



EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON SELECTED FIRST AID MEASURES AMONG SCHOOL TEACHERS WORKING AT ST.HANNAH'S HIGH SCHOOL, SECUNDERABAD,A.P.

BY

**MS. J.MANIKYA LATHA
EASHWARI BAI MEMORIAL COLLEGE OF NURSING
WEST MARREDPALLY, SECUNDERABAD-26
ANDHRA PRADESH
DR. NTR UNIVERSITY OF HEALTH SCIENCES
GUNADALA, VIJAYAWADA- 8
ANDHRA PRADESH**

ABSTRACT

First aid is the initial care given to the person who is injured. The aims of first aid are to preserve and protect life, prevent further injury or deterioration of illness and help to promote recovery. First aider is a person with formal training in first aid, emergency care or medicine, who provides first aid. First aid assessments and interventions should be medically sound and should be based on scientific evidence.

The nurse plays an important role in providing first aid and also in teaching how to give first aid. The present study was undertaken to evaluate the effectiveness of structured teaching programme on selected first aid measures among school teachers working at St. Hannah's high school, Secunderabad, A.P.

The objectives of the study

1. To assess the knowledge regarding selected first aid measures among school teachers
2. To evaluate the effectiveness of structured teaching programme regarding selected first aid measures by comparing pre test and post test knowledge scores.
3. To find out the significant association between post test knowledge scores with their selected background variables

Major findings of the study

A Quasi experimental, one group pretest – post test research design was adopted for the present study. Non probability convenient sampling technique was used to select 50 school teachers working at St. Hannah's High school, Secunderabad. Data was collected using structured knowledge questionnaire during the month of June 2012.

For the present study, a structured knowledge questionnaire was prepared after validating its content with various experts in the field of nursing. The questionnaire was used to assess the knowledge of school teachers on selected first aid measures.

To find out the feasibility and reliability of the tool, the pilot study was conducted from 08.05.2012 to 15.05.2012. The tool was found to be feasible and reliable for the main study. The main study was conducted from 2nd June to 8th June 2012. Data was collected from 50 school teachers and was organized, tabulated and analyzed with the help of descriptive and inferential statistics.

Results:

The mean percentage of over all knowledge score in the pretest was (14.54) 36% with standard deviation of 2.20 and (36.35) 91% in the post test with standard Deviation of 1.53. The obtained 't' value 59.24 is greater than the table value 2.660 and found to be highly significant at the level of $p < 0.01$. So it is evident the structured teaching programme was effective in increasing the knowledge level of school teachers on selected first aid measures. There was no significant association between the post test knowledge scores with their selected variables.

Conclusion:

The present study attempted to evaluate the effectiveness of structured teaching programme on selected first aid measures and found that the most of the subjects 38(76%) had inadequate knowledge in pre test and concluded that there was a significant improvement in subjects knowledge in the post test 47(94%) after administration of structured teaching programme

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1. INTRODUCTION

"Every child we encounter is a divine appointment."

-Wess Stafford

Children are little cherubs from heaven who lost their way and found themselves wrapped in this world. No wonder they are pure, innocent, faithful, loving, forgiving and so divine that they still have something heavenly in them. Good health and education are corner stones for the development of any civilization. It is necessary that children be seen as investment for the future. It is widely recognized that a healthy childhood is the foundation for healthy adult life.

School children constitute a vital and substantial segment of population. They are the future citizens and asset for their families and nation. Children between the ages of 5 to 14 years are school age children and they constitute about 24.9 percent of the population. It is a period of physical growth and development. Children spend most of their time of the day in school. Children during school are more

prone to get different types of injuries like wounds, dental injuries, epistaxis, foreign bodies in eye, ear, nose, food poisoning and drowning.

Safety measures are an important aspect of child care to minimize the accidental hazards. Children are by nature accident prone as they are curious, investigative, impulsive, impatient and less careful to listen to warning. Accidental injuries are the leading causes of hospitalization, disability and death of children. Greatest number of accidental injuries occur in 2 – 3 years and 5 – 6 years of age. Most frequently young children and older children are injured at schools.

According to WHO, an accident is an event, independent of human will, caused by an outside force acting rapidly resulting in physical or mental injury. The occurrence of injury is unintended. About 90% of all accidents are preventable by safety measures. Accidents can occur frequently if the teacher is having poor knowledge, ignorance, and carelessness, lack of awareness about safety measures for accident prevention and lack of supervision of children.

The causes and types of accidents depend upon level of growth and development of the child. Infants and toddlers are more prone to accidental injury due to their innate curiosity, mobility with poor physical coordination, lack of experience and inability. Preschoolers, school age children and adolescents may victimize in danger thoughtlessly.

Environmental factors as well as factors related to host and agent should be studied when studying accidents and resulting injuries. Although, carelessness, thoughtfulness and over confidence are reported as the cause of injuries, environmental factors play an important role before, during and after an injury event. Accidents and resulting injuries have been known as one of the most important causes of disabilities in both developed and developing countries affecting the school going children.

The aims of first aid are to preserve life, to promote recovery, to prevent worsening of the casualty's general condition and to arrange for transportation of the casualty to the nearest hospital if required. The qualities of a first aider should be a good observer, able to act quickly, not get panicky or excited, have the ability to lead and control the crowd and take help from on lookers, should have self confidence and ability to judge injuries to be treated first, should be able to reassure the apprehensive victim and his/her anxious or nervous relatives by demonstrating competence, expressing sympathy and by providing good counseling.

The responsibility of a first aider is to assess a situation quickly and safely and call for appropriate help, identify the injury or the nature of illness affecting victim, give early, appropriate and adequate treatment in a sensible order of priority and remains with the victim until handing him or her over to the care of an appropriate person.

Reidl MA et al (2005) conducted a study about foreign bodies in upper airway in USA and found that more than 300 children die annually due to foreign bodies in upper airway obstruction and studies show that, 90% of death occurs in infants and children less than 5 years of age and 65% in those less than 2 years of age. The child more than 3 years of age is at the greatest risk of dying from a foreign body aspiration. These deaths are usually attributed to aspiration of foods, toys or other small objects.

The first aid plays a major role in saving the victim. The first aider should have a positive attitude and be prepared to help the casualty. The first aider should have the knowledge and skills about what he is doing, be encouraging and reassuring to the victims. Besides learning first aid, it is the sacred duty of each first aider to publicize the movement till every citizen of the country learns the methods of first aid. The amount of security the citizens of our country would enjoy if every one in the country learns first aid is unimaginable. So it is desirable that all individuals have basic knowledge regarding first aid.

NEED FOR THE STUDY:

First aid is the temporary and immediate care given to the person who is injured or suddenly become ill. First aid can save a victim's life especially if the victim is bleeding heavily and has stopped breathing. It also prevents additional medical emergencies that can arise from an injury or illness.

Injuries not only bring psychological stresses for victims and their families but also for its economic disadvantages due to losing productive days of individual's lives. Injuries in the school environment are serious public health problems and it is estimated that 20% of injuries to school aged children occur on school premises, Injuries are reported as the most common cause of mortality in children and account for considerable childhood morbidity.

As per census 2011, the world population is 6,841,175,36 in this 19,1617 people are under 15 years of age and died due to injuries. In India there are around 10000 injuries each year to those aged under 15 Years of age. Behere C. Rautji conducted a study in New Delhi (2010) reports that in India, approximately 22.56% of injuries occur to school children and the leading cause was falls.

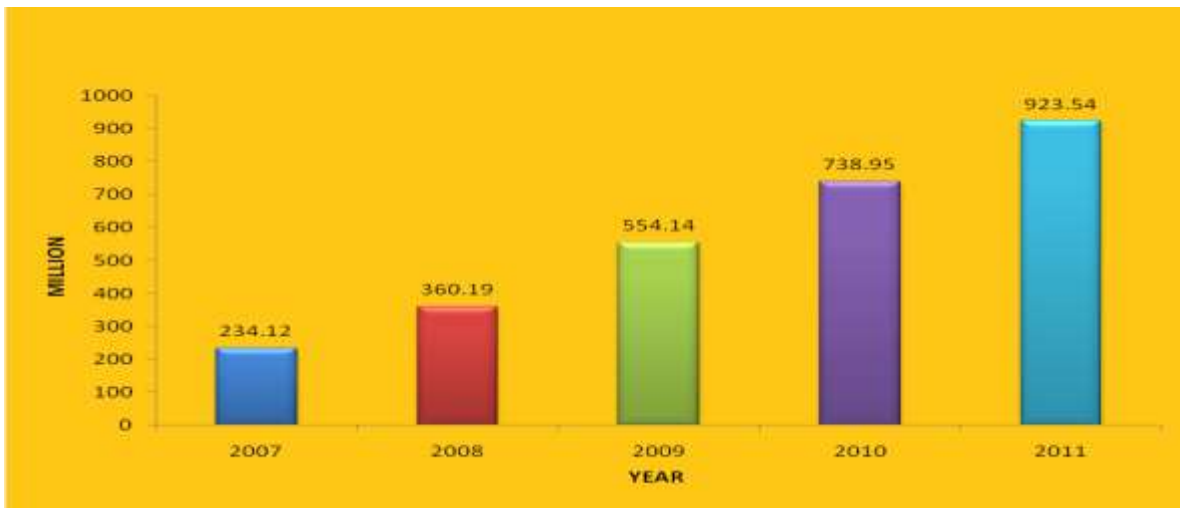


Figure: 1 Graph showing the Incidence of Injuries among School Children in the World.

Figure 1 shows the world wide incidence of injuries among school children. In 2007, 234.12 Millions of injuries were reported. In 2008 the reported cases were 360.19 Millions. In 2009, 554.14 Millions of injuries were reported. In 2010 there are 738.95 Millions of injuries are reported. In 2011 there are about 923.54 Millions of injuries were reported.



Figure : 2 Graph showing the Incidence of Injuries among School Children in India.

The above graph shows the injuries among school children in India. In 2007, 25000 injuries were reported. In 2008, 28000 injuries were reported. In 2009, 30000 injuries and in 2010, 39000 injuries were reported and in 2011, 46000 injuries were reported.

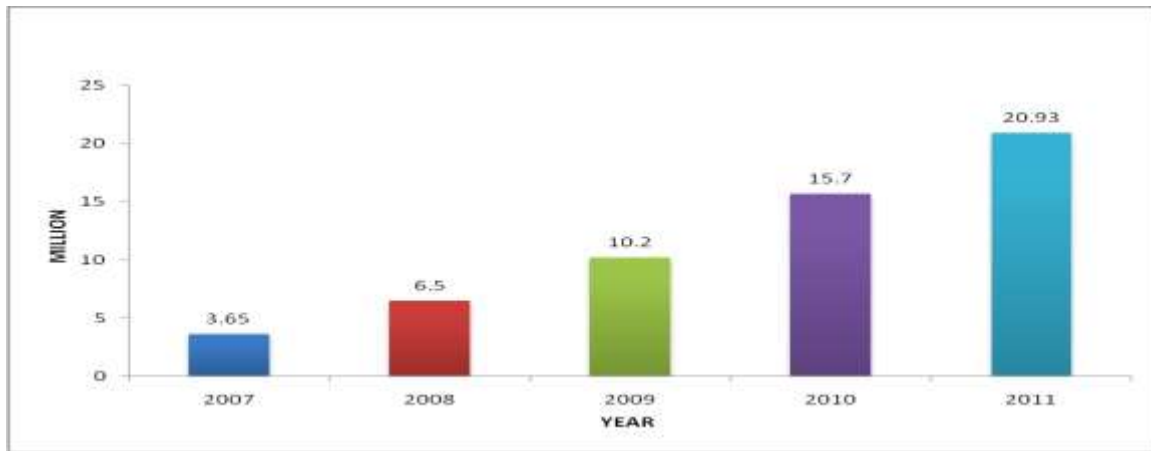


Figure: 3 Graph showing the Incidence of Injuries among School Children in Andhra Pradesh

The above graph shows the incidence of school injuries in Andhra Pradesh, in 2007, is about 3.65 Millions of injuries were reported. In 2008, there are about 6.5 Millions of injuries. In 2009, there are about 10.2 Millions of injuries. In 2010, 15.7 Millions of injuries. In 2011, there are about 20.93 millions of injuries were reported.

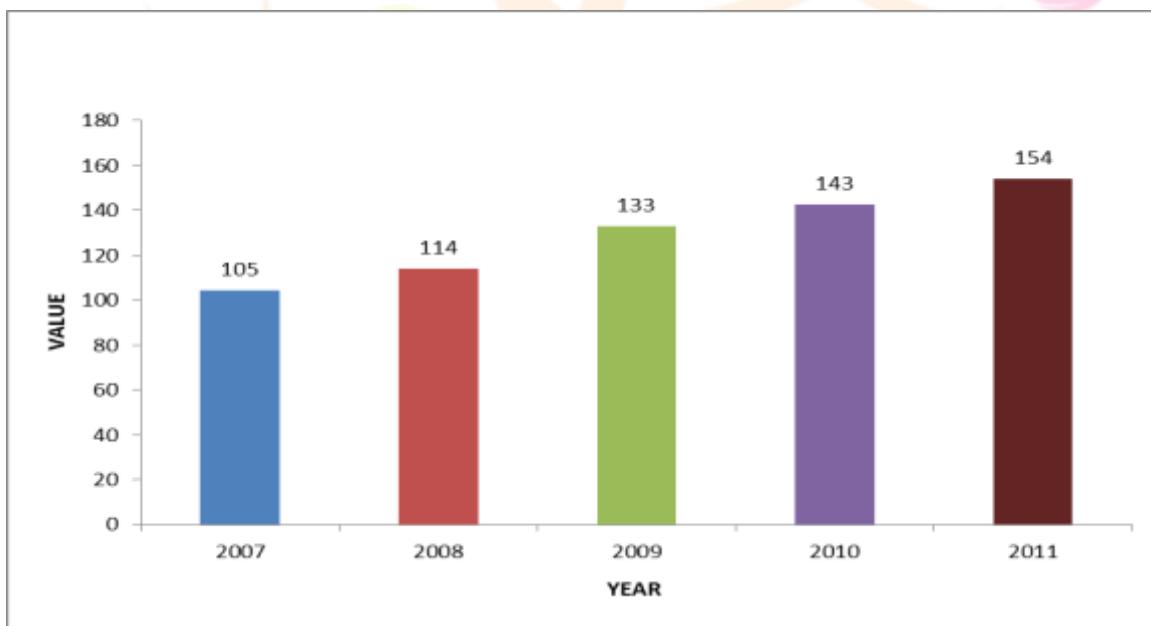


Figure: 4 Graph showing the Incidence of Injuries among School Children in Hyderabad

Figure 4 shows the incidence of school injuries in Hyderabad. In 2007, there are about 104 thousand cases were noted. In 2008, there were 114 thousand of cases were noted. In 2009, 133 thousand of cases were reported. In 2010, 142 thousand cases were noted. In 2011, 153 thousand cases were reported.

As per the incidence of school injuries at St.Hannah's high school, there is a total incidence rate of 53 per 1000 per year. The types of injuries were contributed 17.1% fractures, 12%, sprains 14% and wounds 9.9%.

Injuries are the leading cause of morbidity and mortality in children with a significant proportion occurring at school. The following are the incidence, types, anatomical locations, sites and activities related to injuries in school premises. As per anatomic distribution, injuries to head and neck are 46%. Upper extremities 22% lower extremities 17%, Eyes 7%, Torso 5% and dental 3%.

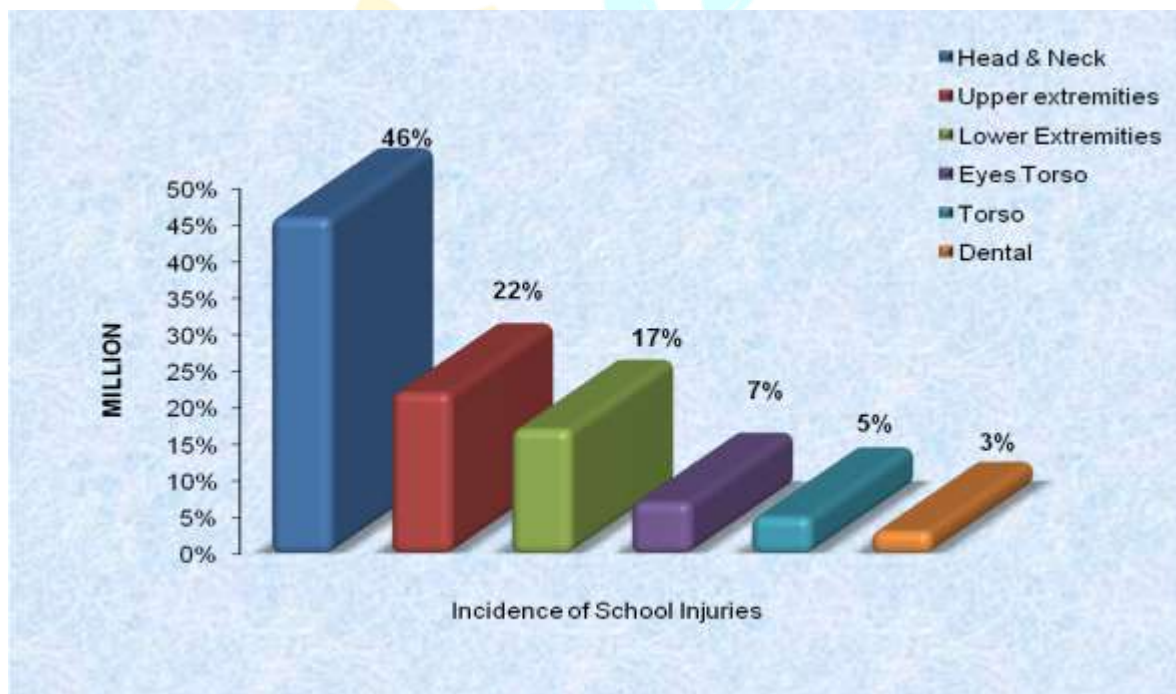


Figure: 5 Graph showing the incidence of School Injuries as per anatomic distribution.

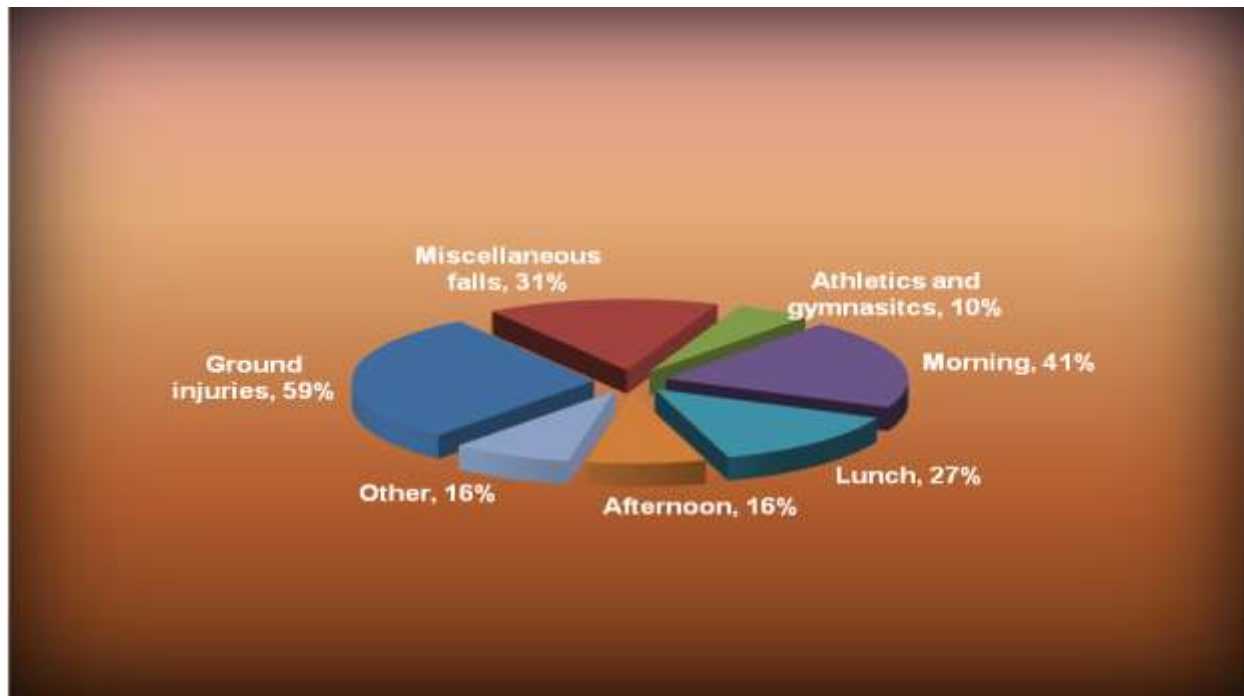


Figure: 6 Graph showing the occurrence of injuries in the school as per the type & time of the day

The above figure shows the occurrence of injuries in the school as per the type and time of the day. According to type of injury, the percentages of play ground injuries are 59%, Athletics and gymnastics 10%, Miscellaneous falls 31%. Time of the day – Morning 41%, Lunch 27%, afternoon 16%, other 16%, the month of injury highest is the first 2 months of school. The injuries occurred by grade, junior high school 46%, elementary school 38% and high school 16%, organized sports, athletics and unorganized sports were the most frequent injury – causing activities. Injury from falls was among the most serious, accounting for approximately 75% of play ground related deaths. Children with pre – existing musculoskeletal disorders have higher morbidity with trauma.

A study was conducted at Esbjerg central Hospital on sports injury in children. They found a total incidence rate of 73.3 per 1000 per year. The types of injuries were contributed 37.1% fractures, 22%, sprains 24.8% and wounds 9.5%. The study concluded that hospitalization rate was 3.8% and the incidence rate was high.

A study conducted by Barrett L.C et. al (2001) on teachers about school health emergencies. The purpose of this study was to evaluate the effectiveness of a nurse educational interventions for 324 teachers on their knowledge and anxiety about management of children having health emergencies. This study demonstrated the feasibility and value of nurses educating teachers about school emergencies and in placing the individual health care plan in to action.

According to Carotta M. Reinke, “first aid is an important responsibility of all the persons, because in remote areas and there is very limited access to full fledged hospitals and dispensaries in nearby vicinity.” Therefore we should be able to provide first aid to preserve life, to promote recovery and to prevent worsening of the victim’s general condition and quick transport of the casualty to the nearest medical aid if required.

School children spend most part of their time in school with their teachers as they do with their own families. The teacher plays a major role in shaping the future of the child. So an early therapeutic response by teacher can help them to recover from injuries.

Structured teaching programme is an effective learning tool to enhance the knowledge. It is a learning resource with preplanned and pre specified objectives which includes the teaching learning materials necessary for the learning specific topic. It can be used by the learner with the presence of the teacher and it enhances learning process. The investigator intended to construct a STP which will be administered to the school teachers and its effectiveness in achieving the desired goal.

Teacher also has many opportunities to observe their student’s reactions and can make referrals for more specialized assistance when it is required. It is the responsibility of the teachers to administer good first aid measures which are to be carried out within the school. Hence the investigator felt the need that it would be beneficial if a study is conducted among school teachers on selected first aid Measures. To provide the necessary information to school teachers keeping in view about the types of injuries and their first aid measures to overcome them by changing environment at school. The investigator felt the need for educating the target group through Structured teaching programme.

2. OBJECTIVES

Statement of the Problem

A study to assess the effectiveness of Structured Teaching Programme on selected first aid measures among school teachers working at St. Hannah’s High School, Secunderabad, A.P

Objectives

- To assess the Knowledge regarding selected first aid measures among school teachers by pretest.
- To evaluate the effectiveness of structured teaching Programme regarding selected first aid measures by comparing pre test and post test knowledge scores.

- To find out the significant association between post test knowledge scores with their selected background variables.

Operational Definitions:

1. Effectiveness: It refers to the improvement in the knowledge of school teachers on first aid measures after structured teaching programme as evident from gain in knowledge scores.
2. Structured Teaching Programme: It is a teaching Programme on selected first aid measures, prepared by the investigator which utilizes multiple audio- visual aids and detailed description.
3. Selected first aid Measures: It refers to the first aid given to an injured victim at the time of injury such as wounds, injuries of eye, ear, nose, dental, head, knee, sprain, choking, food poisoning, drowning and their first aid.
4. School Teachers: It refers to the teachers who are working at St. Hannah's High school, Secunderabad.

CONCEPTUAL FRAME WORK

A Conceptual framework refers to concepts that offer a framework of proposition for conducting research (Polit and Hungler, 2004). The conceptual frame work deals with inter related concepts or abstractions that are assembled together in some rational scheme by their relevance to a common theme. A framework may serve as a spring board for scientific advancement.

In the present study the investigator aims to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers.

The conceptual framework used for the study is based on general system theory proposed by a biologist, by Ludwig Von Bertalanffy in 1968. According to this theory, a system is a group of elements that interact with one another in order to achieve the goal. An individual is a system and receives input from the environment. This input when processed provides an output. All living systems are open, in which there is a continual exchange of matter, energy and information. The system is cyclical in nature, and continues to be so as long as these four parts keep interacting. If there are changes in any part of the parts, there will be changes in all the parts. Feedback is one form in which the system or the environment provides information.

COMPONENTS OF THE SYSTEM

The process of development of structured teaching programme includes preparatory phase “input”, the implementation phase conceived as the “process”, the output is evaluation phase and the feedback.

INPUT:-

It refers to the target group with their characteristics, level of knowledge, learning needs and interest. In this study the factors influencing the study recognized as input are the back ground variables which are age, sex, religion, marital status, work experience, education, exposure to first aid, experience in giving first aid

PROCESS:-

It refers to the different operational procedures in the overall programme implementation and includes factors that facilitates or block implementation at various stages during the development of structured teaching programme. The present study process includes three phases.

PHASE I

The first phase consists of preparation of structured knowledge questionnaire and structured teaching programme regarding selected first aid measures.

PHASE II

The second phase consists of determination knowledge of school teachers regarding selected first aid measures by conducting pre test and administering of STP.

PHASE III

The third phase was the evaluation of knowledge of school teachers by conducting a post test.

OUTPUT

After processing the input, the system returns the input (energy and information) to the environment.

Change is a feature of the process that is observable and measurable as output, which should be different from that which is entered in the system output. In this study, the output measures the gain in knowledge by comparing the mean post – test scores with mean pre- test scores.

Feed back:

The final part is feedback. Feedback is a process that enables a system to regulate itself. It provides information about the system, output and its feed back as input and process.

It's the process of communicating what is found in evaluation of the system. It is the information given back to the system. To determine whether or not the purpose or end result of the system has been achieved.

Environment:

It is a set of objects and conditions that can be conceived to have a bearing on the functioning of the system. A system communicates and interacts with its environment through the factors that enter the system (input) or are transformed to the environment (output).

Hypothesis

H₁: There will be significant difference between pre and post test knowledge scores on selected first aid measures among school teachers.

H₂: There will be significant association between post test knowledge scores with their selected background variables.

Assumptions

1. School teachers will respond truthfully and frankly answer to the questions.
2. Tool prepared for the study would be sufficient to assess the knowledge.

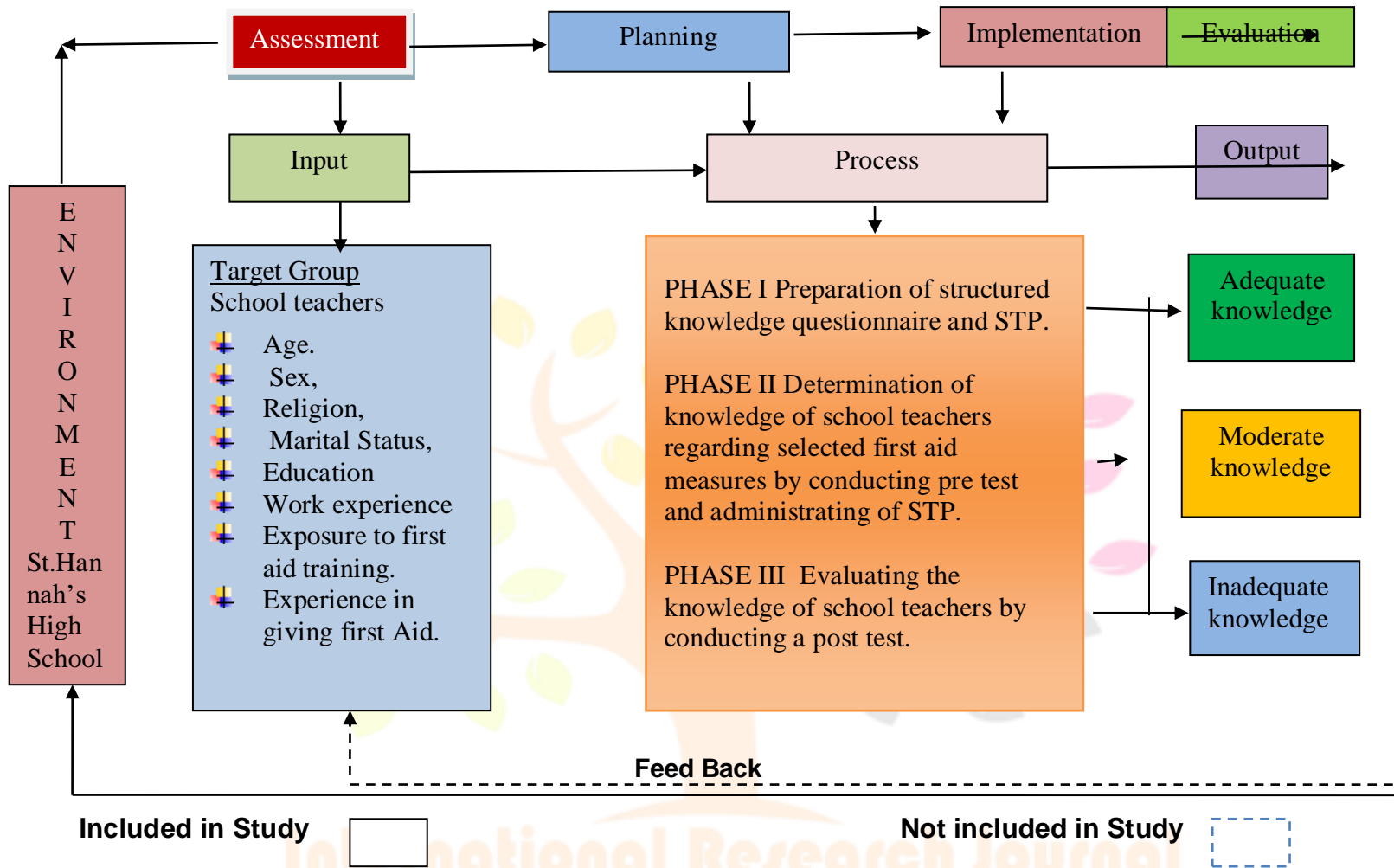
Delimitations

1. The study is delimited to the school teachers working in St. Hannah's high school.
2. The study is delimited to evaluation of pre and post test scores in terms of knowledge only.
3. The study is delimited to the school teachers who are in the age of 24 and above.

EPILOGUE

This chapter dealt with the description of introduction, need for study, statement of the problem, objectives, hypothesis, operational definitions, conceptual frame work, research hypothesis, assumptions and delimitations.

FIG- 7 MODIFIED CONCEPTUAL FRAMEWORK BASED ON LUDWIG VON BERTALANFFY'S GENERAL SYSTEM THEORY



CHAPTER –II

REVIEW OF LITERATURE

2. REVIEW OF LITERATURE

. According to Pilot and Hungler (2004), review of literature is a critical summary of research on a topic of interest generally prepared to put a research problem in context or to identify gaps and weaknesses in prior studies so as to justify a new investigation.

The related review literature is divided into following sections:

Section A: Studies related to Knowledge of school teachers regarding first aid.

Section B: Studies related to incidence of sports injuries.

Section C: Studies related to dental injuries.

Section D: Studies related to Fractures

Section E : Studies related to Drowning and Poisoning

Section F: Studies related to effectiveness of structured teaching programme

Section A: Studies related to Knowledge of school teachers regarding first aid.

Winiewski J. Majewski. WD (2007) conducted a study in Poland with the objective to assess the level of the knowledge and attitude of teachers of chosen secondary schools towards giving first aid. A survey was carried among 100 teachers. As per the majority of the respondents have the sufficient knowledge about first aid 50% of them knew only rules of giving first – aid and 25% had declared that they can put the knowledge in to practice. Conclusion indicated that a solution for improvement of the knowledge is mandatory.

Pandian JD et al (2006) conducted a field study on first aid knowledge and attitudes of College students in Kuwait University. The study findings revealed that overall students scored 0.49 for knowledge and 2.30 for attitude. Knowledge scores were classified into high, average and low and attitudes grouped according to those involving importance, applying and resources. Girls had high knowledge, attitude to importance and had close correlation between knowledge and attitude.

Baser M, Cabon S, Tasci S, Sungur G, Bayat M (2001) conducted a study to evaluate the first aid knowledge of primary school teachers at Turkish primary Schools. Totally 312 teachers took part in the study, among them 65.1% of teachers gave incorrect answer regarding epistaxis, 63.5% for beestings and 88.5% for abrasion. The study reveals that most of the teachers do not have the correct knowledge and attitude about first aid and it was found out that as the age of the teacher's increases, appropriate first aid practice becomes more and more unlikely.

Rea S et al (2005) conducted a study to evaluate the knowledge of teachers and high school students in Silesia on the principles of first aid. The study revealed that 7 students achieved an excellent result, 57 had good result and 168 had inadequate level of knowledge. None of teachers achieved an excellent result, 11 had a good result and 63 had inadequate level of knowledge, which shows that the knowledge of secondary school students and teachers was insufficient to perform basic life support.

Gagliardi M, Neighbors M, Spears c.(1994) conducted a descriptive study to determine the knowledge of public school teachers in Midwestern states. 334 teachers were randomly selected and data was obtained using a questionnaire. One third of the teachers had no specific training in first aid. The average score of all respondents on the emergency care test was 58. The results of the study revealed that mean percentage of pre test knowledge were 38% and 86% in post test. Significant deficiencies were noted in recognition and appropriate treatment of student emergencies.

Singh AJ, Kaur (1996) conducted a descriptive study to estimate the incidence of minor injuries and knowledge of school teachers in Chandigarh. It was found that in average episodes of minor injuries per year, point prevalence was higher in urban area. Many of the injuries occurred during the school time. Rural students were more tolerant to minor injuries, It was concluded that incidence of minor injuries was higher in rural areas as compared to urban areas. Training on wound care is recommended.

Section B: Studies related to incidence of sports injuries.

Abenethy L. Macauley (2003) conducted a prospective study on sports injury in children of secondary school age concerning to the accident and emergency department in Ireland. During the study period, 194 patients aged 11 – 18 years attended the accident and emergency department with an injury. The study revealed that, 51% of which occurred during school sport injuries occurred most commonly in

rugby (43%), followed by physical education and games together (17.5%). Just over 12% of pupils lost no time from sport, most (71%) were back to sport within three weeks, and 2.7% were injured for more than eight weeks. The study concluded that school sports injuries are important and account for just over half of all injuries in secondary school children.

Mac M G. Hundsons Et al (2004) conducted a study in USA to review play ground injury statistics over a 5 year period noted to develop an awareness of how and where the children are being injured. The surveillance data included injuries recorded in more than 90 hospitals emergency department located all over the U.S. Results showed that each year there were, roughly 2, 11,000 pre school or elementary school children in the U.S receiving emergency department care for injuries. Swings, climbers and slides are the pieces of play ground equipments associated with 88% of all NEISS reported injuries. Falls to the surface are responsible for 70%.

Back FJ, Kemper AB, Verbeck (2011) conducted an epidemiologic population based survey on sports injuries in school children living in Holland. 7468 pupils, aged between 8 to 17 years were included in the study. 791 sports injuries were registered, amounting to an incidence of 10.6 sports injuries per 100 participants. The results of the study revealed that contusions and sprains were the most common lesions (77%). There of four injuries involved the lower extremity, in particular the ankle, 62% of all the injuries occurred in organized sports, 21% in physical education classes, and 17% in unsupervised sports activities. The study concluded that 15 & 16 year old boys had high sports activity index & played team sports and were the high risk group.

Section C: Studies related to Dental injuries and Epistaxis.

Asfour Adel, Et al, (2008) conducted a study in Kuwait, with objective to assess the knowledge level of emergency measures for dental injuries to intermediate school teachers. 85 teachers at two intermediate schools (children 10-14 years old) in Kuwait were interviewed using a questionnaire about first aid. An informative 30-min lecture about tooth avulsion and, re-plantation was presented to a group of 43 teachers. The result revealed that general knowledge of tooth avulsion and re-plantation improved from 39% to 97% and knowledge of avulsed permanent and primary teeth from 8% to 71% knowledge of how to clean an avulsed tooth improved from 5% to 93%.

Shanmugam C, Maffulli N (2008) conducted a study to assess the prevalence and distribution of the traumatic injuries to anterior teeth among 4500 school children in the age group of 3 to 16 years at South Kanara District of Karnataka. Information concerning cause of trauma and number of injured teeth were recorded. A total of 238 cases (5.29%) had incisor and canine fractures, which was more

prevalent among the boys (72.27%) than the girls (27.73%). Only 1.68% of the cases with traumatized teeth had undergone treatment.

R.Subramaniam et.al (2011) conducted a study to assess the knowledge of upper primary and secondary school physical Education instructors in Davangere city, India, about emergency management of dental trauma. A total 109 physical education instructors from 87 upper primary and secondary schools were included in the questionnaire based survey. Majority of the respondents said that their training included first aid training. Only 10.1% recalled that their course covered management of dental trauma. Although about 70% of the respondents were aware about management of fractured tooth, the knowledge regarding avulsed tooth was poor. A majority of the respondents felt that they required further training to manage such trauma cases.

Anil V. Ankola Et al (2012) conducted a study to investigate the prevalence of dental trauma among primary school children aged 6-11 years in Belgaum, India. A sample of 13200 children were selected from primary school of Belgaum district it was examined for dental trauma. Total number of children suffering from dental trauma was found to be 1946 (14.74%). A significant gender influence on the occurrence of dental trauma was observed, with more boys (17.26%) experiencing dental trauma than girls (12.29%). The findings of this study show that dental trauma has a moderately high prevalence among Indian Primary school children. Community, especially parents and school teachers, should be educated about prevention and early management of dental trauma in children.

Zhang PB et al (2003) conducted a study on first aid treatment of epistaxis. The study findings revealed that only 50 out of 443 responses were judged as being correct dealing with epistaxis and there was a high level of ignorance as to what is the correct first aid treatment.

Section D: Studies related to Fractures

Doumia BA, Ahmed ME, et al, (1994) conducted a prospective study in Sudan, to know the incidence of fracture in 231 children in Khartoum North Teaching Hospital (KNTH). The incidence of child fracture rated as 1/2 day, and it is increased from the age of 5 years onward in boys and between 6 and 8 in girls. Accidents accounted for 84% of the fracture in children mainly due to sports injuries and falls. Boys were commonly affected between 13 – 15 years of age. Open fractures constituted 9.8% of the series. The study indicated that the problem of child safety and the preventive measures need to be more stressed.

Rubie C.M Davies (2007) conducted a study in New Zealand to investigate the causes and locations of fractures sustained by students attending elementary school. 25,000 students from 76 schools were selected randomly. Data were collected by using questionnaire method and was analyzed using descriptive statistics. Findings of the study showed that 118 students sustained a total of 131 fractures. Injuries were more frequent from general activities at school rather than from playground equipments. The study concluded that the improvements in school safety might be more likely to result from a greater focus on the way the students interact at school.

Section E : Studies related to Drowning and Poisoning

Bose Anuradha, (2000) conducted a study in Kaniyambadi block, in Vellore district in Tamilnadu to identify the epidemiology of childhood drowning in India. Survey design was used and the samples were selected by purposive sampling technique. Reviews of all deaths from 1991-1997 in the 1-12 years age group were collected. The findings showed that there were a total of 288 deaths among children and drowning was the single largest cause of death with a total of 56 deaths (19.4%). The average annual drowning rate was 25.9 per 100,000 study population. The study concluded that knowledge regarding the local risks of drowning helps to prevent the unintentional injury among children.

Thein. MM et al, (2005) conducted a study to evaluate the efficacy of health education on accidental suffocation and drowning of children. The findings of the study revealed that health education for a year, parent's knowledge about how to give first aid in spot has increased from 11.1% - 13.5%. Their relative knowledge has increased by 212.7%, the study showed that health education to parents was an effective intervention measure for prevention of accidental suffocation and drowning.

Borse NN, Hyder AA, Streatfield PK, Arifeen SE, Bishal D (2011) conducted a study on childhood drowning and traditional rescue measures to examine the verbal autopsy data on childhood drowning. They analyzed 10 years (1996-2005) data on mortality rate of children under 5 years by drowning. The study reported 489 deaths, out of these 57% was aged 1-2 years and had a drowning rate of 521 per 100,000 children. The findings suggest that community based resuscitation and emergency first aid measures are needed to improve recovery of drowned children.

Ramos et al (2010) performed a study on the risk factors contributing to childhood poisoning in Brazil. The aim of the study was to investigate whether the lack of knowledge of toxic agents in households is a risk factor for individual unintentional childhood poisoning. The case group (n = 25) was composed

of caregivers of children under 60 months of age. The control group (n = 25) was composed of caregivers of children matched for sex, age and presence in their homes of the same toxic agents found in the case group, who sought emergency medical care. A structured questionnaire was administered to collect the data. It was found that there was a lack of knowledge of the toxic action of agents. The attributable risks described in this study indicated that the elimination of other factors, such as distraction and storage below 150cm, would lead to the prevention of 13% and 19% of poisonings in childhood, respectively.

Section F: Studies related to effectiveness of structured teaching programme

Khan A, Sheikh S, (2010) conducted a Cross – Sectional study to assess knowledge, attitude and practices of first aid measures among 446 undergraduate students carried out at, three medical colleges and three non – medical colleges at Karachi. The results of the study revealed that 78 (17.5%) students had formal First Aid (FA) training. The mean number of correct answers of students with FA training was 10.3 (± 3.5) as opposed 8.85(± 4.0) in those without FA training ($p < 0.001$, 95% CI) with a mean difference of 7.84%. The mean number of correct answers by medical students with FA training was 11.2 (± 2.9) as opposed to 7.2 (± 3.43) by non – medical students ($p < 0.001$, 95% CI) with a mean difference of 18.14%. Students who received formal first aid training scored better than those who had not ($p < 0.001$). The study concluded that first aid training programmes should be introduced at school and colleges level in developing countries to decrease the early mortality and morbidity of accidents and emergencies.

Esther Shirley (1998) conducted a study to assess the effectiveness of two teaching strategies on selected health problems of school children among primary school teachers of Bangalore. The study reveals that teaching strategies I & II increased to knowledge scores of primary school teachers and indicated that both teaching strategies were equally effective in increasing the knowledge of primary school teachers.

Abraham L. (2008) conducted a study to evaluate the effectiveness of Planned Teaching Programme (PTP) on Environmental Health among Anganwadi teachers in Udipi district of Karnataka. 54 Anganwadi teachers were selected using convenience sampling technique and data was obtained using structured knowledge questionnaire. The results of the study revealed that mean percentage of knowledge score was 44.9% in the pre test and 83.35% in the post test.

EPILOGUE

This chapter dealt with a review of literature. It was useful to select and justify the statement of the problem, develop conceptual frame work, select the tool and to compare the findings of the present study with those of the earlier researchers.



CHAPTER-III

METHODOLOGY

3. METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure of gathering valid and reliable data for the problem under investigation.

The research deals with the description of research approach, research design, setting, variables, population, sample and sampling technique, development and description of the tool, validity and reliability of tool, pilot study, procedure for data collection and the plan for data analysis.

Research Approach

In the present study a quantitative approach was used to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers working at St.Hannah's high school, Secunderabad, A.P.

Research Design

A pre experimental one group pre test and post test design was adopted for the present study.

Setting

Based on the setting and availability of the sample, the present study was conducted at St.Hannah's high school, Secunderabad.

Variables

A variable is an attribute to a person or object that varies that it takes on different values.

Independent variable

In the study the independent variable refers to the structured teaching programme on selected first aid measures among school teachers working at St.Hannah's high school, Secunderabad, A.P

Dependent variable

In the present study it refers to the knowledge level of school teachers on selected first aid measures as measured by structured knowledge questionnaire.

Extraneous variables

Extraneous variables in the study are background variables such as age, sex, religion, marital status, education, years of teaching experience, exposure to any training programme and experience in giving first aid to any victim.

Population

Population is the entire aggregation of cases that meet a designed set of criteria Polit and Hungler (1999). The population again divided into two types. Those are target and accessible population.

Target Population

It refers to the elements, people, objects to which the investigator wants to generalize the research findings. In the present study the target population was school teachers.

Accessible Population

Accessible population refers to the aggregate of cases which confirm to the designed criteria and which is accessible to the researcher as a pool of subjects or objects. In the present study the accessible population was the school teachers working at St. Hannah's high school, Secunderabad.

Sample and Sample Size

Sample size

The sample size of the present study consists of 50 school teachers working at St. Hannah's high school, Secunderabad, A.P

Sampling technique

Non probability purposive convenient sampling technique was adopted for the present study.

Criteria for Selecting the Sample

Inclusion criteria:

School teachers who are,

1. working at St.Hannah's high school
2. available during the period of data collection.
3. willing to participate in the study.

Exclusion criteria:

School teachers who are,

- ✚ Sick at the time of data collection.
- ✚ Joined the school three months back.

Development of the Tool

After an extensive review of literature, discussion with the experts and the investigator's personal experience the structured knowledge questionnaire on selected first aid measures was prepared. The first draft of the tool consists of 50 items and then based on the pre testing, suggestions from experts, modifications and rearrangements of few items were done and the final tool consists of 40 knowledge items only.

Description of the tool

In the present study the tool consisted two parts: part –A and part – B.

Part-A: consists of selected background variables such as age, sex, religion, marital status, education, years of teaching experience, exposure to any training programme and experience of giving first aid to any victim.

Part - B: Consists of 40 knowledge items related to selected first aid measures. The questionnaire is prepared to assess knowledge of school teachers working at St.Hannah's high school, Secunderabad, A.P

Section- I: Items1-7 is to assess knowledge on general information on first aid.

Section- II: Items 8-16 are to assess knowledge on types of wounds and its first aid.

Section-III: Items 17-29 are to assess knowledge on injuries of eye, ear, dental, nose bleed, head, knee, sprain and its first aid.

Section- IV: Items 30-35 are to assess knowledge on foreign bodies in the eye, ear, nose and its first aid

Section- V: Items 36- 40 are to assess knowledge on drowning, choking, food poisoning and its first aid

Scoring Key

Scoring key was prepared for part –A by coding the back ground variables. For part- B, score ‘1’ was awarded for correct response and ‘0’ for wrong response in all knowledge items. Thus a total of 40 scores were allotted under knowledge aspect.

Development of Structured Teaching Programme

The structured teaching programme was developed based on the objectives of knowledge variables. The structured teaching programme was developed and given to experts along with objectives and rating scale. Based on their suggestions and recommendations (i.e. concise the content, and simplify some of the terms) the final draft content and structured teaching programme was prepared.

Title of the STP is:

Structured teaching programme on selected first aid measures

Content validity:

The structured knowledge questionnaire and structured teaching programme (STP) were given to 10 experts: 9 experts from the field of nursing and 1 expert from the field of medicine in order to obtain validity. Based on their suggestions and recommendations the tool and STP were modified i.e. concised some of the items. Thus the final draft tool consists of 40 knowledge items.

Reliability:

The reliability of the tool was computed by using split half technique employing spearman Brown's Prophecy formula. The Karl Pearson co- efficient correlation was established by using raw score method and deviation method.

The following formulae are used in computation of 'r' value:

1. Raw score method

$$r = \frac{n\sum XY - (\sum X)(\sum Y)}{\sqrt{\sum X^2 - (\sum^2 X) - \sum Y^2 - (\sum^2 Y)}}$$

2. Spearman Brown's Prophecy Formula (r) = $\frac{2r}{1 + r}$

$$1 + r$$

r= reliability coefficient

n= number of subjects

X= pre test knowledge score

Y= post test knowledge score

The obtained 'r' value was 0.77 and the tool was found to be reliable.

Pilot Study

Permission for the pilot study was obtained from the Principal of The Salvation Army high school and the study was conducted from 8th may 2012 to 15th may 2012. Five subjects were selected by using non probability purposive convenient sampling technique. All the selected subjects were requested to assemble in a class room; then the investigator given self introduction explained the purpose of data collection and the subject's willingness to participate in the study was ascertained. Structured knowledge questionnaire was administered to five subjects with the required information on 8th may 2012 (pre test). The structured teaching programme on selected first aid measures was given on the same day after pre test. On 15th may 2012 post test was conducted by using the same structured knowledge questionnaire. The collected data was analyzed by using descriptive and inferential statistics. The significance of difference between the pre test and post test was found by paired 't' test. The obtained 't' value 59.24 is greater than the table value 2.02 and found to be highly significant at the level of $p < 0.05$

Data Collection Procedure

A formal permission was obtained from the selected setting. Data was collected from 2nd June 2012 to 9th June 2012 at St.Hannah's high school, Secunderabad. Fifty subjects were selected by using non probability purposive convenient sampling technique. All the selected subjects were requested to assemble in a class room; then the investigator gave self introduction explained the purpose of data collection to the subjects and subject's willingness to participate in the study was ascertained. The subjects were assured the anonymity and confidentiality of the information provided by them. Structured knowledge questionnaire was administered to the selected subjects with the required information and the structured teaching programme was given on the same day. On 8th June the post test was conducted by using the same structured knowledge questionnaire.

Plan for Data Analysis

The data analysis and interpretation was planned to include descriptive and inferential statistics such as mean, mean percentage, standard deviation and Paired 't' test to find out the significance of difference between the pre and post test knowledge scores. Chi-square test to determine the association between the selected background variables and post test knowledge scores. The significant findings were expressed in the form of tables, figures and graphs.



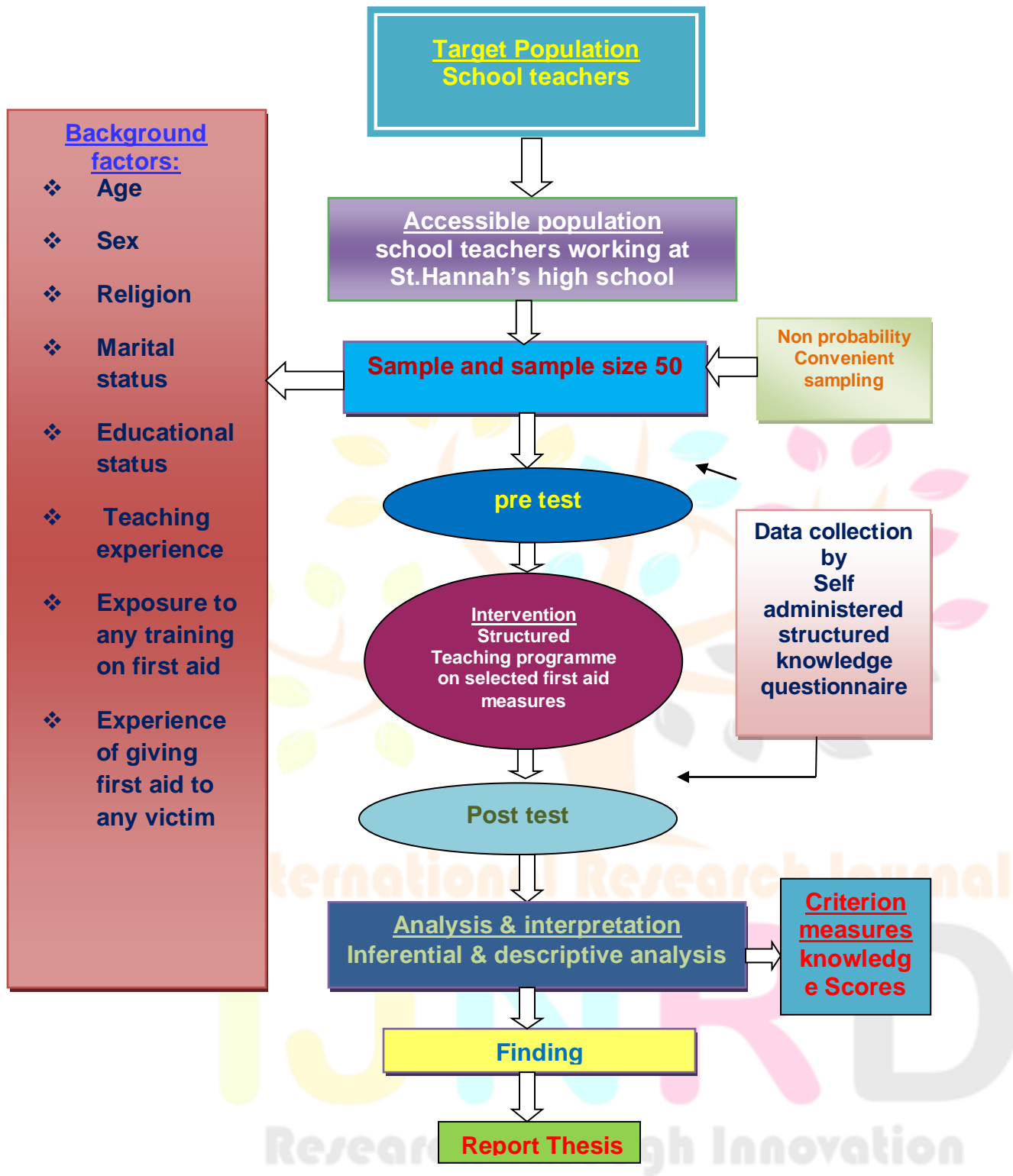


Figure 7: Schematic representation of research design

Epilogue

This chapter dealt with the description of research approach, research design, setting, variables, population, sample and sampling technique, development and description of the tool, validity and reliability of tool, pilot study, procedure for data collection and the plan for data analysis.

CHAPTER- IV

ANALYSIS AND INTERPRETATION

4. ANALYSIS AND INTERPRETATION

Statistical analysis refers to a collection of methods used to process large amounts of data and report overall trends. It elicits meaningful and intelligible form of research data.

The analysis and interpretation of data of this study was based on data collected by structured knowledge questionnaire. The result was computed using descriptive and inferential Statistics. The data entered into excel sheets and analyzed by using SPSS 10versions.

Objectives of the Study

- ▶ To assess the knowledge regarding selected first aid measures among school teachers by pre test.
- ▶ To evaluate the effectiveness of structured teaching programme regarding selected first aid measures by comparing pre test and post test knowledge scores.
- ▶ To find out the significant association between post test knowledge scores with their selected background variables.

Organization of Data

The collected data was edited, tabulated, analyzed, interpreted and findings obtained were presented in the form of tables and diagrams represented under the following sections.

Section-I: Distribution of school teachers according to their background variables.

Section – II: Pre-test and post test knowledge scores of school teachers on selected first aid measures.

Section – III: Comparison of pretest and post test knowledge scores of school teachers on selected first aid measures.

Section – IV: Association between post test knowledge scores with their selected background variables

SECTION I: DISTRIBUTION OF SCHOOL TEACHERS ACCORDING TO THEIR BACKGROUND VARIABLES.

Table 1: Frequency and percentage distribution of school teachers according to their background variables.

(n= 50)

SNo.	Background Variables	Number	Percentage
1	Age		
	a) 21 – 30 years	9	18
	b) 31 – 40years	16	32
	c) 41-50years	14	28
	d) 51-60years	11	22
2	Sex		
	a) Male	9	18
	b) Female	41	82
3	Religion		
	a) Hindu	14	28
	b) Christian	32	64
	c) Muslim	4	8
	d) Any Other	0	0
4	Marital Status		
	a) Married	41	82
	b) Unmarried	9	18

SNo.	Background variables	Number	Percentage
5	Educational status		
	a) B.A.B.Ed	18	36
	b) M.A..B.Ed	9	18
	c) B.SC B.Ed	9	18
	d) M.SC. B.Ed	11	22
	e) Others	3	6
6	Years of teaching experience		
	a) Less than 1year	9	18
	b) 2 – 5 years	10	20
	c) 6 – 10 Years	21	42
	d) Above 10 years	10	20
7	Exposure to any training on first aid		10
	a) Yes	5	
	b) No	45	90
8	Experience of giving first aid to any victim		
	a) Yes	6	12
	b) No	44	88

Table 1 explains about the frequency and percentage distribution of school teachers according their background variables such as Age, Sex, Religion, Marital Status, Educational Status, Years of teaching experience, exposure to any training on first aid and experience of giving first aid to any victim. From the above table each background variable is further discussed using following graphs.

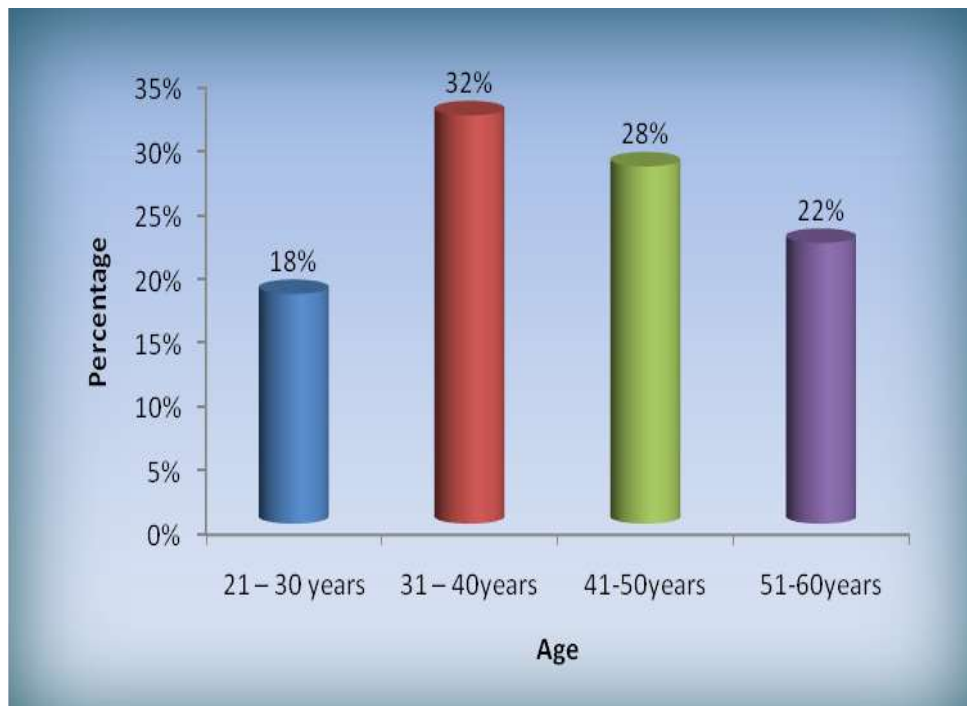


Fig 8: Percentage Distribution of School Teachers According to their 'Age'

Figure 8 shows that majority of school teachers 16(32%) were in the age group of 31 to 40 years, 14 (28%) belong to the age group of 41-50Years, 11(22%) were in the age group of 51-60years and 9(18%) belong to the age group of 21-30 Years.

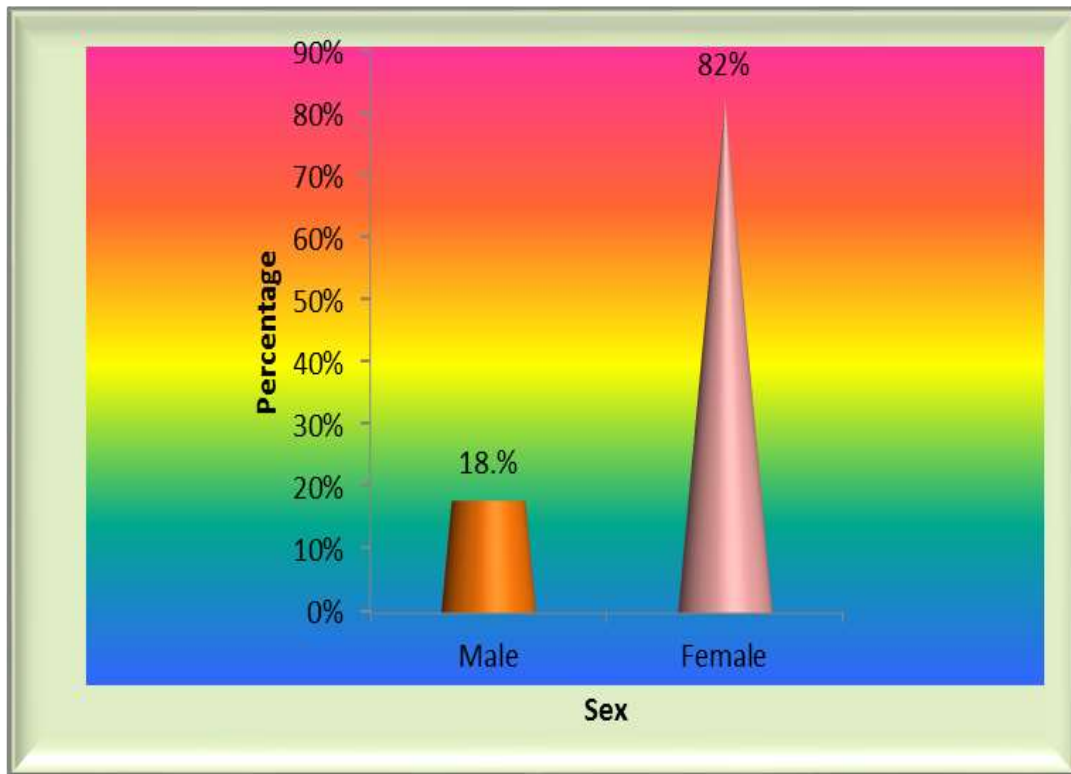


Fig 9: Percentage Distribution of School Teachers According to their 'Sex'

The above figure shows that majority of school teachers 41(82%) were females and 9(18%) were males

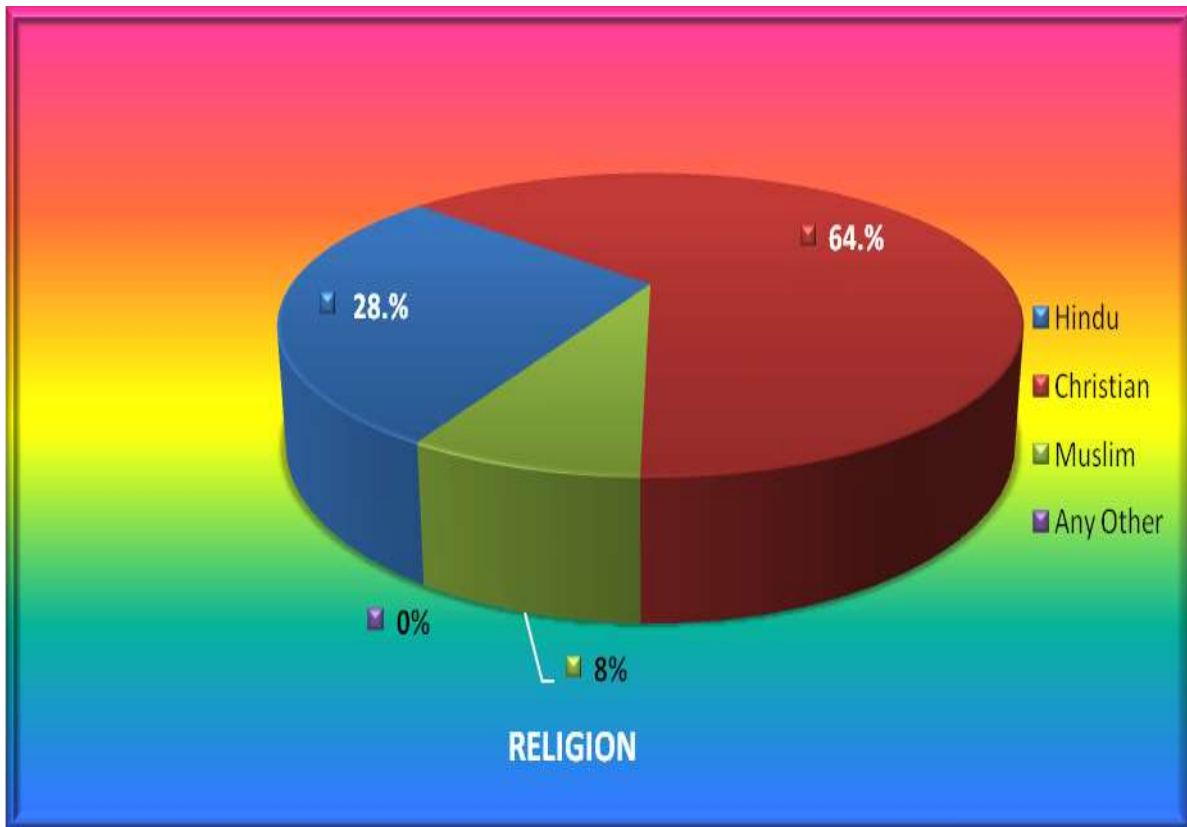


Fig 10: Percentage Distribution of School Teachers According to their 'Religion'

The above figure shows that majority of school teachers 32(64%) were christians, 14(28%) were hindus and 4(8%) were muslims.

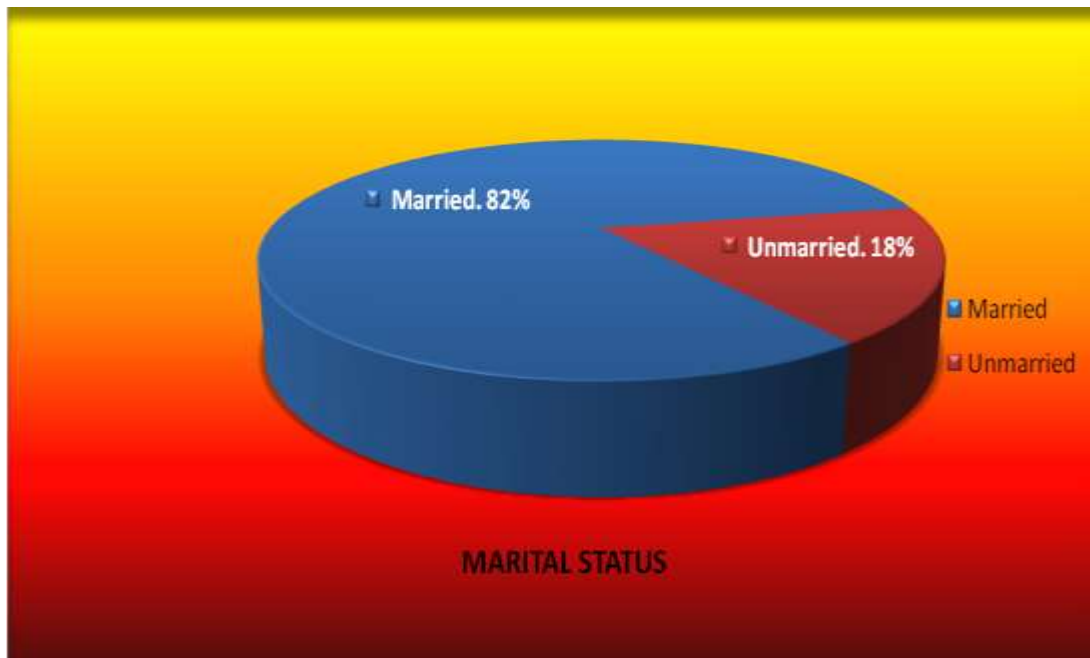


Fig 11: Percentage Distribution of School Teachers According to their 'Marital' Status

The figure 10 shows that majority of school teachers 41(82%) were Married and 9(18%) were unmarried

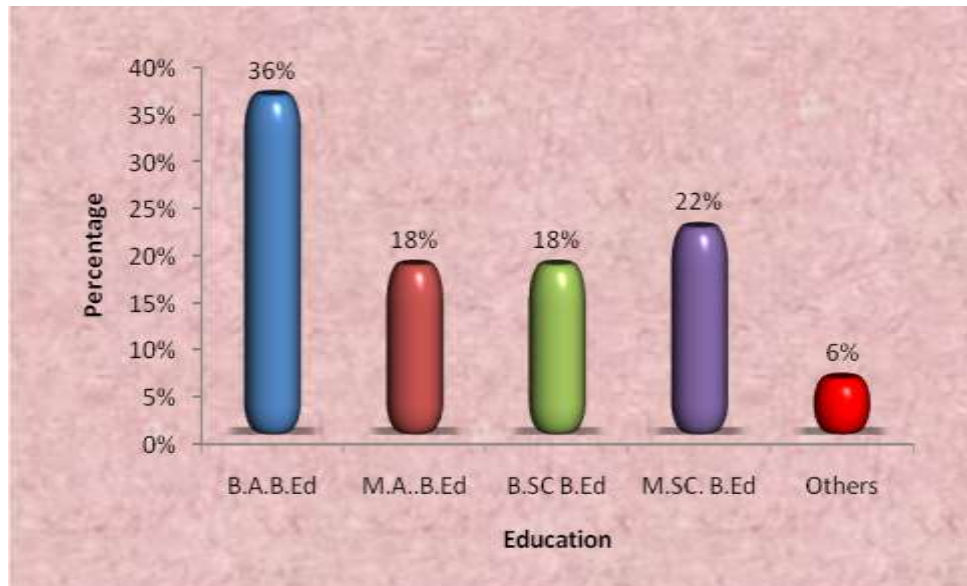


Fig 12: Percentage Distribution of School Teachers According to their 'Educational Status'

The above figure shows that out of 50 school teachers, majority of them 18(36%) have done B.A. B.Ed, 11(22%) have done M.SC. B.Ed, 9(18%) have done M.A..B.Ed and B.SC B.Ed and 3(6%) were with other educational qualifications.

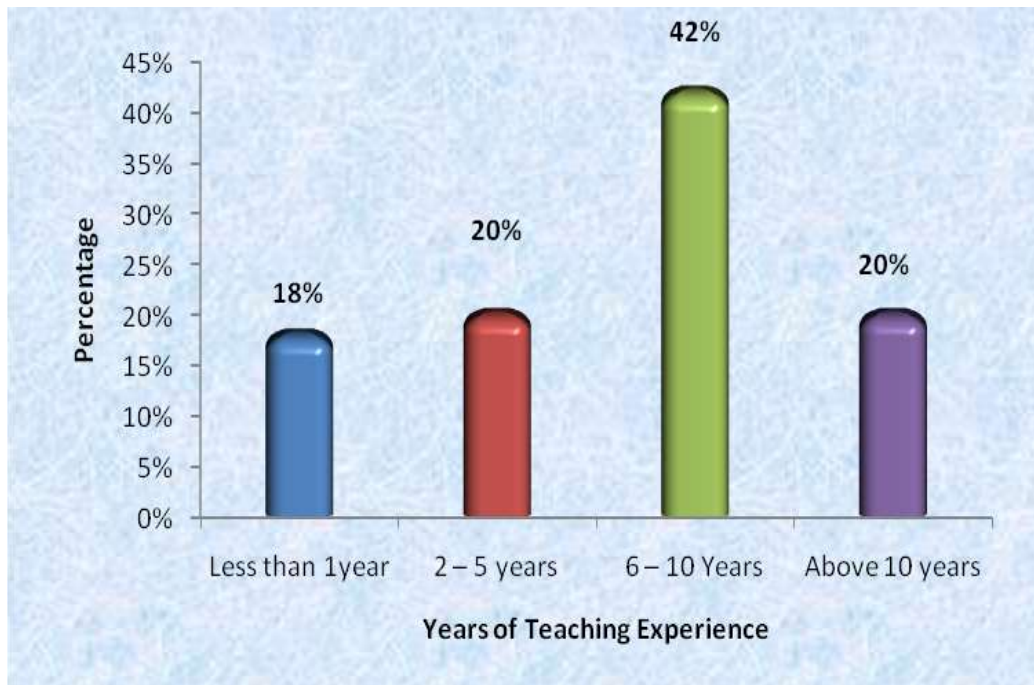


Fig 13: Percentage Distribution of School Teachers According to their 'Years of Teaching Experience'

Figure 12 shows that majority of school teachers 21(42%) have 6-10years of experience, 10(20%) of them have 2-5years and above 10years, 9(18%) have less than 1 year of teaching experience.

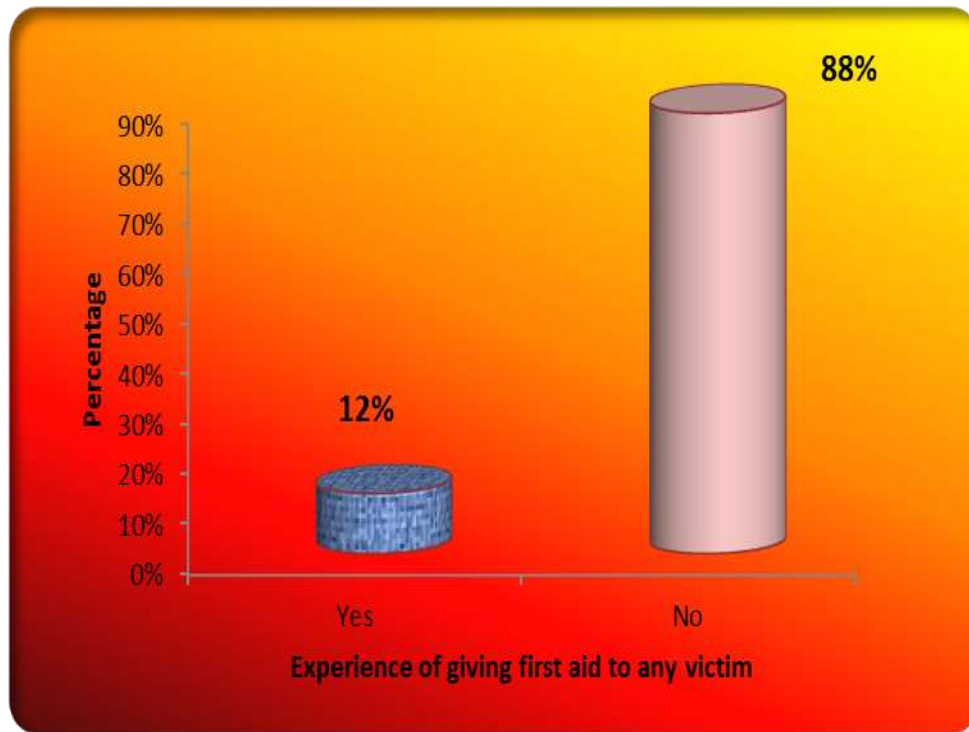


Fig 14: Percentage Distribution of School Teachers according to their 'experience of giving first aid to any victim'

The above figure shows that majority of them 44(88%) had no experience of giving first aid to any victim and only 6(12%) of them had experience in giving first aid.

Section II: Knowledge of school teachers on selected first aid measures in pre test

Table 2: Mean and standard deviation for the knowledge scores of school teachers on selected first aid measures in pre test

N =50

Area of knowledge	PRETEST		
	Mean	Mean %	S.D
General information on first aid.	3.88	55.43	1.61
Types of wounds and its first aid.	2.38	26.44	0.92
Injuries of eye, ear, nose, dental, head, knee, sprain and its first aid.	4.06	31.23	1.62
Foreign bodies in the eye, ear, nose and its first aid.	2.74	45.67	1.29
Drowning, choking, food poisoning and its first aid.	1.48	29.60	0.83
Over All	14.54	36.35	2.20

From the above table it is evident that the maximum percentage obtained by the subjects is 55.43% with standard deviation of 1.61 in 'General information on first aid' and the minimum mean percentage is 24.44 with standard deviation 0.92 in 'Types of wounds and its first aid'. The mean percentage of overall knowledge obtained by the subjects in pre test is 36.35 with standard deviation of 2.20.

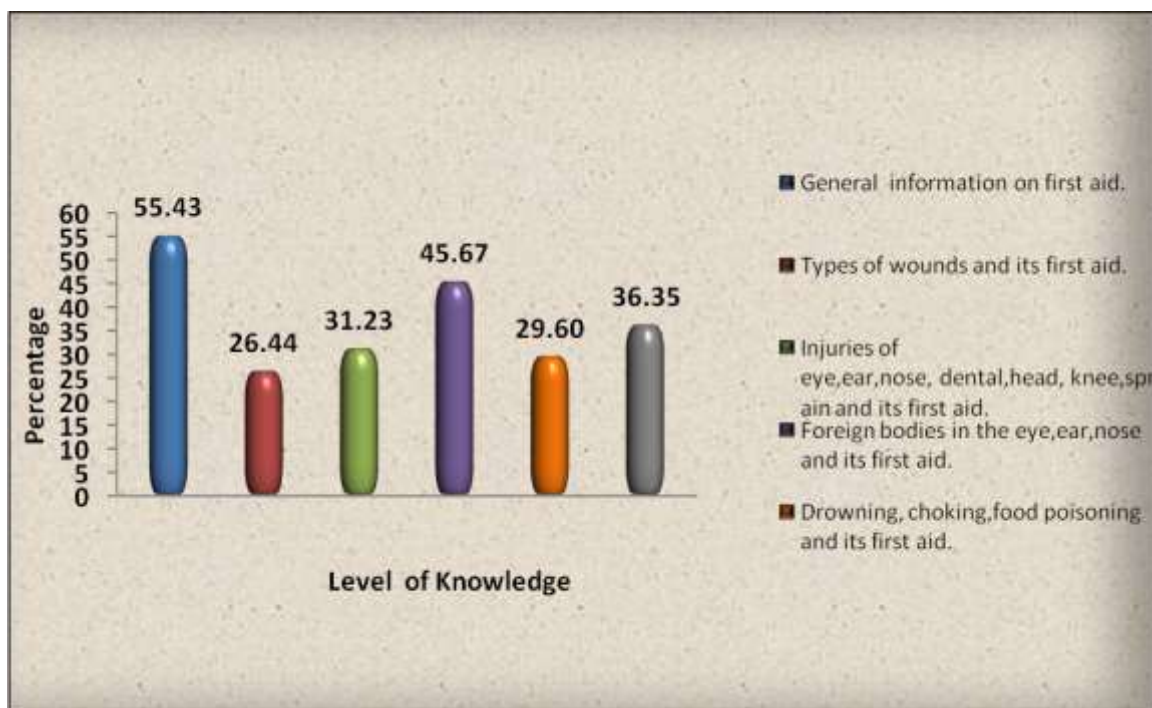


Fig 15: Knowledge scores of school teachers on selected first aid measures in pre test

Table 3: Frequency and percentage distribution according to level of knowledge among school teachers on selected first aid measures in Pre-test

SNo:	Knowledge Variable	Inadequate ≤ 50%		Moderately Adequate 51 - 75%		Adequate >75%	
		F	%	F	%	F	%
01	General information on first aid.	18	36	27	54	5	10
02	Types of Wounds and its first aid	49	98	1	0.02	0	0
03	Injuries of Eye, Ear, Dental, Nose, Head, Knee, sprain and its First Aid	44	88	6	12	0	0
04	Foreign Bodies in the Eye, Ear, Nose and its first aid	33	66	13	26	4	0.08
05	Drowning, Choking, food poisoning and its first aid	46	92	4	0.08	0	0
	Over All	38	76	10	18	2	2

The above table depicts that the maximum number of subjects 27(54%) had moderate knowledge on “General information on first aid” and 49 (98%) subjects had inadequate knowledge on “types of wounds and its first aid”. Regarding drowning, choking, food poisoning and its first aid” most of the subjects had inadequate knowledge and 13(26%) subjects had moderate knowledge on “foreign bodies in eye, ear, nose and its first aid”. The inadequate knowledge may be because of lack of in service education programme on first aid measures.

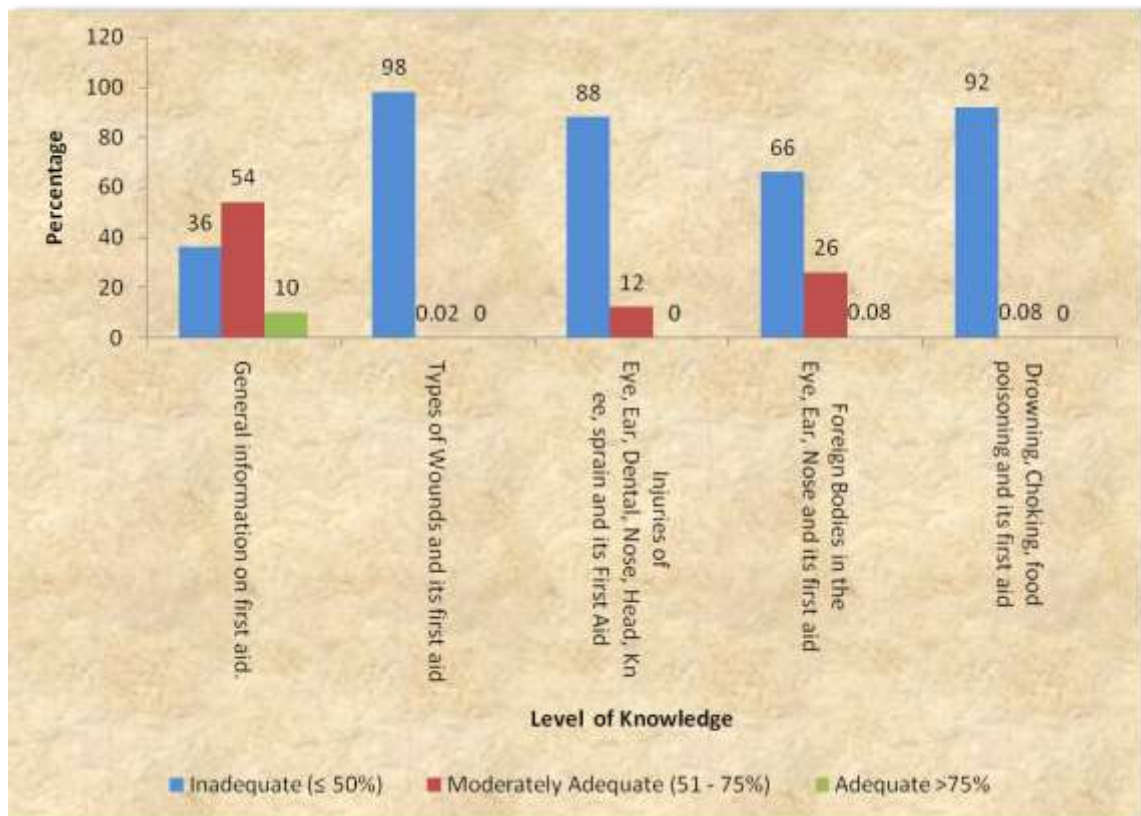


Figure 16: Frequency and Percentage distribution according to level of knowledge in Pre test

Section III: Knowledge of school teachers on selected first aid measures in post test

Table 4: Mean and standard deviation for the knowledge scores of school teachers on selected first aid measures in post test

Area of knowledge	POST-TEST		
	Mean	Mean %	S.D
General information on first aid.	7	100	0.00
Types of wounds and its first aid.	7.98	88.66	0.892
Injuries of eye,ear,nose, dental,head, knee,sprain and its first aid.	11.86	91.23	0.948
Foreign bodies in the eye,ear,nose and its first aid.	5.14	85.67	0.756
Drowning, choking, food poisoning and its first aid.	4.72	94.40	0.454
Over All	36.70	91.75	1.529

From the above table it is evident that the maximum percentage obtained by the subjects is 100% with standard deviation of 0.00 in 'General information on first aid'. The minimum mean percentage is 85.67 with standard deviation 0.75 in 'Foreign bodies in the eye, ear, nose and its first aid'. The mean percentage of overall knowledge obtained by the subjects in post test is 91.75. with standard deviation of 1.529

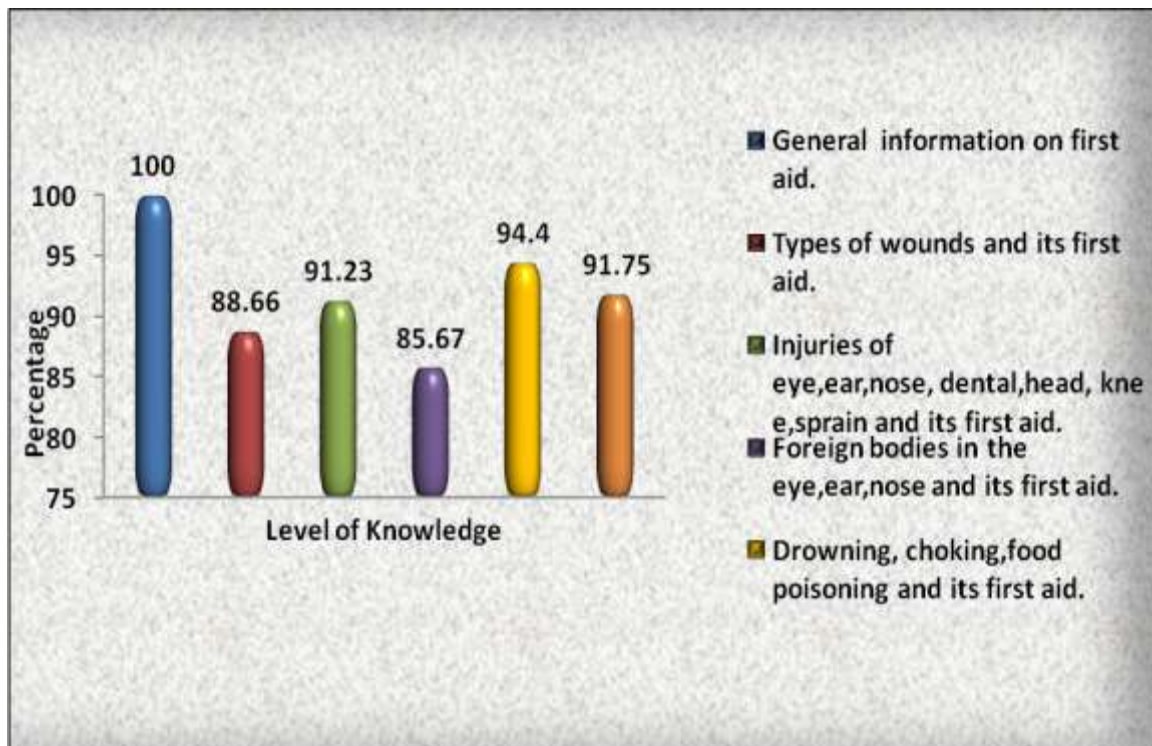


Fig 17: Knowledge scores of school teachers on selected first aid measures in post test



SECTION III : Knowledge of school teachers on selected first aid measures in post test**Table 5: Frequency and percentage distribution of level of knowledge among school teachers on selected first aid measures in Post-test**

S.No:	Knowledge Variable	Inadequate ≤ 50%		Moderately Adequate 51 - 75%		Adequate >75%	
		F	%	F	%	F	%
01	General information on first aid.	0	0	0	0	50	100
02	Types of Wounds and its first aid	0	0	2	0.04	48	96
03	Injuries of Eye, Ear, Dental, Nose, Head, Knee, sprain and its First Aid	0	0	1	0.02	49	98
04	Foreign Bodies in the Eye, Ear, Nose and its first aid	0	0	11	0.02	39	78
05	Drowning, Choking, food poisoning and its first aid	0	0	0	0	50	100
	Over All	0	0	3	6	47	94

The above table depicts that the maximum number of subjects 11(0.021%) had moderate knowledge on “Foreign Bodies in the Eye, Ear, Nose and its first aid ” and 2(0.04%) subjects had inadequate knowledge on “types of wounds and its first aid”.Regarding drowning,choking,food poisoning and its first aid” most of the subjects 50(100%) had adequate knowledge.It is evident that the school teachers had improvement (94%) and the structured teaching programme was effective.

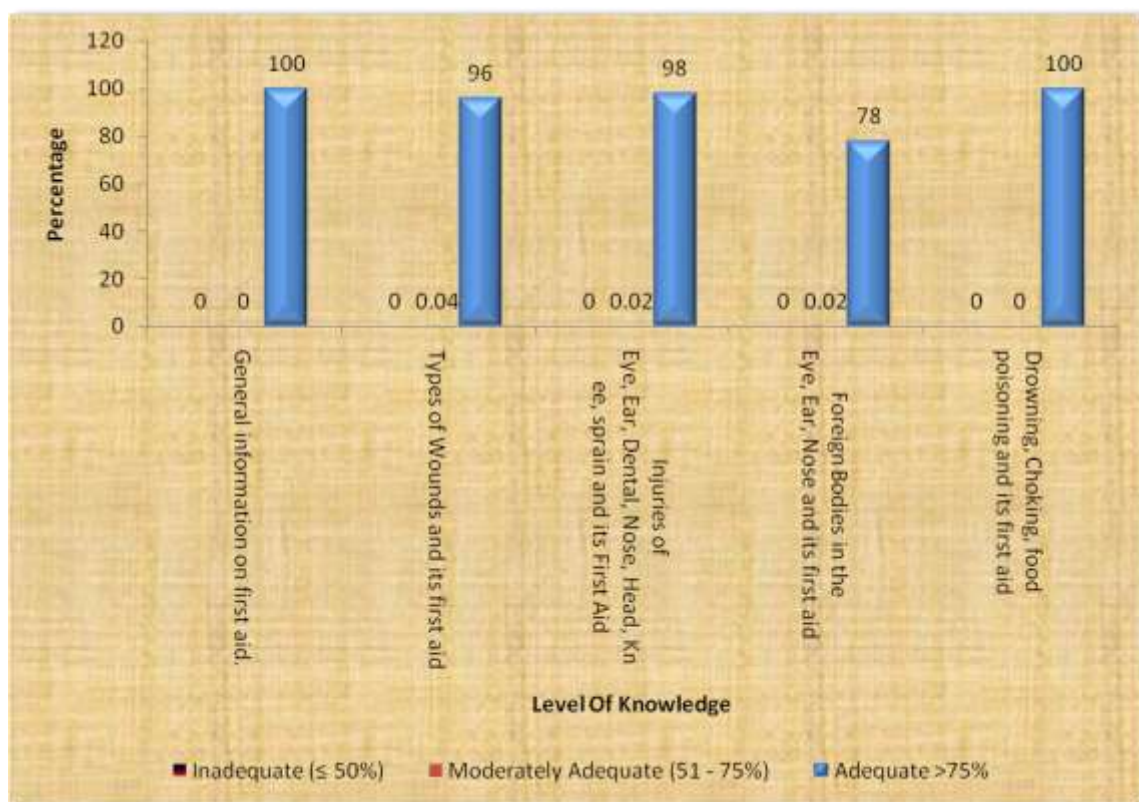


Figure 18: Frequency and Percentage distribution of level of knowledge in Post Test

Section IV: Comparison of knowledge scores on first aid measures among school teachers**Table-6: Comparison of pre and post test knowledge scores among school teachers on selected first aid measures.**

(n=50)

Area of knowledge	PRETEST	POST TEST	t – value
	Mean	Mean	
General information on first aid.	3.88	7	13.689 df = 49*
Types of wounds and its first aid.	2.380	7.98	33.614 df = 49*
Injuries of eye,ear,nose, dental,head, knee,sprain and its first aid.	4.06	11.86	28.93 df = 49*
Foreign bodies in the eye,ear,nose and its first aid.	2.74	5.14	12.12 df = 49*
Drowning, choking,food poisoning and its first aid.	1.48	4.72	21.219 df = 49*
Over All	14.54	36.70	59.24*

S = Significant, * = 0.05, ** = 0.01, * = 0.001**

The above table depicts that the obtained 't' value is 59.24 is greater than the table value 2.02 at the level of $P < 0.05$. Hence the H_1 hypothesis stating that there will be significant difference between pre and post test scores is accepted at $p < 0.05$.

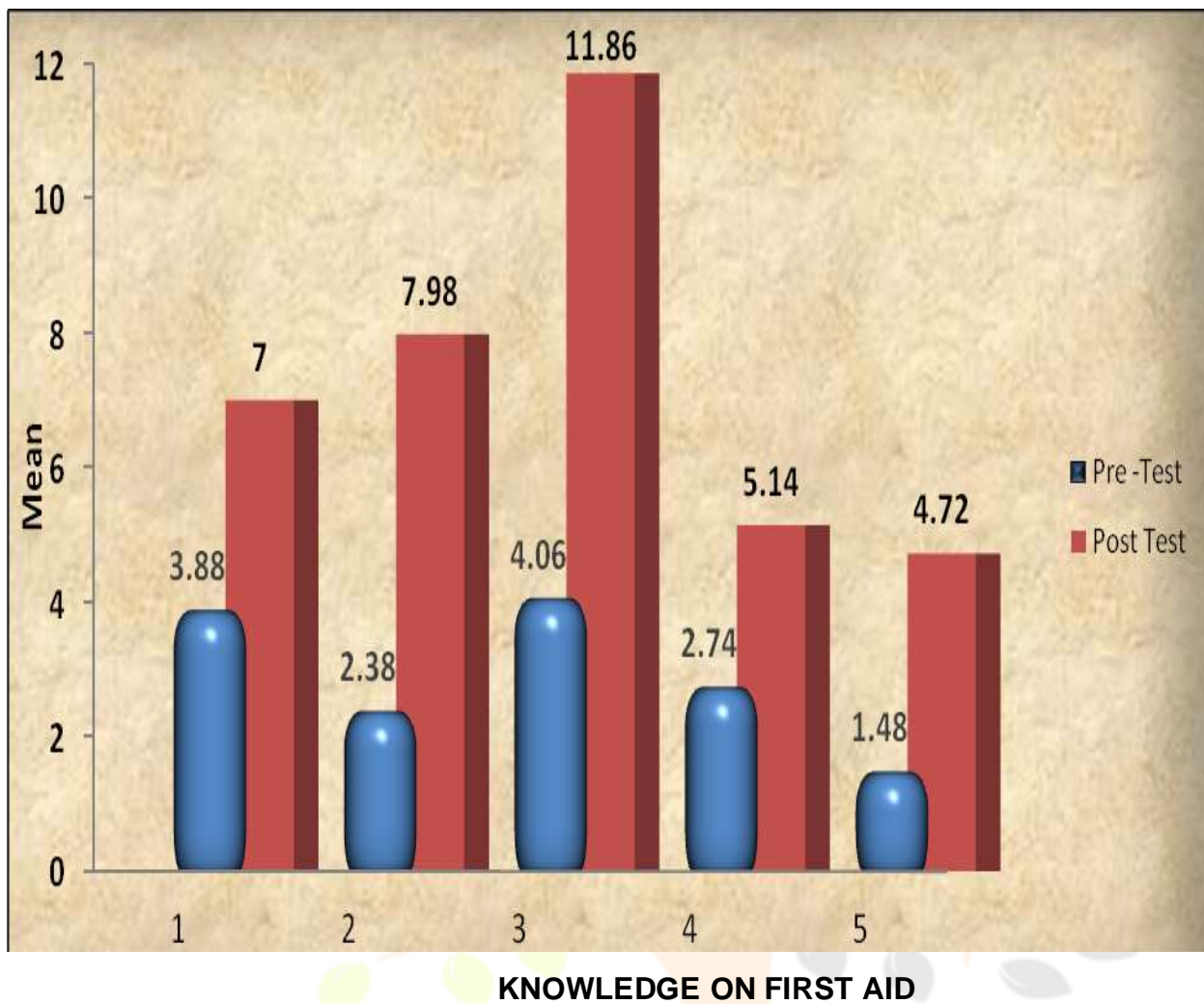


Fig 19: Comparison of pre and post test knowledge scores among school teachers on selected first aid measures

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SECTION V: ASSOCIATION BETWEEN POST TEST KNOWLEDGE SCORES AND SELECTED BACKGROUND VARIABLES

Table 7: Association between post test knowledge scores and selected background variables

(n=50)

Sl.No	Variables	Category	Total Score		Chi square	Inference
			< median	≥ median		
1	Age	21 – 30 years	4	5	4.588 (p>0.05) (df =3)	NS
		31 - 40years	7	9		
		41- 50 years	3	11		
		51- 60 years	7	4		
2	Sex	Male	5	4	0.828 (p>0.05) (df=1)	NS
		Female	16	25		
3	Religion	Hindu	4	10	2.352 (p>0.05) (df=2)	NS
		Christian	16	16		
		Muslim	1	3		
		Any Other	0	0		
4	Marital Status	Married	18	23	0.338 (p>0.05) (df=1)	NS
		Unmarried	3	6		
5	Educational status	B.A.B.Ed	6	12	6.378 (p>0.05) (df=4)	NS
		M.A..B.Ed	4	5		
		B.SC B.Ed	7	2		
		M.SC. B.Ed	3	8		
		Others	1	2		
6	Years of teaching experience	Less than 1year	4	5	2.016 (p>0.05)	NS
		2 – 5 years	4	6		
		6 – 10 Years	7	14		

Sl.No	Variables	Category	Total Score		Chi square (df=3)	Inference
			< median	≥ median		
		Above 10 years	6	4		
7	Had exposure to any training on first aid	Yes	3	2	0.739 (p>0.05) (df=1)	NS
		No	18	27		
8	Have experience of giving first aid to any victim	Yes	2	2	0.210 (p>0.05) (df=1)	NS
		No	19	25		

From the table 7, it is evident that the obtained chi-square value is 4.588, 0.828, 6.378, 0.739 were less than the table values and found to be not significant in relation to the background variables of age, sex, education status and exposure to any training on first aid at the level of $P>0.05$. Hence the research hypothesis H2 which states that there will be significant association between post test knowledge scores and selected background variables of school teachers was rejected and the null hypothesis i.e there will be no significant association between post test knowledge score with their selected background variables was accepted.

EPILOGUE

This chapter dealt with the description of frequency and percentage distribution of school teachers according to their background variables, range, mean, standard deviation and mean percentage of pre and post test knowledge score mean, standard deviation and 't' values of pretest and post test knowledge score between pretest and post test among school teachers, association between post test knowledge and selected background variables of school teachers.

CHAPTER-V

EPILOGUE, FINDINGS, CONCLUSION, DISCUSSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

EPILOGUE

The present chapter is devoted to the summary of the findings, limitations, interpretation of the results and recommendations that incorporate the implications of the study. The present study was conducted among school teachers working at St.Hannah's high school, Secunderabad. The aim of the study was to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers.

The objectives of the study

1. To assess the knowledge regarding selected first aid measures among school teachers by pre test.
2. To evaluate the effectiveness of structured teaching programme regarding selected first aid measures by comparing pre test and post test knowledge scores.
3. To find out the significant association between post test knowledge scores with their selected background variables

A Pre experimental study with a one group pretest – post test design was adopted for the study; non probability convenient sampling technique was used to select 50 school teachers working at St.Hannah's High school, Secunderabad. Data was collected using structured knowledge questionnaire during the month of June 2012.

For the present study, a structured knowledge questionnaire was prepared after validating its content with various experts in the field of nursing. The questionnaire was used to assess the knowledge of school teachers on selected first aid measures.

The structured questionnaire was divided into two parts, Part A consisted of back ground variables of the school teachers such as age, sex, religion, marital status, education, years of teaching experience, exposure to teaching experience, exposure to any training programme and experience of giving first aid to any victim.

Part B consisted of 40 multiple choice questions;

Section- I: consisted of seven items related to general information on first aid.

Section- II: consisted of nine Items related to types of wounds and its first aid.

Section- III: consisted of thirteen Items related to injuries of eye, ear, dental, nose, head, knee, sprain and its first aid.

Section- IV: consisted of six Items related to foreign bodies in the eye, ear, nose and its first aid

Section- V: consisted of five Items related to drowning, choking, food poisoning and its first aid

The tool was given for content validity to experts in the field of nursing and medicine. The reliability of the tool was checked by split half method (coefficient of correlation by Karl Pearson's formula). The results indicated that the tool was valid and reliable.

To find out the feasibility of the study and reliability of the tool, the pilot study was conducted on 8th May 2012 to 15th May 2012. The tool was found to be reliable and applicable for the main study. The data were analyzed with the help of descriptive and inferential statistics using SPSS version 10 and the findings were interpreted.

The main study was conducted from 2nd June 2012 to 9th June 2012. Data was collected from 50 school teachers and were organized, tabulated, analyzed with the help of descriptive and inferential statistics and findings were interpreted.

FINDINGS

Objective- I: To assess the knowledge regarding selected first aid measures among school teachers

The maximum percentage obtained by the subjects is 55.43% with standard deviation of 1.61 in 'General information on first aid' and the minimum mean percentage is 24.44 with standard deviation 0.92 in 'Types of wounds and its first aid'. The mean percentage of overall knowledge obtained by the subjects in pre test is 36.35 with standard deviation of 2.20. Only 2(2%) of school teachers had adequate knowledge, 10(18%) had moderate knowledge and 38(76%) had inadequate knowledge.

The above findings are supported by a study conducted by Baser M, Cabon S, Tasci S, Sungur G, Bayat M (2001) to evaluate the first aid knowledge of primary school teachers at Turkish primary Schools. Totally 312 teachers took part in the study, among them 65.1% of teachers gave incorrect answer regarding epistaxis, 63.5% for beestings and 88.5% for abrasion. The study reveals that most of the teachers do not have the correct knowledge about first aid and it was found out that as the age of the teacher's increases, appropriate first aid practice becomes more and more unlikely.

Objective- II: To evaluate the effectiveness of structured teaching Programme on selected first aid measures by comparing the pre test and post test knowledge scores.

The overall mean in pre test is 14.54 and in post test is 36.70. The Mean difference of the knowledge of school teachers was 22.16. The obtained 't' value 59.24 ($p < 0.05$) was significant. Hence it was inferred that school teachers have significant improvement in knowledge on selected first aid measures.

The above findings are supported by a study conducted by Jyothi M.S. (2000) on effectiveness of structured teaching programme on knowledge about AIDS and its prevention among pre university students in a selected college of Tumkur. The study revealed that the improvement mean score was 49.7 with 't' value 21.3, which shows that structured teaching programme is effective in improving the knowledge.

Objective- III: To find out the significant association between post test knowledge scores with their selected background variables

Chi square values was obtained to find the association between post test scores with their selected background variables with knowledge scores of school teachers were tested.

The selected background variables such as age, sex, religion, marital status, education, years of teaching experience, exposure to any training programme and experience of giving first aid to any victim.

It was revealed that there was no significant association between post test knowledge scores with their selected background variables.

DISCUSSION:

The present study attempted to assess the knowledge and to evaluate the effectiveness of structured teaching Programme (STP) of school teachers on selected first aid measures and found that most of the subjects 38 (76%) had inadequate knowledge in pre test and maximum number of subjects 47(94%) had adequate knowledge in post test. Significant perceived learning among school teachers took place in all aspects of structured teaching programme on selected first aid measures and concluded that structured teaching programme was effective in improving that knowledge of subjects on selected first aid measures.

School teachers have expressed that they have been enabled to reflect on their own performance at own pace and expressed active participation in learning process. Hence the developed structured teaching programme on selected first aid measures among school teachers is instructionally effective, appropriate and feasible. It can be used in schools to motivate and help the school teachers to update their knowledge in the aspects of selected first aid measures.

CONCLUSION:

This study was done to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers working at St.Hannah's high school, Secunderabad.

The following conclusions are made based on the findings of the study:

1. The knowledge of the school teachers was inadequate in the pre test.
2. There was significant association between pre test and post test knowledge scores
3. There was no association between the post test knowledge scores with their selected background variables

IMPLICATIONS

The findings of the study have the following implications.

The findings of the study have several implications in the fields of Nursing Practice, Education, Research and Administration. School teachers need special teaching programs to improve the knowledge on selected first aid measures.

Implications: The finding of the study can be used as follows:

Nursing practice

- ❖ Nurses working at emergency department should upgrade their knowledge in giving first aid.
- ❖ Periodic assessments regarding knowledge and practices of first aid should be done to the nurses working in the hospitals.

Nursing education

- ❖ The nurse educators should help the nursing students to acquire clinical skills and develop an ability to critically analyze nursing care situations and utilize problem solving approach to nursing practice.
- ❖ Teaching strategies such as demonstration, video assisted teaching can be used to improve the knowledge of nursing students.

Nursing administration

- ❖ Nurse administrators can plan staff development programs so that nurse practitioners in all the departments are kept informed about the skills of giving first aid.
- ❖ To update and reinforce the knowledge of staff nurses, a continuing nursing education department should be established to conduct regular inservice education programmes to nurses working in emergency department.
- ❖ Public awareness programmes and camps can be arranged by the nurse administrator.

Nursing research

- ❖ The study will be a valuable reference for future researchers.
- ❖ The findings of the study would help to expand the scientific body of professional knowledge upon which further research can be conducted.

Limitations:

1. The study was limited to the school teachers working in St. Hannah's high school.
2. The study is limited to samples of 50 only.
3. The study was limited to selected first aid measures only.

Recommendations

- ❖ The study can be conducted on larger samples
- ❖ The study can be done in different setting

- ❖ The same study can be done with an experiment research approach having a control group
- ❖ Comparative study can be done between rural and urban school teachers
- ❖ Comparative study can be done between primary school teachers and secondary school teachers

Epilogue:

In this chapter the investigator dealt with the various nursing implications of the study and limitations, as given conclusions and recommendations which the investigator experienced in the study.



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ANNEXURES

ANNEXURE -I

LETTER SEEKING PERMISSION FOR VALIDATION OF TOOL AND STP

From

J. Manikya Latha,
II year M.Sc. Nursing,
Eashwari Bai Memorial College of nursing,
Secunderabad.A.P.

To

Forwarded through

Principal

Eashwari Bai Memorial College of nursing,
Hyderabad

Sub: request for acceptance to validate the tool and STP

Respected madam/sir,

I am a post graduate student (medical- surgical nursing) of Eashwari Bai Memorial College of nursing. I have selected the below mentioned topic for research project to be submitted to DR. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA as a partial fulfillment of master of nursing degree.

TITLE OF THE TOPIC

“A Study to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers working at St.Hannah’s high school, Secunderabad,A.P”.

With regard to this, may I request your kind acceptance to validate my research tool by one week in this enclosed acceptance form. I would be obliged and thankful to hear from you.

Thanking you,

Enclosures

yours sincerely

Reply letter

Envelope

(J. Manikya Latha)

ANNEXURE -II

LETTER REQUESTING OPINIONS AND SUGESSTION OF EXPERTS FOR ESTABLISHING CONTENT VALIDITY OF TOOL AND STP

From

J. Manikya Latha
II year M.Sc. Nursing,
Eashwari Bai Memorial College of nursing,
Secunderabad,A.P.

To

Forwarded through

Principal

Eashwari Bai Memorial College of nursing,
Hyderabad

Sub: request for opinions and suggestion of experts for establishing content validity of tool and STP.

Respected madam/sir,

I am a post graduate student (medical- surgical nursing) of Eashwari Bai Memorial College of nursing. I have selected the below mentioned topic for research project to be submitted to DR. NTR university of health sciences, Vijayawada as a partial fulfillment of master of nursing degree.

TITLE OF THE TOPIC

“A Study to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers working at St.Hannah’s high school, Secunderabad,A.P”.

With regard to this, may I kindly request to due to validate my tool (structured questionnaire) and stp for its appropriateness and relevancy, I am enclosing the objectives of the study, the structured knowledge questionnaire along with the blue print, and criteria rating scale for your reference. I would be highly obliged and remain thank full for your great help if you could validate and send it as early as possible.

Thanking you,

yours faithfully
(J. Manikya Latha)

Enclosures

Objectives of the study

Structured knowledge questionnaire

STP

Rating scale

Date

Place: Hyderabad

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ANNEXURE -III

ACCEPTANCE FORM FOR VALIDATION OF TOOL AND STP

TOPIC:

“A Study to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers working at St.Hannah’s high school, Secunderabad,A.P”.

|-----

Would / would not agree upon in validating the tool.

Name:

Designation:

Signature:

Date:



ANNEXURE –IV

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the research tool and STP of MANIKYA LATHA II yr M.Sc. Nursing student who is undertaking a study on **“A Study to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers working at St.Hannah’s high school, Secunderabad, A.P”**.

Place:

Date:

signature of the expert

Name:

Designation:



ANNEXURE- V
LIST OF EXPERTS WHO VALIDATED THE TOOL AND STP

1. Mrs. Shamshad Begum,
Principal,
Govt. college of Nursing,
Hyderabad
2. Mrs. Gnana Lakshmi
Principal,
Yashoda College of nursing
Hyderabad
3. Mrs. Anitha
Dept .medical and surgical nursing,
AMS. College of nursing,
Hyderabad
4. Sis. Christine
Vice- principal,
Vijay Marie College of nursing,
Begumpet, Hyderabad
5. Prof. Haragopal
HOD. Statistics,
O.U,
Hyderabad
6. Mrs. Reddy Rani,
Principal,
Care college of nursing,
Hyderabad
7. Dr. karan,
Medical officer,
Sun shine hospital,
Hyderabad
8. Mrs. Sheba,
Dept . Medical and Surgical Nursing,
Govt. College of Nursing,
Hyderabad
9. Mrs. Valli,
Dept. Medical and Surgical Nursing,
Govt. College of Nursing,
Hyderabad
10. Mrs. Vanitha Vani,
Principal,
AMS. College of Nursing,
Hyderabad



ANNEXURE –VI

LETTER REQUESTING PERMISSION TO CONDUCT THE PILOT STUDY

From

The principal
Eashwari Bai Memorial College of Nursing,
Secunderabad, A.P.

To

Respected madam/sir,

Sub: letter for seeking permission to conduct pilot study

Miss J. MANIKYA LATHA is a post graduate student of our institution. She has selected the below mentioned topic for her research project to be submitted to Dr.NTR university of health sciences, Vijayawada, as a partial fulfillment of university requirement for award of masters of nursing degree.

Title of the topic:

“A Study to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers working at St.Hannah’s high school, Secunderabad, A.P”.

Regarding this project she is in need of your esteemed help and cooperation as she is interested in a study of her project in your institution. I request you to kindly permit her to conduct the proposed study and provide her the necessary facilities. The student will furnish future details of the study if required personally. Please do the needful and oblige.

Thanking you.

Place:

Date:

Yours faithfully,
principal

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ANNEXURE –VII

LETTER REQUESTING PERMISSION TO CONDUCT THE MAIN STUDY

From

The principal
Eashwari Bai Memorial College of Nursing,
Secunderabad, A.P.

To

Respected madam/sir,

Sub: letter for seeking permission to conduct the study

Miss.J.MANIKYA LATHA. is a post graduate student of our institution. She has selected the below mentioned topic for her research project to be submitted to Dr.NTR university of health sciences, Vijayawada, as a partial fulfillment of university requirement for award of masters of nursing degree.

Title of the topic:

“A Study to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers working at St.Hannah’s high school, Secunderabad, A.P”.

Regarding this project she is in need of your esteemed help and cooperation as she is interested in a study of her project in your institution. I request you to kindly permit her to conduct the proposed study and provide her the necessary facilities. The student will furnish future details of the study if required personally. Please do the needful and oblige.

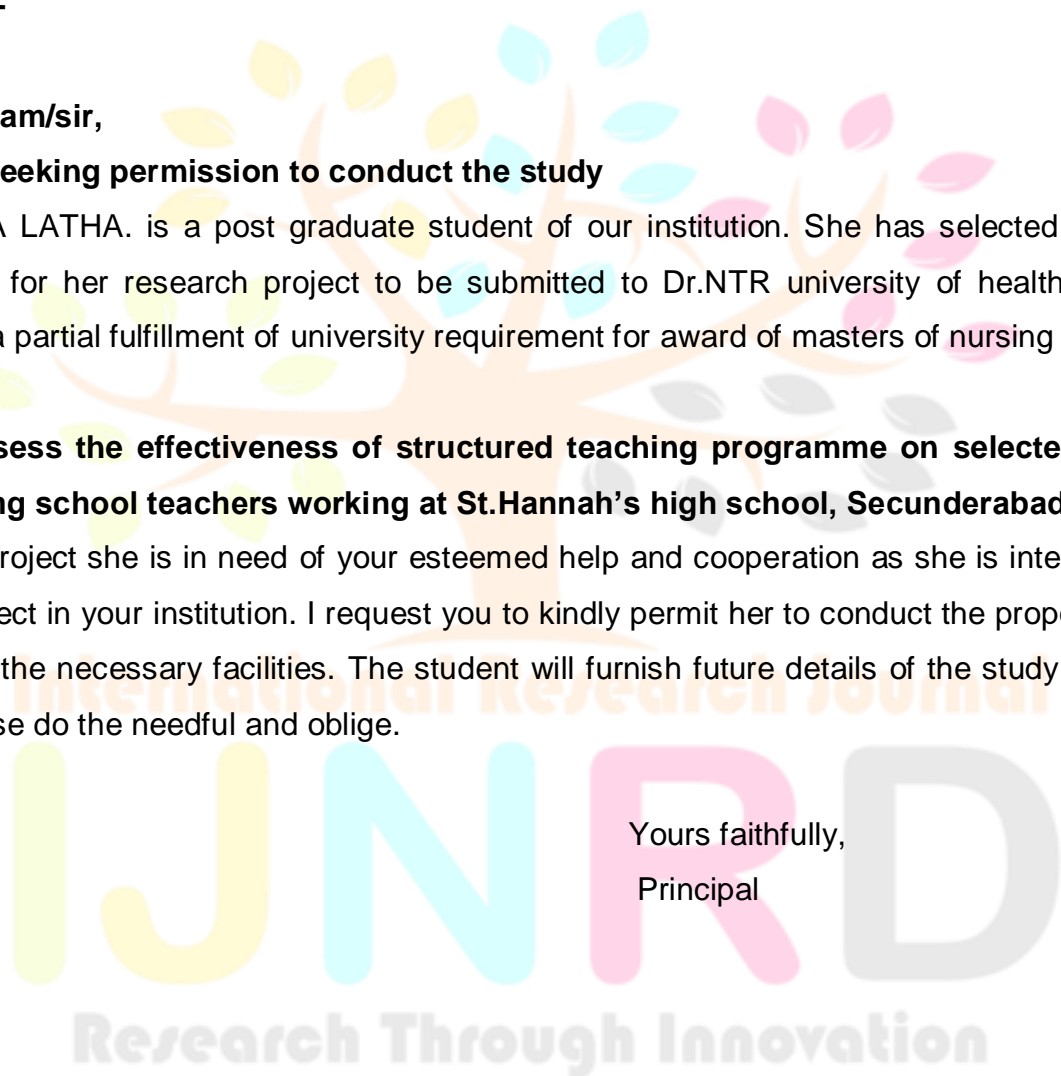
Thanking you.

Place:

Date:

Yours faithfully,

Principal



ANNEXURE –VIII

PARTICIPANT'S ACCEPTANCE FORM

Dear participant

I Miss. J.Manikya Latha, studying in II year M.Sc Nursing at Eashwari Bai Memorial College of Nursing, Secunderabad, Andhra Pradesh. I have taken up “**A study to assess the effectiveness of structured teaching programme on selected first aid measures among school teachers working at St. Hannah's high school, Secunderabad, A.P**” as a partial fulfillment of the requirement for Master of nursing degree from DR. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA. This helps in improving the knowledge of school teachers on selected first aid measures.

Hope you will co- operate with me for the same.

I request you to answer all the given questions with the most appropriate responses with regard to your situation. Kindly do not leave any question unattended. All the information provided will be kept strictly confidential.

Yours faithfully,
J.Manikya Latha

CONSENT FORM

I _____ here with consent for the above said study knowing that all the information provided by me would be treated with utmost confidentiality by the investigator.

Signature of the respondent

Name:

Address:

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TOOL – 1: STRUCTURED KNOWLEDGE QUESTIONNAIRE TOOL

QUESTIONNAIRE ON SELECTED FIRST AID MEASURES.

The structured knowledge questionnaire is developed to assess the knowledge on selected first aid measures among school teachers working at St.Hannah's high school.

The structured knowledge questionnaire consists of part A and Part B

PART A: Demographic data.

PART B: Knowledge on first aid measures. It is further divided into the following sections.

Section I: General information about First aid.

Section II :Types of wounds and its first aid.

Section III: Injuries of eye, ear, dental,nose, head, knee, sprains, and its first aid.

Section IV: Foreign bodies in the eye, ear, nose and its first aid.

Section V: Drowning, choking, food poisoning and its first aid.



STRUCTURED KNOWLEDGE QUESTIONNAIRE**Instructions**

Dear participants, following are some personal questions which I would like to ask you. Your answers will be kept confidential. Please place a tick mark (✓) against the appropriate column.

PARTICIPANT N.O :

DATE :

**PART – A
BACKGROUND VARIABLES**

1. Age ()

- a) 21 – 30 years
- b) 31 – 40years
- c) 41-50years
- d) 51-60years

2. Sex ()

- a) Male
- b) Female

3. Religion ()

- a) Hindu
- b) Christian
- c) Muslim
- d) Any Other

4. Marital Status ()

- a) Married
- b) Unmarried

5. Educational status ()

- a) B.A.B.Ed
- b) M.A..B.Ed
- c) B.SC B.Ed
- d) M.SC. B.Ed
- e) Others

6. Years of teaching experience ()
- a) Less than 1 year
 - b) 2 – 5 years
 - c) 6 – 10 Years
 - d) Above 10 years
7. Whether you have undergone any training on first aid ()
- a) Yes
 - b) No
8. Did you ever give first aid to any victim ()
- a) Yes
 - b) No

PART – B
SECTION I - GENERAL INFORMATION ON FIRST AID

Instructions

Dear participant, please read the following questions carefully and answer them to the best of your knowledge. Your response will be kept confidential. Please place a tick (✓) mark in the appropriate box against the correct answer. There is only one correct answer to each question

1. What do you mean by First aid? ()
- a. Treatment given to victim by doctors in hospital
 - b. Initial treatment given to victim before arrival of medical help
 - c. Measures taken to prevent accident
 - d. Treatment given to victim after shifting to ward
2. What is the main aim of first aid? ()
- a. To provide psychological support to the victim
 - b. To call the doctor
 - c. To save life of the victim

d. To reduce pain of the victim

3. Who is a First aider? ()

- a. A person who do not help the victim
- b. A person who does the medical assistance before reaching hospital
- c. A person who conducts training in first aid
- d. A person who does physiotherapy

4. What are the qualities of a good first aider? ()

- a. Observant, tactful and resourceful
- b. Gets anxious and calls the crowd
- c. Be slow in action
- d. Arrogant and rude to the victim

5. What is the main principle of First aid? ()

- a. Not responding to the victim
- b. Act calmly and logically
- c. Worsening of casualty condition
- d. None of the above

6. What is the first thing a first aider should consider when they approach an accident? ()

- a. Seeking for others help
- b. Call the crowd
- c. Ignoring the victim
- d. Ensuring and stabilizing the situation

7. Which are the common injuries seen in school children? ()

- a. Injuries related to convulsions
- b. Dog and snake bite
- c. Falls, Cuts and injuries
- d. Bee stings and mosquito bites

SECTION II TYPES OF WOUND AND ITS FIRST AID

8. What is an incision wound ? ()

- a. Wound that is caused due to Infectious diseases
- b. Wound that is contaminated by germs
- c. An injury caused by a pointed weapon
- d. An injury without bleeding

9. What is the cause of an incised wound? ()

- a. Bullets
- b. Knife or blade
- c. A stick
- d. Pieces of slate pencil

10. What is a punctured wound? ()

- a. Wound that is caused by a stab from pointed objects
- b. Wound that is caused due to blowing
- c. Wound that is caused due to scraping
- d. Wound that is caused due to exposure to chemicals

11. What is an infected wound? ()

- a. Wound which is contaminated by germs
- b. A closed wound with internal bleeding
- c. A closed wound without bleeding
- d. None of the above

12. What is a penetrating wound? ()

- a. Wound which bleeds internally and externally
- b. Wound which is contaminated by dust only
- c. Wound in which skin edges are jagged
- d. Wound which bleeds only externally

13. Which of the following symptoms would indicate internal bleeding?()
 - a. Headache and vomitings
 - b. Cold skin and pale face
 - c. Warm skin and shallow breathing
 - d. Excessive sweating and thirst
14. What would you do if victim has internal bleeding? ()
 - a. Apply heat to the injured area
 - b. Place him in flat position
 - c. Place the victim in a sitting position
 - d. Give fluids to drink
15. What is the immediate first aid measure to an open wound? ()
 - a. Do not touch the wound
 - b. Clean the wound and apply bandage.
 - c. Allow the wound to bleed
 - d. Clean the wound with a cloth or handkerchief
16. What would you do if a victim's body part torn or cut off? ()
 - a. Try to replace the torn off body part
 - b. Manipulate the torn body part
 - c. Wrap the torn body part with a clean gauze
 - d. Clean the torn body part under tap water

SECTION III

INJURIES OF EYE, EAR, DENTAL, NOSE, HEAD, KNEE, SPRAIN AND ITS FIRST AID

17. What are the common causes of injuries to eye, ear and dental in school children ? ()
 - a. Direct blows and falls
 - b. Infections
 - c. Choking and drowning
 - d. Contaminated water and food

18. What is the immediate first aid measure done to a victim with eye injury?
()
 - a. Put pressure on eye to stop bleeding
 - b. Cover both the eyes with bandage
 - c. Clean the eye under running water
 - d. Apply any ointment to the eye
19. Which of the following position is recommended to a victim with ear injury?
()
 - a. Lateral position to the injured side
 - b. Lateral position to the unaffected side
 - c. Supine position(flat position)
 - d. Kneel down position
20. What would you do if a victim has an ear injury? ()
 - a. Apply any ointment
 - b. Put a cotton ball to the affected ear
 - c. Apply a non- puffy pad lightly in the ear
 - d. Pour water into the ear
21. What is the first aid for a dental injury? ()
 - a. Place the tooth in ice water
 - b. Place a thin cotton ball in the socket and ask him to bite
 - c. Tell the victim to drink more water
 - d. Tell the victim to eat chocolates
22. What are the causes of nose bleed? ()
 - a. Head ache and fever
 - b. Indigestion and diarrhea
 - c. Abdominal pain and vomiting
 - d. Blowing the nose, removing out crusts and hair

23. What is the immediate first aid measure for nose bleeding? ()
- Pinch the bottom of the nose
 - Pour oil into the nose
 - Tell the victim to sneeze through the nose
 - Tell the patient to cough vigorously
24. Which is the most important sign and symptom of a serious head injury? ()
- Severe pain or pressure in the head
 - Loss of consciousness
 - Loss of vision
 - Head ache and giddiness
25. What is the immediate first aid measure to be done to a victim with head injury ? ()
- Check for breathing and level of response
 - Lay the victim and reassure him
 - Loosen the clothing
 - Shift the victim to a cool place
26. What is a fracture? ()
- A break in the continuity of the bone
 - A break in the continuity of the skin
 - An infected wound
 - Dislocation of joint
27. What is the first aid measure for knee joint fracture? ()
- Support the leg and knee in a comfortable position
 - Make the victim to walk
 - Try to replace the fractured part
 - Elevate the knee

28. What are the signs and symptoms of sprain? ()

- a. Severe pain on the neck and back
- b. Discoloration and pain on movements
- c. Tenderness in the muscles
- d. Loss of sensation to the muscles

29. Which of the following first aid measure to be done to a victim with sprain? ()

- a. Advise the victim to move the affected part
- b. Tell the victim to take more fluids
- c. Advise rest and elevate the injured part
- d. Shift the victim to the hospital

SECTION IV FOREIGN BODIES IN THE EYE, EAR, NOSE AND ITS FIRST AID

30. What are the signs and symptoms seen when a foreign body is in the eye? ()

- a. Bleeding from the eye
- b. Pain and irritation
- c. Double vision
- d. Loss of vision

31. What are the measures to be advised to the victim with a foreign body in the eye? ()

- a. Rub the eye vigorously with a handkerchief
- b. Try to remove the foreign particles with a matchstick
- c. Pour water into the eye
- d. Put pressure on the eye

32. What are the signs and symptoms seen when a foreign body in the ear? ()

- a. Swelling of the face and neck
- b. Pain and irritation in the ear
- c. Loss of sensation
- d. Excessive sweating and fainting

33. What is the immediate first aid measure done for the foreign body in the ear?
()
- a. Remove the foreign body with a safety pin or a wire
 - b. Pour hot water into the ear
 - c. Apply any ointment
 - d. Don't try to remove the foreign body
34. What are the signs and symptoms seen when a foreign body in the nose?
()
- a. Inability to breathe
 - b. Inability to speak
 - c. Inability to cough
 - d. Inability to smell
35. Which of the following step to be taken if a victim had a foreign body in the nose?
()
- a. Pour clean water into the nose
 - b. Blow the nose with one nostril closed
 - c. Put some cotton balls in the nose
 - d. Pinch the nose



SECTION V - DROWNING, CHOKING AND FOOD POISONING AND ITS FIRST AID

36. What do you understand by the term drowning? ()
- Accidental fall into a well or pond and inability to swim
 - Accidental fall in the play ground and inability to run
 - Accidental fall in the classroom and inability to walk
 - Accidental fall on the road and inability to walk
37. What is the immediate first aid measure done to a victim who has drowned ? ()
- Place the victim in a standing position to drain the water
 - Place the victim in a supine position to drain the water
 - Place the victim in a sitting position to drain the water
 - Place the victim in a prone position (face down) to drain the water
38. Describe the position you adapt for giving first aid to a choking victim?()
- Kneel down the victim
 - Side lying position
 - Standing behind the victim
 - Lying down position
39. Which of the following signs and symptoms seen in food poisoning?()
- Diarrhea, vomiting and fever
 - Dry and bloated appearance of the face
 - Head ache and giddiness
 - Skin rash and dry skin
40. What is the immediate first aid measure for food poisoning? ()
- Start giving artificial respirations
 - Give more water to drink
 - Give strong tea or coffee to drink
 - Make the victim to vomit by giving salt water

Blue print of Structured Knowledge Questionnaire on selected first aid measures among school teachers

Part A: Background Variables

Topic no	Knowledge items	Total no	Question no's
1	Background Variables	8	1-8

Part B: Knowledge Questionnaire

Section	Topic no	Knowledge items	Total no.of Questions	Question No.s
I	1	General information about first aid	7	1-7
II	2	Types of wounds and its first aid	9	8-16
III	3	Injuries to eye, ear, nose, dental, head, knee, sprain, and its first aid	13	17-29
IV	4	Foreign bodies in eye, ear nose and its first aid.	4	30-35
V	5	Drowning, choking , food poisoning and its first aid	5	36-40
Total			40	

SCORING KEY FOR STRUCTURED KNOWLEDGE QUESTIONNAIRE

PART- A: CODE FOR DEMOGRAPHIC PROFILE

S.NO	DEMOGRAPHIC PROFILE	CODE NO
1	Age 21-25 years 26-30 years 31-35years 36 and above	a b c d
2	Sex Male Female	a b
3	Religion Hindu Christian Muslim Any other	a b c d
4	Marital status Married Unmarried	a b
5	Educational status B A B.ed BscB.ed MA Bed Others	a b c d
6	Years of teaching experience Less than 1 year 2-5 years 6-10 years Above 10 years	a b c d
7	Did you ever give first aid to any victim Yes No	a b

PART- B SCORING KEY FOR KNOWLEDGE VARIABLES

S.NO	KNOWLEDGE ITEMS	TOTAL NUMBER OF QUESTIONS	TOTAL MARKS
1	General information about first aid	7	7
2	Types of wounds and its first aid	9	9
3	Injuries of eye,,ear, nose, dental, head, knee, sprain and its first aid.	13	13
4	Foreign bodies in the eye,ear,nose and its first aid.	6	6
5	Choking, drowning, food poisoning.. and its first aid.	5	5
	TOTAL	40	40

QUESTIONNAIRE KEY

QUESTION NO.	ANSWER
1.	b
2.	c
3.	b
4.	a
5.	b
6.	d
7.	c
8.	c
9.	b
10.	a
11.	a
12.	c
13.	b
14.	b
15.	b
16.	c
17.	c
18.	b
19.	a
20.	c
21.	b
22.	d
23.	a
24.	b
25.	a
26.	a
27.	a
28.	b
29.	c

QUESTION NO.	ANSWER
30.	b
31.	c
32.	b
33	d
34.	d
35.	a
36.	a
37	d
38	c
39	a
40	d

