

“EFFICACY OF VIDEO ASSISTED DIRECTIVE ON KNOWLEDGE AND ATTITUDE REGARDING FIRST AID FOR SPECIFIC MINOR INJURIES”

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ABSTRACT

First Aid is a concept that provides immediate, accessible care to the person who is injured in an effort to prevent an infection and safeguard the life prior to the right treatment by the healthcare provider or attendees'-experimental design with quantitative research approach was used. 150 rural residents were selected by using non probability convenience sampling. 1. socio-demographic variables 2. Knowledge-questionnaires 3. Questionnaires for attitude Mean percentage of pretest knowledge was 44.13 ± 7.97 and posttest was 83.46 ± 6.37 . Mean percentage of attitude in pretest was 46.10 ± 14.52 and posttest was 54.05 ± 12.96 . In effectiveness of video assisted teaching vitality between pre and posttest knowledge ($t=44.53$, $p=0.0001S$), attitude score pre and posttest ($t=9.41$, $p=0.0001S$, $p<0.05$) In conclusion, Video Assisted Teaching Program has an impact on knowledge and attitude on first aid for selected minor injuries.

KEYWORDS: First aid, Minor injuries, Video assisted teaching program, Knowledge, Attitude

INTRODUCTION

In St. John Ambulance instigated first aid in 1879. In 1882 St. Andrew organized First Aid Organization in Scotland to reduce the suffering of the incapacitated. “In many contemporary classrooms, video-assisted learning is becoming a more popular strategic teaching method. Teachers are using educational videos more and more these days because they are a readily available resource and are easier to obtain than before. With sharing knowledge, it works as a mentor, an assessor, and a co-creator of information which makes Students life simpler. Nowadays, students prepare presentations and projects utilizing a variety of software and tools rather than pen and paper. However, more controversy and debate accompany increased screen time. Using videos in lessons is the essence of video-assisted learning. But as technology has developed, the relationship between students and teachers has also changed. Although movies, television, and videos are nothing new, how we might make them more effective for learning is. Videos can improve a student's performance on many fronts, including academics, social skills, and emotional health. Videos can provide students a completely new world, even if the scope is still quite limited. The majority of users have been able to assimilate information in a natural way because to the visual and aural combinations in the videos. Usually, someone with rudimentary medical expertise administers first aid. You ought to offer immediate care to sick or ill person until forthcoming treatment.

MATERIALS AND METHODS

Study Design and Procedure

A pre-experimental design with a quantitative research approach was used in this research in order to assess how a video-assisted teaching program impacts knowledge and attitude of rural community in a selected area of Pune city regarding first aid for selected minor injuries.

Study Participants and Sampling

- The total sample size was 150 rural residents. The non-probability convenience sampling technique helped to select the participants.
- Study Instrument: 1. Socio-demographic variables, 2. Knowledge-based questionnaires were used to gather the data. 3. Questionnaires that focus on attitude

DATA ANALYSIS

- Pre-test, video-assisted teaching, and post-test was every part of the research. Descriptive statistics, paired t tests, and f tests were used when analyzing the data.

RESULT AND ANALYSIS

- A total of 150 samples were selected for the study from among rural community of selected area of Pune city.

I. Section A: demographic variable

Table: 1 Rural Community Based on Their Demographics in Percentage N-150

Demographic Variables	No. of rural community	Percentage (%)
Age(yrs.)		
25-35 years	27	18
36-45 years	21	14
46-55 years	25	16.7
56-65 years	77	51.3
Gender		
Male	77	51.3
Female	73	48.7
Occupation		
Farmer	19	12.7
Employed	32	21.3
Housewife	34	22.7
Student	18	12.0
Retired	25	16.7
Unemployed	22	14.7
Attended any workshop of first aid		
Yes	39	26
No	111	74
Educational Status		
Primary	20	13.3
Secondary	46	30.7
Higher	54	36.0
Diploma	30	20.0
Graduation	0	0
Type of family		
Joint	81	54.0
Nuclear	69	46.0

II. Section: B Assessment of Level of Knowledge And Attitude of First Aid for Selected Minor Injuries Among Rural Community from Selected Area of Pune City

Table: 2 Knowledge Level Score N=150

Knowledge Level	Score Range	Pretest	
		Pretest	Posttest
Poor	0-25% (1-5)	3(2%)	0(0%)
Average	26-50% (6-10)	126(84%)	0(0%)
Good	51-75% (11-15)	21(14%)	27(18%)
Very Good	76-100% (16-20)	0(0%)	123(82%)
Minimum score		5	14
Maximum score		13	20
Mean knowledge score		8.82±1.59	16.69±1.27
Mean % Knowledge Score		44.13±7.97	83.46±6.37

Table 3. Level of Attitude Score N=150

Level of attitude	Score Range	Pre-Test	
		Pre-Test	Post Test
Strongly Disagree	0-20%	1(0.67%)	1(0.67%)
Disagree	21-40%	56(37.33%)	23(15.33%)
Neutral	41-60%	68(45.33%)	82(54.67%)
Agree	61-80%	21(14%)	38(25.33%)
Strongly Agree	81-100%	4(2.67%)	6(4%)
Minimum score		20	20
Maximum score		88	96
Mean attitude score		48.41±15.25	56.75±13.60
Mean % Attitude Score		46.10±14.52	54.05±12.96

III. Section: C Evaluation of the Impact of A Video-Assisted Teaching Programme on Rural Residents From A Particular Area of Pune City's Knowledge And Attitudes About First Aid for Certain Minor Injuries

Table: 4 Significance of Knowledge Score Difference between Pre- and Post-Test for Rural Community N=150

Overall	Mean	SD	Mean Difference	F-value	p-value
Pre-Test	8.82	1.59	7.86±2.16	44.53	0.0001 S,p<0.05
Post Test	16.69	1.27			

Table: 5 Significance of the Attitude Score Difference between the Rural Community's Pre- and Post-Test There Is Difference in Mean Score of Attitudes Pre and Posttest.

Overall	Mean	SD	Mean Difference	F-value	P-value
Pre-Test	48.41	15.25	8.34±10.85	9.41	0.0001 S,p<0.05
Post Test	56.75	13.60			

IV. Section: D Association of Demographic With Level of Posttest Knowledge Score and Attitude Score

Table: 6 Result of Paired T-Test

Demographic variable	Knowledge Score		Attitude Score	
	F-value	P -value	F-value	P-value
Age	15.14	0.0001 S, p<0.05	0.16	0.92 NS,p>0.05
Gender	0.84	0.39 NS,p>0.05	1.86	0.064 NS,p>0.05
Occupation	1.50	0.19 NS,p>0.05	1.04	0.39 NS,p>0.05
Attended workshop on		0.04 S, p<0.05	2.14	0.036 S,p<0.05
Education	1.54	0.20 NS,p>0.05	0.99	0.39 NS,p>0.05
Type of family	0.02	0.98 NS,p>0.05	1.78	0.077 NS,p>0.05

DISCUSSIONS

The study's results are detailed in the section below. In this study, the knowledge and attitude posttest scores about first aid for a selected minor injury, like dog bites, epilepsy, honey bee bites, etc., were significantly higher than the knowledge and attitude pretest scores. The mean score for knowledge and attitude in pretest was 8.82±1.59, 48.41±15.25 and in posttest the knowledge and attitude score were 16.69±1.27,56.75±13.60. Thus, it shows that the video assisted teaching program was effective on selected minor injuries.

Mr. Vikas Choudhary and Mr. Yogesh Yadav (2018) contributed support for the current study to determine primary school teachers' knowledge of "first aid" for selected minor injuries among primary school students. The study thus indicates the program's significant success in improving primary school teachers' knowledge of first aid for selected minor injuries among primary school students.

According to the study by Mürüvvet Başer, Sultan Taşci, et.al (2007) knowledge and attitudes of primary school instructors on first aid It was discovered that 63.5% of teachers answered incorrectly about bee stings, 63.1% incorrectly about epitisis, and 88.5% incorrectly about abrasion. They ultimately concluded that teachers completely lack the required skills and attitudes for providing first aid.

CONCLUSIONS

This research was carried out for the purpose of evaluating knowledge and attitudes of the rural people in a particular area of Pune city regarding first aid for specific minor injuries. The findings from this research show that people in rural communities have minimum attitudes and knowledge about first implement.

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