (five for boys and five for girls) were conducted to collect adolescents' attitude and responses about bullying. Each group consisted of six junior high school students. Five teachers and five parents were interviewed to understand their experiences about youth bullying. Content analysis and ground theory were used to analyze the results. All participants have signed the informed consents.

Results: According to students' observation, girls conducted verbal and indirect bullying more frequently than boys. The victim was probably bullied by different ways consecutively, such as starting from verbally abused, followed by social isolated and physical bullied in the end. Some distinct roles of adolescent bystanders can be identified as reinforcers, defenders, and outsiders. Factors accounting for becoming bystanders may include victim characteristics, class atmosphere, teacher's attitude, and bystander's personality. Most of the teachers reacted to bully passively, which means not until something happened did they deal with it. Unlike verbal bullying or social isolation, physical bullying always caught teachers' attention. Parents usually did not

realize the serious part of youth bullying unless their child was the target.

Conclusion: Most students, teachers and parents are aware of or even involved in the bullying process. Future interventions should emphasize on persuading bystanders to prevent or stop bullying.

SP-075

Epidemiology of Hospitalized Burns Patients in Taiwan, 2007

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Although burn injuries are not the leading causes of injury-related deaths in Taiwan, patients need a lot of time and medical services to treatment or recovery after burning. This research brought "inpatient expenditures by admissions (DD)" and "registry for contracted medical facilities (HOSB)" form national health insurance research database in 2007 into analysis by using SPSS 14.0 software. There was 7,126 inpatient cases caused by burn injuries (males 61.23%, females 38.77%), and the average medical expenditures in each admission was 107,448 NT dollars in Taiwan, 2007. The total inpatient rate was 31.04 per 100,000, and males were higher than females (males 37.58 per 100,000, females 31.04 per 100,000). The inpatient rate of child form 0 through 4 years old was higher than any others. Among hospitalized burns patients, 53.79% (3,833 people) were consulted at plastic surgical department, 41.36% (2,947 people) were hospitalized in the medicine center. Each person complicated with 2.5 other diseases or injuries and received 1.51 surgeries or operations in the average. The hospital mortality caused by burn injuries was 138 people. The factors associated with hospital mortality caused by burn injuries were 1) ages, 2) sites of burn injuries, 3) inhalation injury, 4) degrees of burn injuries, 5) intentional burn, 6) hospitalized in the medicine center, 7) the number of other diseases or injuries, and 8) the number of operations by using logistic regression analysis.

SP-076

Injury Mortality Trends by Sex, Age and Cause in Taiwan

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Injury, threatening human lives and wealth, is the principal public health problem in Taiwan. The situation caused by injury in adolescent, youth, and middle-aged groups is especially remarkable. By long-term trend analysis of injury mortality rate, we may evaluate past injury prevention strategies and anticipate proper ones for the future. The research used the 1986-2007 Vital Statistics of Department of Health, Executive Yuan,