

objectives of the study.

KEYWORDS: STP on first aid for selected minor elements likeminor cuts, foreign body in eye and ear. nose bleeding ,sprain ,primary school age children.

INTRODUCTION:

First Aid can be defined as the immediate treatment necessary for the purpose of preserving life and minimizing the consequences of injury or illness until expert medical assistance can be obtained. It also includes the initial treatment of minor injuries which will not need treatment by a medical practitioner.

First Aid has been given to wounded and sick people since ancient times. The idea of 'First Aid' was conceived by General Esmarch, a famous German surgeon. Formation of St. John ambulance association in 1877 was the beginning of an organized worldwide effort at giving First Aid. The Red Cross is a world wideorganisation. Red Cross Society of India was established in 1920. It has achieved a great improvement in health and prevention of disease. The objectives of First Aid is to offer assistance to anyone injured or ill before expert help from a doctor or nurse is available, or before an ambulance arrives. The aims of First Aid are threefold:

- Saving life by prompt and initial action;
- Preventing the injury from becoming worse;
- Helping recovery through reassurance and protection from further danger.

An Ideal first-aid kit should have:

A pair of gloves Scissors Sterile cotton Bandages & gauze pieces Antiseptic A ruler to use as a splint for fractures Muscle relieving cream or spray Crepe bandages A tourniquet to control profuse bleeding Band-aids for minor cuts An antibiotic cream like soframycin or betadine Ice packs

According to the **National safety council's** report (1952), on the location at which injuries occur, it was reported that 57% was school related injuries occurred in the school building, school play ground or while going or coming back from the school and only 43% were non-school injuries and occurred either at home or in public places. Immediate medical attention and early medical help is essential to reduce morbidity and mortality associated with such trauma.

The School children below 16 years of age are more prone to get injuries or trauma. Most common problems are minor cuts, sports injuries, eye injuries, and nose bleeding which often occurs. So First Aid should be known by a school going childrens to meet the urgent needs of these victim. If school going child know First Aid life could be saved, so there is need to train the school going childrens for First Aid measures.

Survey was conducted in Massachusetts among 87,000 children and adolescents during 1 year period (2015-2016) the survey describes the incidence of fatal &non fatal injuries among Massachusetts children and adolescents. Surveillance system for injuries at 23 hospitals captured 93% of all discharges for ages 0-19 in 14 communities under study. Sample data were collected on emergency room visits, hospital

admissions and deaths for all but a few causes of unintentional injuries. The overall incidence was 2,239 per 10,000. The True incidence rates are probably higher than those reported. The ratio of emergency room visits to admissions to deaths was 1,300 to 45 tol. Injury rates varied considerably by age, sex cause and level of severity. Age-specific injury rates were lowest for infants and elementary school age children and highest for toddlers and adolescents. The over all ratio of male to female injury rates was 1.66 to 1. Injuries from falls, Sports injuries and cutting and piercing instruments had a high incidence and low severity. Injuries from motor vehicles, burns and drowning had lower incidence but greater severity. Results provide evidence that both morbidity and mortality must be considered when determining priorities for injury revention. Current prevention efforts must be expanded to target injuries of higher incidence and within the adolescent population.

Baser M. (2017) conducted a study on Turkish students to evaluate the knowledge of First Aid among upper primary school childrens. Data were obtained using a questionnaire. It included 30 questions that help identify the students and determine their knowledge about First Aid **Result** : most of the students do not have knowledge about First Aid e.g. 65.1% of students gave incorrect answers regarding epistaxis, 63.5% for bee stings & 88.5% for abrasion. study showed that students did not have enough knowledge about First Aid.

OBJECTIVES OF THE STUDY:

- To assess the pre test level of knowledge among upper primary school age childrens regarding selected first aid for selective minor elements.
- 2. To assess the post test level of knowledge among upper primary school age childrens after structured teaching program on first aid for selective minor elements.
- 3. To find out the association between level of knowledge on first aid for selective minor elements among upper primary school childrens and selected demographic variables.

DETAILED RESEARCH PLAN:

Research Approach: Quantitative Approach.

Research Design: quasi experimental one group pre and post test design.

Research Setting: The setting of the study was conducted in upper primary school at C.Gollapalli near Tirupati

Sampling Technique: Non probability convenience sampling techniques was adopted for selection of the subjects.

Sample Size: The sample size of the study is 30 upper primary school

Description of the tool

The tool was developed with the help of extensive review from various Text books, Journals, Internet, discussion and guidance from Experts. It was divided into two parts.

Patr-1

It deals with the demographic data includingage, gender, mother tongue, father education, mothereducation, occupational status, religion, area of residence, previous knowledge on first aid, and income.

64

INDIAN JOURNAL OF APPLIED RESEARCH

Part-2

It deals with questionnaires.

 Table 3 regarding post test scores of 30 respondents
 2(6.7%) had

 average knowledge, 28(93.3%) had good knowledge.

Table 1 : Score Interpretation

Score level	Interpretation
Poor knowledge	1-10
Average knowledge	11-20
Good knowledge	21-30

RESULTS AND DISCUSSION

Description of demographic variables of among upper primary school age children

19(63.3%) of upper primary school age children to between 9-10 years

16(53.3%) of upper primary school age children were females

30(100%) of upper primary school age children were having mother tongue,

19(63.3%) of upper primary school age children were Hindus

15(50%) of upper primary school age children were father educational status is illiterate

11(36.7%) of upper primary school age children were mother educational status is illiterate

22(73.3%) of upper primary school age children were father occupation is labour

16(53.3%) of upper primary school age children were mother occupation is labour

22(73.3%) of upper primary school age children were lives in urban area

20(66.7%) of upper primary school age children were having previous knowledge on first aid

10(33.3%) of upper primary school age children were No source of information.

Table 2: Frequency and percentage distribution of pre and post test scores among upper primary school age children. Pre test score (N=30)

sl.no	Pre test scores	frequency	Percentage%
1	Poor knowledge	9	30
2	Average knowledge	19	63.3
3	Good knowledge	2	6.7
	Total	30	100

Table 2 .regarding pre test scores of 30 respondents 9(30%) had poor knowledge, 19(63.3%) had average knowledge , 2(6.7%) had good knowledge

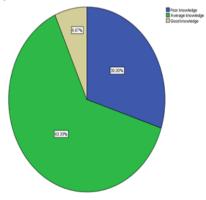


Table:3 Post test score (N=30)

s.no	Pre test scores	frequency	Percentage%
1	Poor knowledge	0	0
2	Average knowledge	2	6.7
3	Good knowledge	28	93.3
	Total	30	100

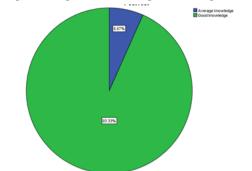


Table : 4 Comparison of Mean and Standard deviation of Pre & Post Scores on First Aid for selected Minor Elements among upper primary school age childrens.

Sl.no	N	Mean	Standard Deviation	Independent T-value
Pre_Scores	30	12.9333		Cal.12.065
Post_Scores	30	23.5000	1.99569	Tab.7.950****

The Pre Mean Score is observed as**12.9333** and Post Mean Score is **23.5**. The Pre Standard deviation is observed as**4.58584** and Post Standard deviation is 1.99569Up on applying the Paired sample t-test the T-value 7.950 is observed that to be significant at P<0.05. It indicates that there is effectiveness in Structured Teaching Programme on first aid for selected minor elements among upper primary school age childrens.

5. Implications of the Study

The scientific knowledge and skills level of job satisfaction among class IV workers and know their level of job satisfaction. The findings of the study have implications nursing education, nursing administration and nursing research.

Nursing Practice

This study helps to know the minor elements of school going children.

This study helps to know the infection and diseases suffering of class IV workers.

This study helps to provide good standards towards their health status.

Nursing Education

Educational programmes should emphasize more on first aide knowledge

Nursing Administration

Nursing administration should organize in service education / workshop/simulation/CNE/Seminar to assess the level of knowledge among upper primary school age children regarding first aid for selected minor elements

Nursing Research

Extensive research can be carried out to assess thelevel knowledge among upper primary school age children regarding first aid for selected minor elements

The study be valuable reference and pathway for future researcher.

Nursing recommendation:

- A similar study can be conducted in different community to find out the significant difference between rural and urban primary school teachers.
- A survey on knowledge of first aid management could be done among general public or on mothers.
- The same study can be conducted in the large sample size.

6. CONCLUSION

The study reveals that pre test level of knowledge on first aid for selected minor elements among upper primary school age children out of 30 respondents ,19(63.3%)respondents were had average knowledge,9(30%) respondents were had average knowledge. Regard the post test level

INDIAN JOURNAL OF APPLIED RESEARCH

65

of knowledge on first aid for selected minor elements among upper primary school age children out of 30 respondents ,28(93.3%)respondents were good knowledge,2(6.7%) respondents were had average knowledge. The obtained t value of 7.950 was highly significant at P<0.05 level.

REFERENCES

- Prakash c. First aid handbook.2nd edition.PrabhatPrakashanPublisher: 2006; 3-5. Dr. V ShashankParulekar. Textbook of First Aid.3rd edition.Vora Medical Publications: 1. 2.
- 2008; 1-5. 3. L.C.G. Manual of First Aid : Management of General Injuries, Sports and Common Ailments. 1st edition.Jaypee Brothers Medical Publishers : 2005; 147-148, 276-279.
- Salih R, M.J. Knowledge Level and Attitudes of Teachers towards Traumatic Dental Injuries. Ontario Communities.Canadian Journal of Public Health. 2005 Jan-Feb: Δ
- Hjuries, Ontario Communites, Canadaan Journal of Public Fleatin. 2003 Jan-Feb. 96(1):166-176. Latif A.H. Primary School Accidents Reporting. Pennsylvania Press Publishers: 3rd edition: 2009; 291-294. Berry C. FirstAid at Community.3rd edition.Bbury/ Penguin Publisher: 2008; 80-89. Nancy, Grove K.S. Understanding Nursing Research. 5th edition: Sounders Publishers: 2009;201-2019. 5.
- 6.
- 7. 2009:231-232