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Assessment Of Knowledge And Attitude Regarding First Aid Skills Among Teachers Of Selected Schools Of Charar-I-Sharief Budgam, Kashmir: A Descriptive Study

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Abstract: The study was conducted with an aim to assess and improve the knowledge and attitude of school teachers regarding first aid skills, to promote safety in school environments and encourage prompt and effective management of emergencies. A descriptive research design was used for the study in order to evaluate the existing knowledge and attitude regarding first aid among teachers of selected schools at Charar-I-Sharief, Budgam, Jammu and Kashmir. A total of 60 teachers were selected through convenient sampling technique from the accessible population. Data was collected using structured questionnaires and attitude scale for assessing knowledge and attitude respectively. The main study was conducted over a period of four weeks. The data collected was analyzed using descriptive and inferential statistics.

RESULTS

The findings revealed that 55% of participant's demonstrated good knowledge (scores of 33-50), 45% had average knowledge (17-32), and none exhibited poor knowledge (0-16). The mean knowledge score was 33.15, indicating a knowledge level of 66.3%. A significant majority (98.3%) of the teachers exhibited a positive attitude toward first aid practices, while only 1.7% had a neutral attitude. None of the participants displayed a negative attitude. The mean attitude score was 33.00, reflecting a strongly favorable disposition. No significant associations were identified between knowledge or attitude scores and demographic variables such as age, gender, place of residence, and health camp attendance ($p > 0.05$).

Index Terms - Knowledge, Attitude, First Aid, CPR, Wound, Bleeding

I. INTRODUCTION

First aid is extremely vital, especially given the unusual illnesses that are circulating. First aid is typically used for minor cuts and scratches, or it refers to the initial response to any type of medical emergency. In a catastrophic injury situation, administering first aid swiftly and accurately can make a significant impact between life and death. [1]

First aid measures refer to the emergency care and treatment provided to an injured or ill individual before they can receive full medical or surgical attention. Basic knowledge of first aid equips teachers to handle emergencies effectively. It is essential to educate teachers to be mentally prepared for such situations. Training teachers in various first aid techniques within the school setting highlights the importance of child safety. This training empowers them to manage challenging situations such as injuries, bites, or outdoor emergencies with confidence and competence. [2]

First aid refers to the immediate care provided to a victim outside a hospital setting, aiming to preserve life and prevent the condition from worsening until professional help is available. In school emergencies, teachers are often the first to respond and care for the child. When teachers possess the knowledge to prevent accidents and administer first aid promptly, it significantly reduces the risk of complications and can save lives. Moreover, teachers play a unique role in spreading first aid knowledge to students, colleagues, and the broader community .[3]

First aid management is the temporary and immediate treatment given to a person who is injured or suddenly ill, using facilities or materials available at that time before regular medical help is impacted. School Teachers have a pivotal role in dissemination of knowledge and development of positive attitude towards any disease among school children. First aid makes the difference between life and death, sometimes, more recently, with a children[4], it is clear that a little knowledge of first aid will go a long way in saving live.[4]

India is among the largest developing nations globally, with approximately 12% of its population consisting of school-going children aged 5 to 17 years. Around 30% of the population belongs to this age group, which forms the foundation of the nation's future as they grow into its citizens and leaders. First aid serves as the initial and immediate care provided to individuals outside a hospital setting, aiming to preserve life and prevent further complications until professional medical assistance is available.[4]

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The main goal of first aid is to minimize suffering, facilitate the healing process, and prevent further harm. The initial response to injuries and sudden illnesses plays a crucial role in determining the course of recovery and the likelihood of complications. Injuries and sudden illnesses are significant public health concerns, occurring frequently in everyday life. In particular, injuries among school children are a major contributor to this issue.[18]

Health workers may not always be present in schools, where accidents can happen at any moment. Therefore, it is essential for school staff to be knowledgeable and capable of managing minor injuries or health issues. Ensuring the safety of students is a top priority for both parents and school staff.[19]

RESEARCH METHODOLOGY

To assess the knowledge and attitude regarding first aid among school teachers of selected schools in Kashmir, a quantitative research approach was found appropriate in order to meet the research objectives and the nature of the problem under investigation.

Research Setting:

The setting is the location where a study is conducted.[44] The present study was conducted at Life school, Alamdar waqaf model high school and The Cardiff school of Charar-i-Sharief, Budgam, Kashmir. The criteria for selecting this setting were feasibility and availability of sample.

Study Population: A complete collection of individuals or things that satisfy the predetermined set of requirements for participation in the study is referred to as the population.[44] The target population were the, 60 teaching staff of selected schools of Charar-i- Sharief, Budgam and the data collection period, precedes from 8-8-24 to 18-8-24.

Variables Under Study: Within qualitative research, concepts are commonly referred to as variables. Variables are qualities, properties, or characteristics of person, things, or situations that change or vary.[20] Independent, dependent, and demographic variables are the three categories of qualities.

1) Demographic variables: To characterize the composition and distribution of the sample they employ for inferential statistics, researchers collect demographic data. The demographic factors used in this study were age, gender, place of residence, health camp attended.

2) Research variables: Research variable is any attribute that is capable of taking on a variety of values. Research variables for this study were the knowledge and attitude regarding first aid skills among teachers of selected schools of Charar-i-sharief Budgam, Kashmir.

Data collection tools /instruments: A research instrument is a device used to measure the concept of interest in a research project that a researcher uses to collect data.[20] The tool used for this study was Structured Questionnaire and attitude scale referred from Mohammad Qtait[47] which consists of following parts/ sections;

The tool (referred tool) is cleaved in three sections:

Section A: Demographic variables It comprises of 4 items allied to sociodemographic profile of study subjects working at Life school, waqaf and Cardiff school of Charar-i-Sharief. It consists of 4 items includes age, gender, place of residence, health camp attended.

Section B : It consists of Structured Questionnaire which consists of 50 statements regarding first aid management developed by Mohd Q tait . it consists of 50 questions under 5 sub headings which are :

- Assesment of knowledge regarding Bleeding
- Assesment of knowledge regarding Drowning
- Assesment of knowledge regarding Fracture
- Assesment of knowledge regarding Electrical injuries
- Assesment of knowledge regarding Shock

Section C: Attitude scale towards knowledge regarding first aid managment. By Mohammad Qtait and it consists of 8 items.

SAMPLE AND SAMPLING TECHNIQUE

Sample: Sample refers to a segment of population which represents the total population.[45]For the present study sample consists of 60 teachers of selected schools of Charar-i-Sharief, Budgam. Sampling technique: It is defined as a procedure of selecting representative segments of the population with which to conduct the study.[45] .The sample in the current study was chosen using a non-probability convenient sampling technique .However 3 schools were chosen by the Simple random sampling Technique.

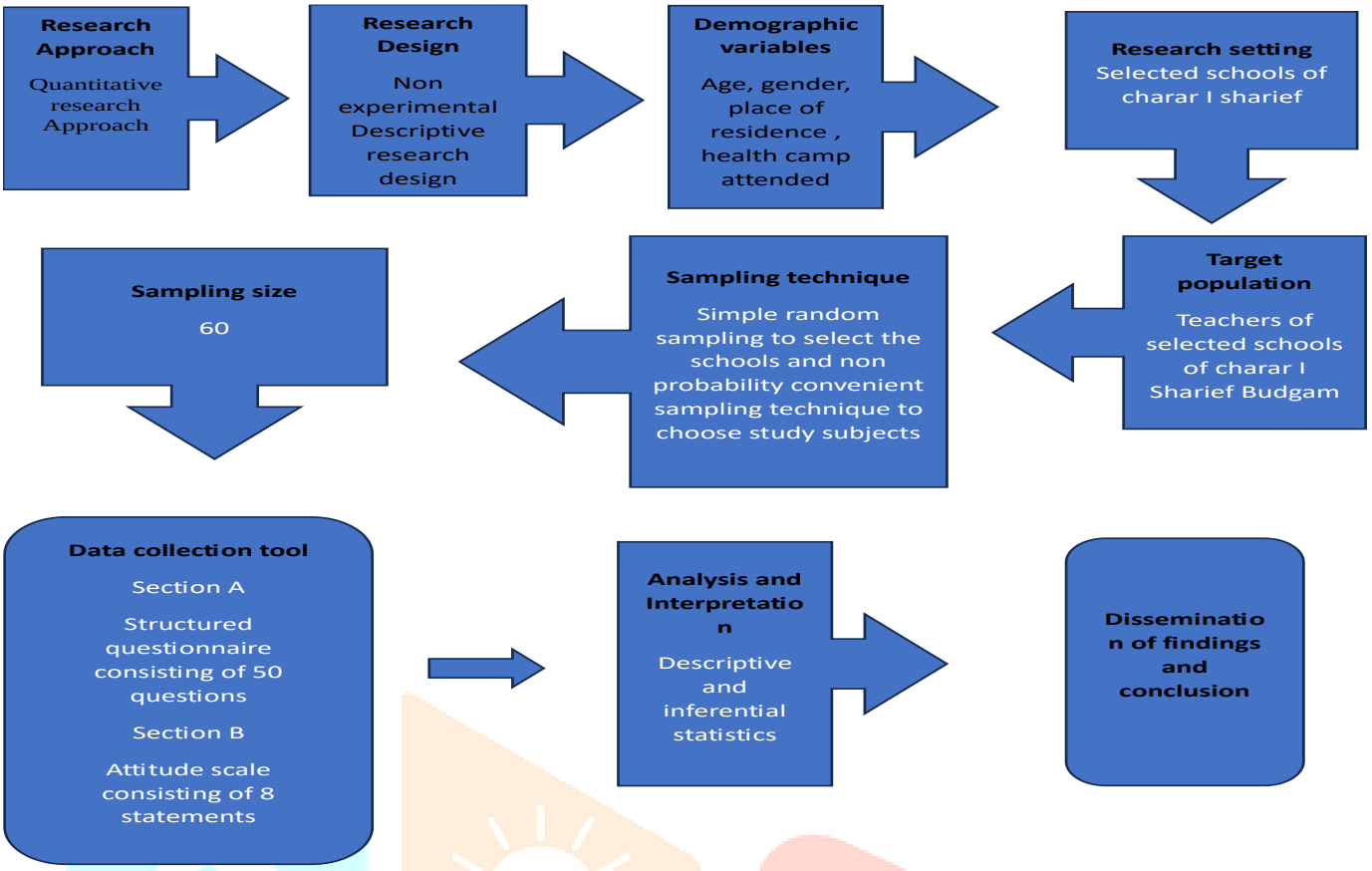


Figure no. 1: Schematic Representation of Research Methodology

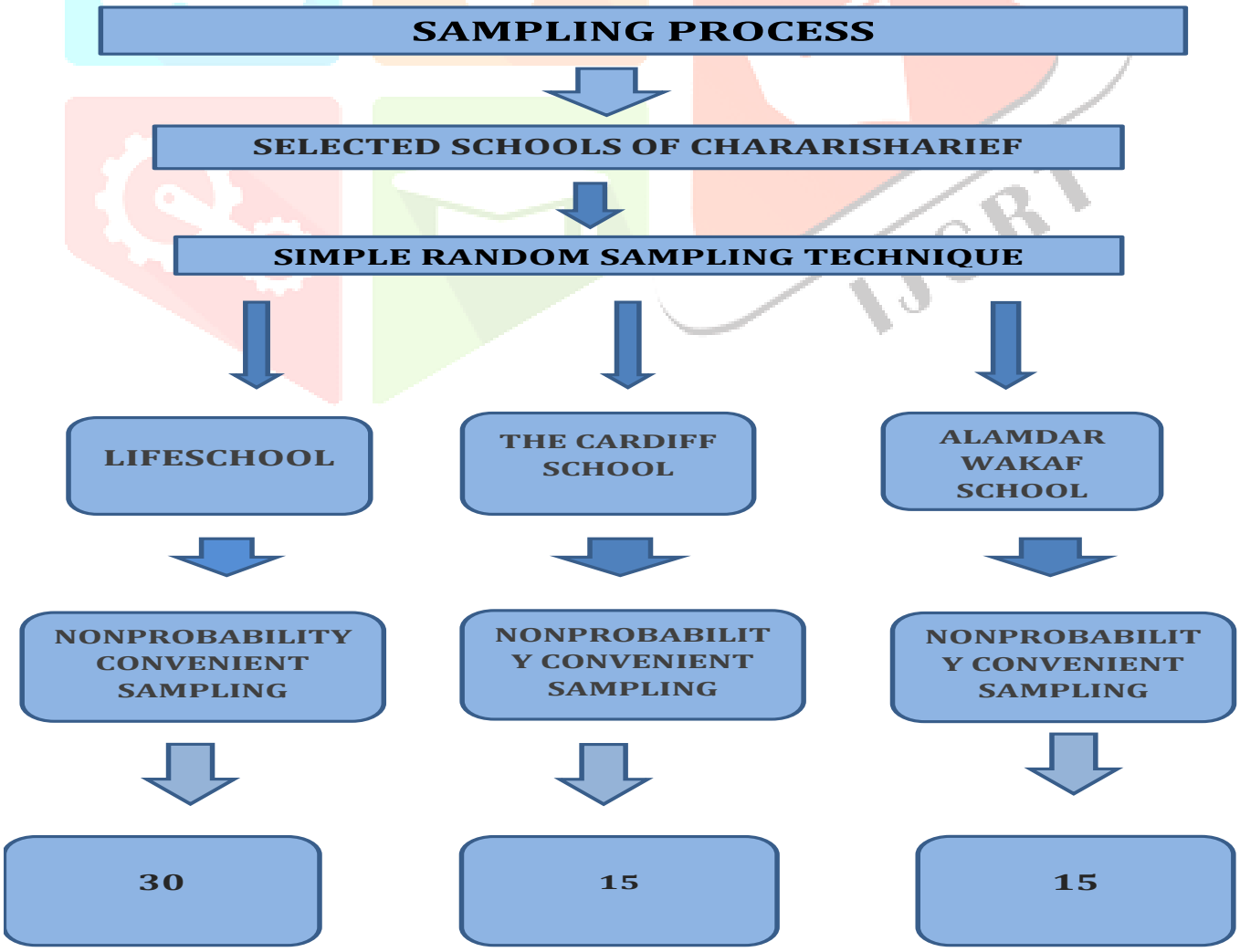


Figure no 2 : Showing sampling process

ANALYSIS AND INTERPRETATION

The data analysis was based on following objectives:

1. To assess the level of knowledge regarding First-aid skills among teachers of selected schools of Charar-i-Sharief, Budgam Kashmir.
2. To assess the level of attitude regarding First-aid skills among teachers of selected schools of Charar-i-Sharief, Budgam Kashmir.
3. To find out the association between knowledge and attitude scores of teachers regarding first aid Skills with their socio demographic variables.(Age , Gender, Place of residence and health camp attended)

On the basis of research statement, following hypothesis were formulated;

- HO: There is no significant association between knowledge score regarding first aid skills among teachers with their selected socio - demographic variables at 0.05% level of significance.
- H1. There is significant association between knowledge score regarding first aid skills among the teachers with their selected socio - demographic variables at 0.05% level of significance
- HO: There is no significant association between Attitude score regarding first aid skills among teachers with their selected socio - demographic variables at 0.05% level of significance.
- H2: There is significant association between Attitude score regarding first aid skills among the teachers with their selected socio - demographic variables at 0.05% level of significance

Analysis and interpretation of data was done according to the objectives using descriptive and inferential statistics. The level of significance chosen was at $p<0.05$

Organization of analyzed data

The analyzed data was organized according to the objectives and presented under the following sections:

SECTION -A: Description of demographic variables.
SECTION B: Assessment of knowledge regarding First-aid skills.
SECTION C: Assessment of attitude regarding First-aid skills.
SECTION D: Description of Association of knowledge and attitude Scores with their selected demographic Variables.

SECTION -A: Description of demographic variables.

This section offers a summary of the demographic characteristics of the study participants. The collected data covers information related to factors such as the age of participant in years, gender, place of residence and health camp attended**.**

ANALYSIS AND INTERPRETATION OF DEMOGRAPHIC VARIABLES OF SUBJECTS;

Table1: percentage and frequency distribution of subjects according to age.

N=60

AGE	PERCENTAGE	FREQUENCY
17-18years	0.0%	0
20-40years	100.0%	60
40-70years	0.0%	0

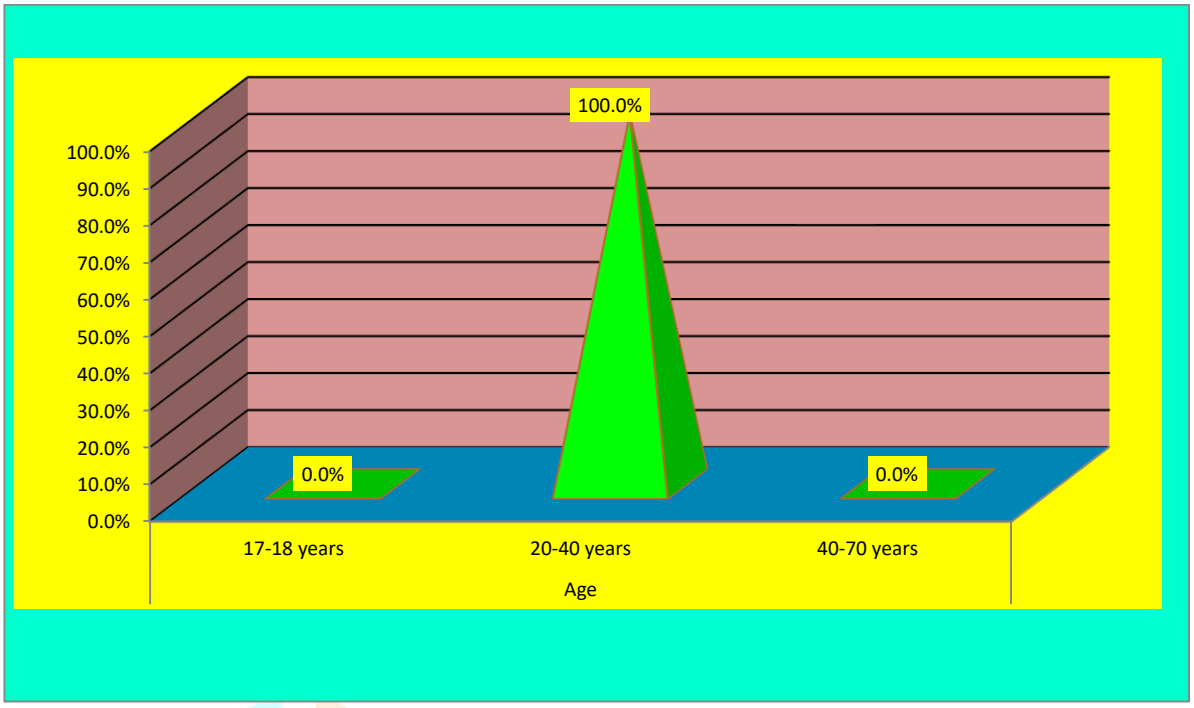


Figure no.3: Diagram showing the percentage distribution of study subjects according to their age.

The above table 1 and figure 3 depicts that all participants (100%) are in the 20-40 years age group, with no participants in the 17-18 or 40-70 age ranges.

Table2: Percentage and frequency distribution of subjects according to gender

N=60

GENDER	PERCENTAGE	FREQUENCY
Male	55.0%	33
Female	45.0%	27

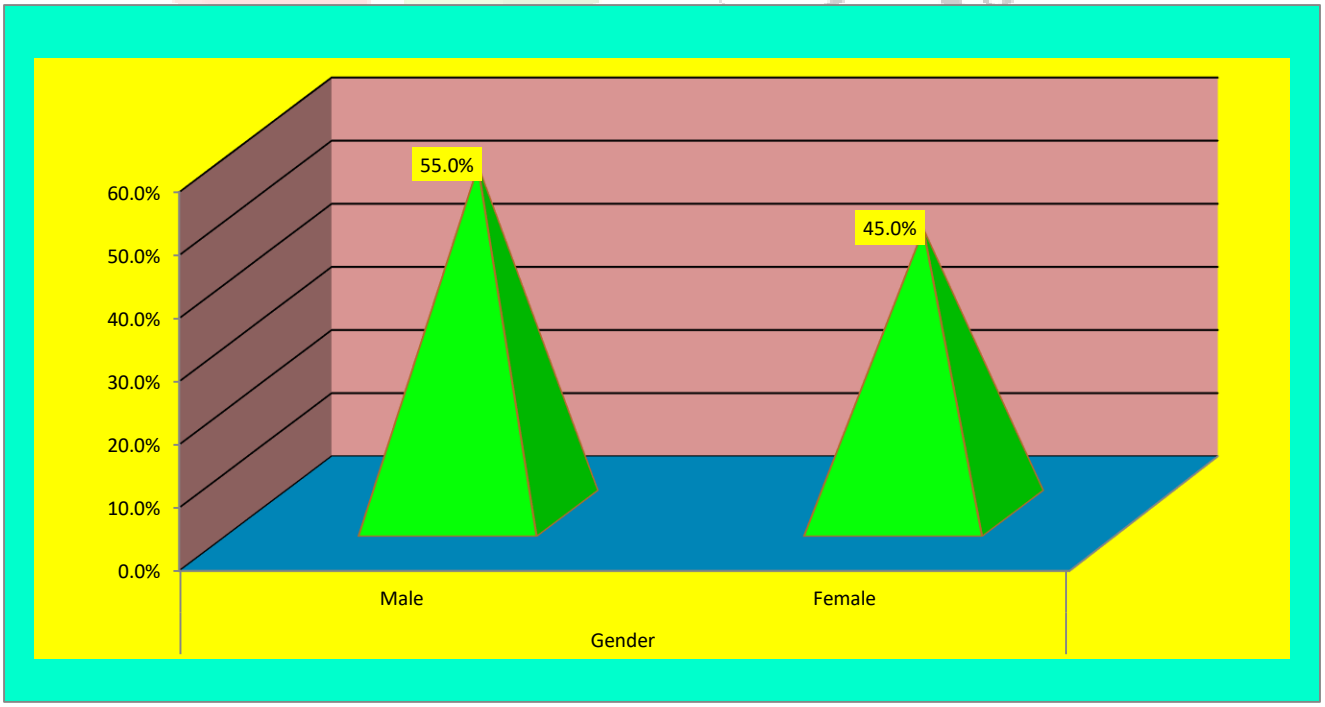


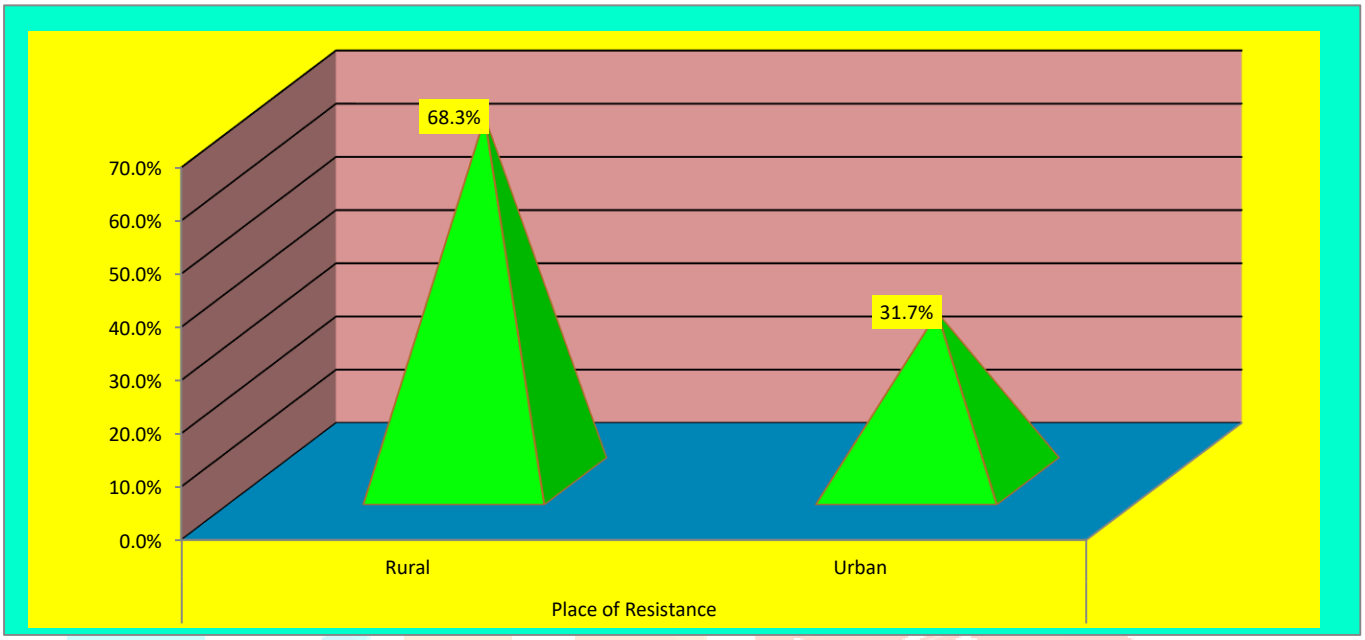
Figure no 4: Diagram showing the percentage distribution of study subjects according to their gender

The above table 2 and Figure 4 depicts that 55% (33participants) of the study subjects were males and 45% (27 participants) of the study subjects were females

Table 3: Percentage and frequency distribution of subjects according to place of residence

N=60

PLACE OF RESIDENCE	PERCENTAGE	FREQUENCY(F)
Rural	68.3%	41
Urban	31.7%	19



Figureno.5: Diagram showing the percentage distribution according to their place of residence:

The above table 3 and figure 5 depicts that majority of participants (68.3%) (41 participants) reside in rural areas, while 31.7% (19 participants) live in urban areas.

Table 4: Percentage and frequency distribution of subjects according to health camp attended.

N=60

Health camp attended	Yes	51.7%	31
	No	48.3%	29

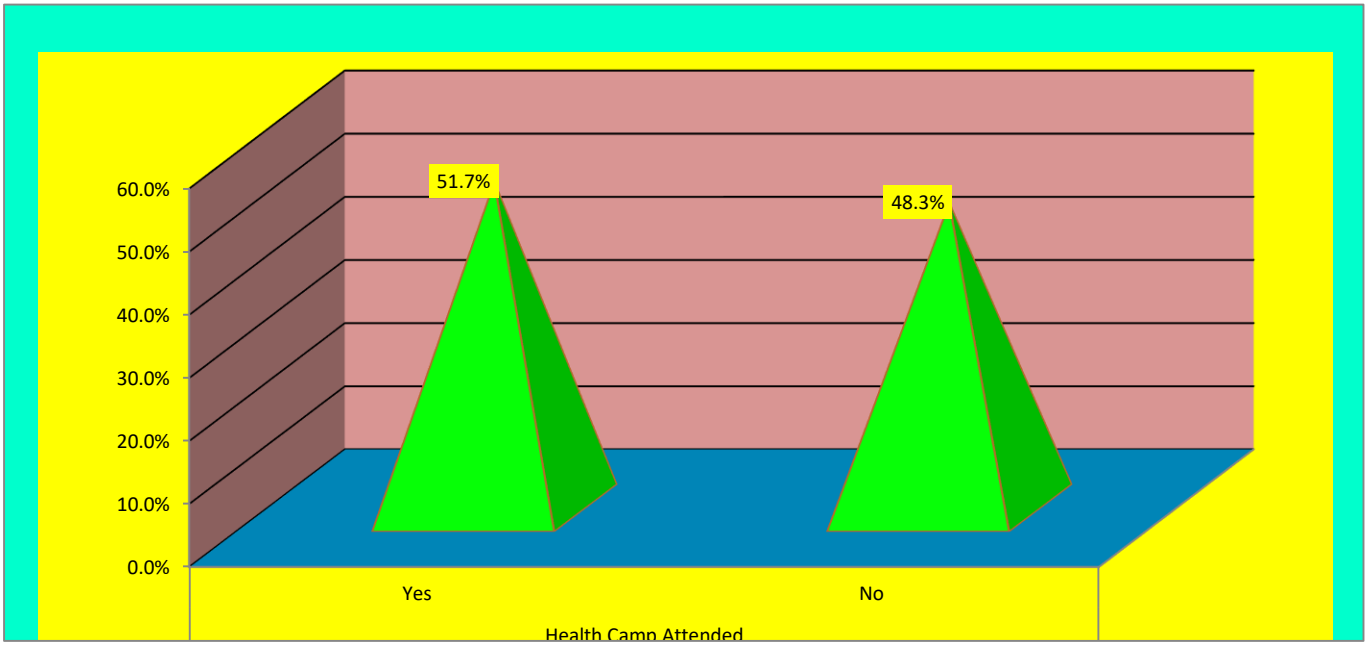


Figure 6: diagram showing the percentage distribution according to their health camp attendance

The above table 4 and figure 6 depicts that almost half of the participants (51.7%) have attended a health camp, with the remaining 48.3% having not attended one.

SECTION – B Assessment of knowledge of study subjects regarding First aid skills

Table no 5: Frequency & percentage distribution of study subjects to level of knowledge.

N=60

LEVEL OF KNOWLEDGE REGARDING FIRSTAID	PERCENTAGE	FREQUENCY
GOOD(33-50)	55.0%	33
AVERAGE(17-32)	45.0%	27
POOR(0-16)	0.0%	0

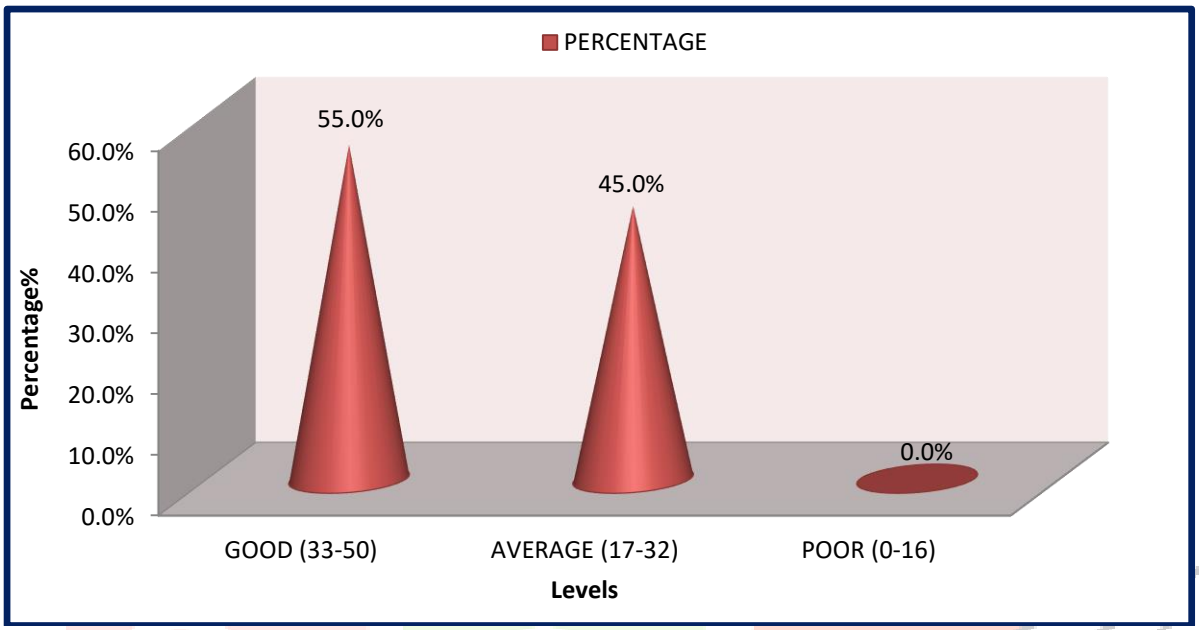


Figure no 7 : Diagram showing the percentage distribution of study subjects to level of knowledge.

The table 5 and Figure 7 depicts that 55.0% of study subjects (33 subjects) were having a good level of knowledge, scoring between 33-50. Meanwhile, 45.0% of study subject (27 subjects) fall into the **Average** category, with scores ranging from 17-32. Notably, none of the study subject scored in the **Poor** category (0-16).

Table no 6 : Descriptive statistics of knowledge scores of subjects regarding first aid

DESCRIPTIVE STATISTICS	Mean	SD	Median	Maximum	Minimum	Range	Mean %
KNOWLEDGE SCORE	33.15	5.75	34.00	43	18	25	66.3

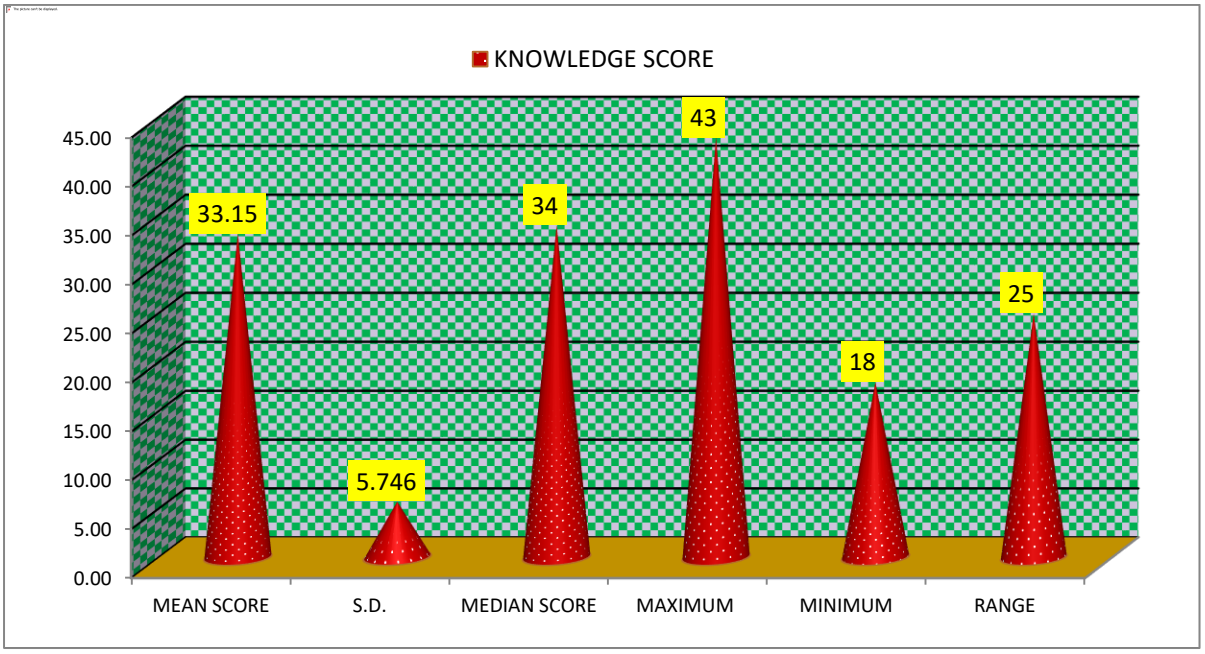


Figure no 8: Diagram representing descriptive statistics of knowledge score.

The data presented in the Table 6 and Figure 8 depicts that the mean score is 33.15with astandarddeviationof5.75, indicating a moderate variation in the scores. The median score is 34.00, which is close to the mean, showing a relatively symmetrical distribution. The highest scorerecordedis43, while the lowest is 18, giving arrange of 25 points. The mean percentage score is 66.3%, based on a maximum possible score of 50 and a minimum of 0

SECTION – C Assessment of attitude of study subjects regarding First aid skills

Table no 7: Frequency &percentage distribution of study subjects to level of attitude

N=60

LEVEL OF ATTITUDE REGARDING FIRSTAID	PERCENTAGE	FREQUENCY
POSITIVEATITUDE(23-40)	98.3%	59
NEUTRALATTITUDE(12-22)	1.7%	1
NEGATIVEATTITUDE(0-11)	0.0%	0

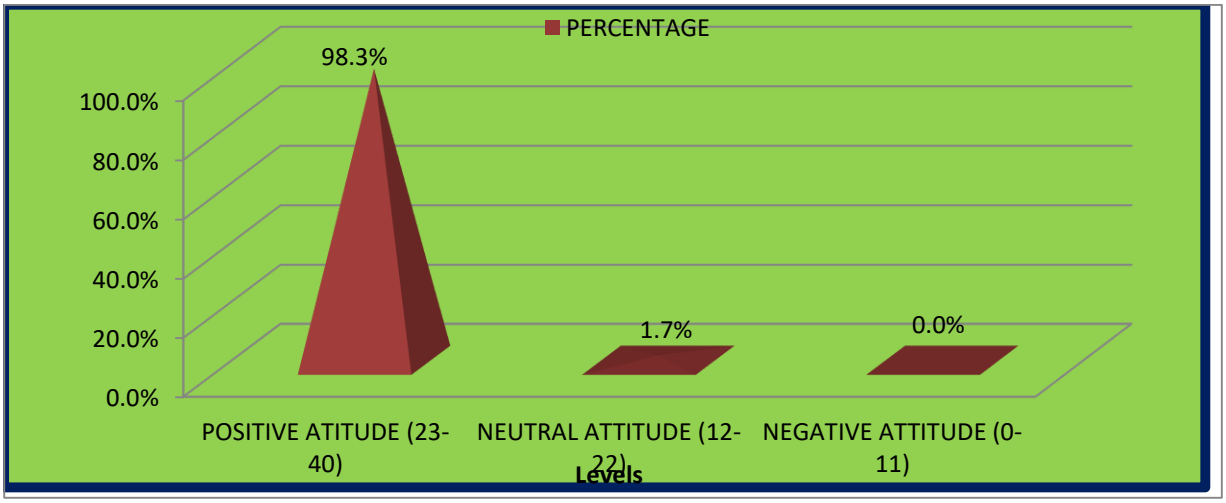


Figure no 9: Diagram showing the percentage distribution of attitude scores

The data presented in Table 7 and figure 9 depicts that the majority of study subjects (98.3%) fall into the **Positive attitude** category, scoring between 23-40, with59 study subjects in this range. Only 1.7% (1 subject) scored in the Neutral attitude category (12-22), and no study subject scored in the **Negative attitude** category (0-11).

Table no 8: Descriptive statistics of attitude scores of subjects regarding first aid

DESCRIPTIVE STATISTICS	Mean	SD	Median	Maximum	Minimum	Range
ATTITUDE SCORE	33.00	3.48	33.00	39	22	17

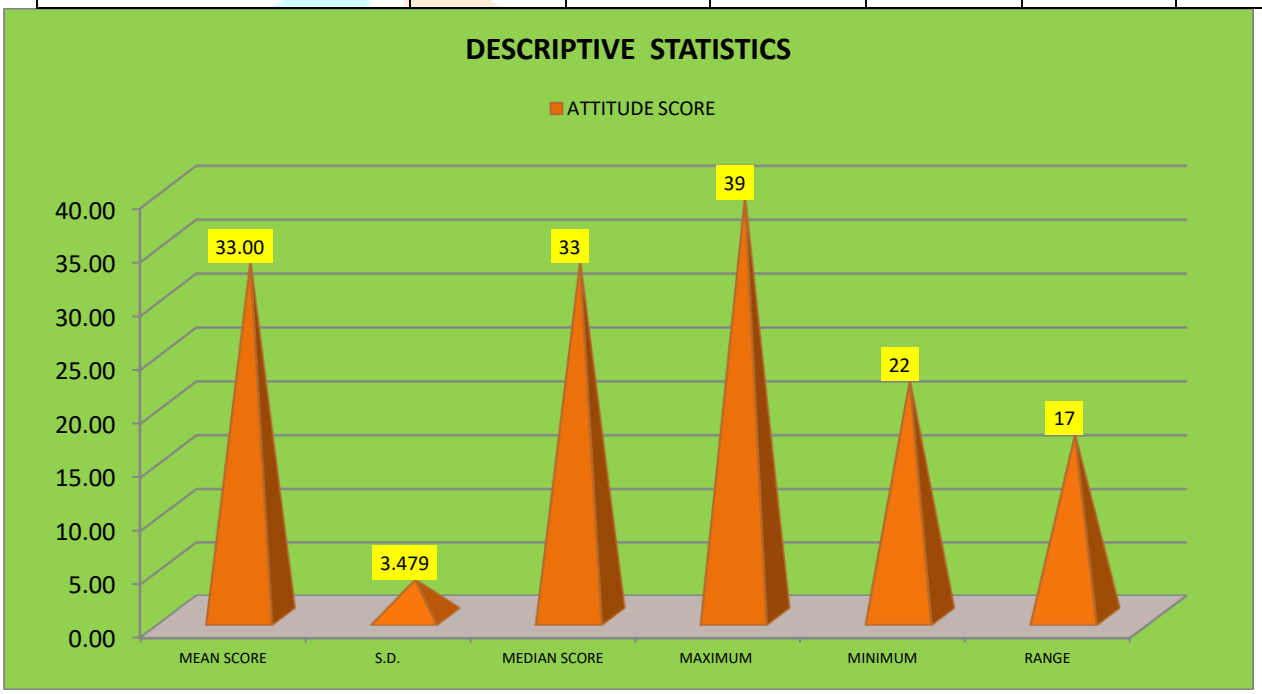


Figure no 10: diagram representing descriptive statistics of attitude score**.**

The data presented in table 8 and figure 10 depicts that a mean score of 33.00 with a standard deviation of 3.48, indicating moderate variability in the scores. The median score is also 33.00, which matches the mean, suggesting a balanced distribution. The highest score recorded is 39, and the lowest is 22, giving a range of 17 points.

SECTION D: Description of Association of knowledge and attitude Scores with their selected demographic Variables.

This section deals with the findings related to the association between score with their selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables.

Table no: 9: table showing association of knowledge scores with their selected demographic variables.

N=60

DEMOGRAPHIC VARIABLES		N=60			ASSOCIATIONWITH KNOWLEDGE SCORE				
Variable	Options	GOOD	AVERAGE	POOR	Chi Test	P Value	df	Table Value	Result
Age	17-18 years	0	0	0		N/A			
	20-40 years	33	27	0					
	40-70 years	0	0	0					
Gender	Male	15	18	0	2.700	0.100	1	3.841	Not Significant
	Female	18	9	0					
Place of Residence	Rural	22	19	0	0.094	0.759	1	3.841	Not Significant
	Urban	11	8	0					
Health Camp Attended	Yes	18	13	0	0.243	0.622	1	3.841	Not Significant
	No	15	14	0					

The data presented in table 9 depicts that association between knowledge and selected demographic variables (Age, gender, place of residence, health camp attended) was not significant. Hence the researcher accepts the null hypothesis (H0) which states that there is no significant association between knowledge scores of study subjects (Age, gender, place of residence, health camp attended) and the researcher rejects the research hypothesis (H1) which states that there is significant association between knowledge of study subjects with their selected socio demographic variables.

Table 10: table showing association of attitude score with demographic variables.

DEMOGRAPHIC VARIABLES		N=60			ASSOCIATION WITH ATTITUDE SCORE				
Variable	Options	POSITIVE ATTITUDE	NEUTRAL ATTITUDE	NEGATIVE ATTITUDE	Chi Test	P Value	df	Table Value	Result
Age	17-18years	0	0	0		N.A			
	20-40years	59	1	0					
	40-70 years	0	0	0					
Gender	Male	15	18	0	2.700	0.100	1	3.841	Not Significant
	Female	18	9	0					
Place of Residence	Rural	40	1	0	0.094	0.759	1	3.841	Not Significant
	Urban	19	0	0					
Health Camp Attended	Yes	31	0	0	0.243	0.622	1	3.841	Not Significant
	No	28	1	0					

The data presented in table 10 depicts that association between Attitude and selected demographic variables (Age, gender, place of residence, health camp attended) was not significant. Hence the researcher accepts the null hypothesis (H0) which states that there is no significant association between Attitude scores of study subjects (Age, gender, place of residence, health camp attended) and the researcher rejects the research hypothesis (H2) which states that there is significant association between Attitude of study subjects with their selected socio demographic variables (Age, gender, place of residence, health camp attended).

Table no11; showing correlation between both tools

N=60

Pearson's Correlation	Pair	
	KNOWLEDGE SCORE	ATTITUDESCORE
Mean	33.15	33.00
SD	5.746	3.479
N	60	
Correlation	0.293	
Table Value	0.254	
P Value	0.023	
Result	Significant	

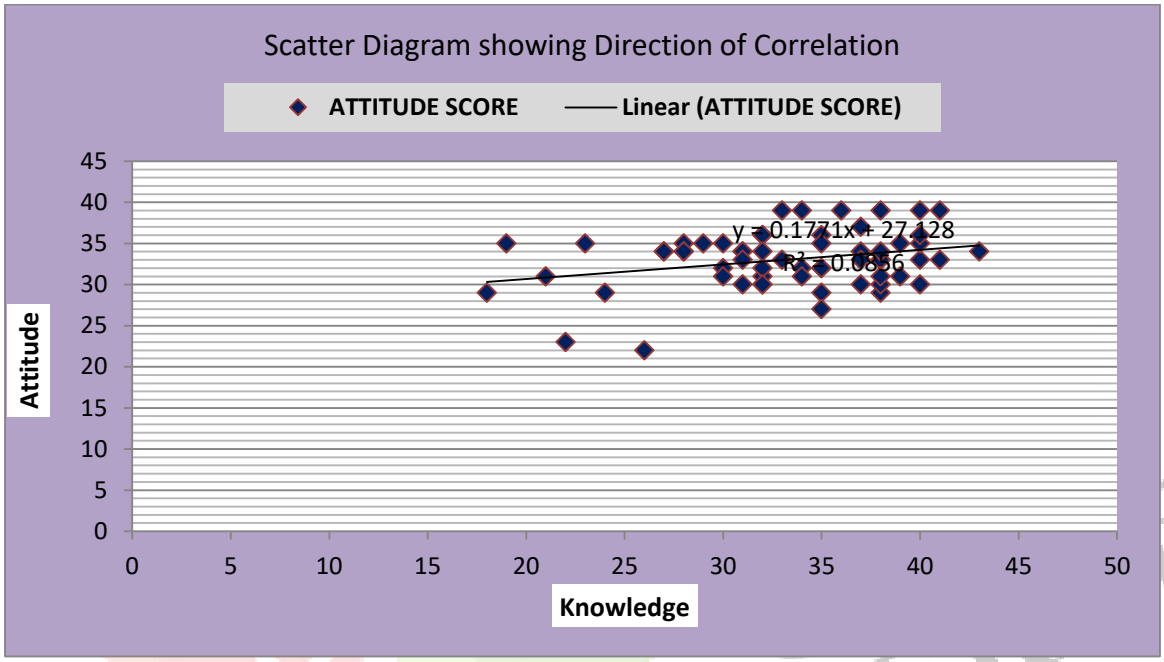


Figure no. 11: scatter diagram representing correlation between knowledge & attitude. The pearson's correlation between knowledge scores and attitude scores is 0.293, with a p-value of 0.023 which indicates a significant positive correlation between the two variables ($p<0.05$). This suggests that as knowledge scores increase, attitude scores tend to improve as well.

CONCLUSION

The present study revealed that maximum of the study samples (teachers) of knowledge scores shows that 55% of participants (33 individuals) have a Good level of knowledge, scoring between 33-50. Whileas 45% of participants (27 individuals) fall into the Average category, with scores ranging from 17-32. Notably, none of the participants scored in the Poor category (0-16). (55%) had good level of knowledge and (98.3%) positive attitude regarding first- aid skills but there came out to be no significant association between the knowledge and attitude of selected teachers with their selected demographic variables...Despite the good access to health care facilities teachers should learn regarding the knowledge of first aid. Therefore, more extensive research should be conducted to increase the awareness, knowledge and attitude regarding first aid management among school teachers.

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