A Study to Assess Knowledge and Attitude Regarding Selected First Aid Measures among Anganwadi Teachers In Selected Rural Community of Bangalore

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ABSTRACT

Background: Long ago, Henry Sigerist, the medical historian stated that "the people's health ought to be the concern of the people themselves. They must struggle for it and plan for it. The war against disease and for health cannot be fought by physicians alone. It is a people's war in which the entire population must be mobilized permanently[1]".The main objective of providing first aid is to reduce suffering, promote healing process and prevent damage. [2] Often, the knowledge regarding first aid reported is poor and disintegrated.[3] Incorrect practices and myths associated with illnesses and injuries have also been reported among people living in community.[4]

Objectives: 1**.** To determine the existing knowledge of Anganwadi teacherstowards first aid measures. 2. To determine the attitude of Anganwadi teachers towards first aid measures.3. To determine the association between knowledge with the selected demographic variable

Methods: Quantitative, Descriptive study was conducted in anekal rural at Bangalore. The convenient sampling was used for the study. The knowledge questionnaire and attitude scale were distributed among 90 anganwadi teachers. The data were analyzed by using descriptive, inferential statistical methods.

Results: Demographic description of samples by frequency and percentage shows that majority of the samples (47)52.2% belong to the age group of above 36 years, (45)50% of the samples were scondary education & (57) 63.3 % of the samples were above 7 years of experience and (36)40 % of anganwadi has above 30 children's in the centre and (80)g88.9 % were not had information about first aid measures.Distribution of knowledge scores regarding first aid measures showthat (15)16.6% of nurses had poor knowledge , whereas (75) 83.3 % of anganwadi teachers had average knowledge.Attitude scores show that (9)10% of anganwadi teachers had unfavourableattitude and (81)90% of anganwadi teachers hadfavourable attitude regarding first aid measures. There was significant association between knowledge and age at p < 0.05.

Conclusion: The findings of the study indicated that majority anganwadi workers are having inadequate knowledge on first aid measures. Since most of the under five children go to Anganwadi every day and accidents rate are more in under five children such as burns, drowning, road traffic accidents, poisoning so it is the responsibility of the Anganwadi worker to aware about first aid measures. There is a need for the heal personnel to take active part in organizing a proper and regular educational programme about first aid measures, to make awareness in the community and health workers who involved in community service.

Keywords: Assess, First aid, knowledge, Attitude, Anganwadi workers (AWWs).

I. INTRODUCTION

In pursuance to the national policy for children, the Government of India launched the Integrated Child Development Services (ICDS) Scheme, which was introduced on experimental basis on 2nd October 1975.

ICDS today represents one of the world's largest programmes for early childhood development. ICDS Scheme is the most comprehensive scheme of the Government of India for early childhood care and development. It aims at enhancing survival and development of children from the vulnerable sections of

the society. First aid is defined as the assessments and interventions that can be performed by a bystander (or by the victim) immediately with minimal or no medical equipments[5].The main objective of providing first aid is to reduce suffering, promote healing process and prevent damage. [2]

A study was done on evaluation of non-formal preschool education services provided at anganwadi centers. The result was that more than half of children (80%) attending anganwadi were in the age group of 1 to 3 years and rest were in 3 to 6 years group also 60 % were male and 40% were female all the children spend 3 to 4 hours per day in anganwadi center.[8] Towards achieving these objectives a package of service through the Anganwadi Workers at the village center level called Anganwadi. In India 20 million children's are served by the Anganwadi in a year. There is an Anganwadi worker for every 1000 population in rural and 700 in tribal ICDS blocks. In Karnataka there are 40,600 Anganwadi centers are there and in Bangalore 2000 Anganwadi centers are there. [9]

The studies related to the first aid showed that consciously and timely first aid applications lowered mortality rates significantly. Fifteen to eighteen percent of deaths as a result of injuries can be prevented by consciously applied first aid practices. For instance, it was reported that giving the patient right position could lower mortality rate as much as 10%.[7] In addition to life saving results of first aid, effective and timely first aid practices also prevent the disabilities. The First Aider should have a positive attitude and be prepared to help the casualty. The First Aider should also have adequate knowledge and skills about what he is doing, and be encouraging and reassuring to the victims.[4]

II. METHODS AND MATERIAL

A. The objectives of the study were:

- ➢ To determine the existing knowledge of Anganwadi teachers towards first aid measures.
- ➢ To determine the attitude of Anganwadi teachers towards first aid measures.
- ➢ To determine the association between knowledge with the selected demographic variable.

B. Hypotheses

The hypothesis will be tested at 0.05 level of significance
- H_1 : There will be a significant association between knowledge on first aid measures with selected demographic variables among anganwadi teachers.

Research approach: Quantitative approach.
Research design: Descriptive design.
Research setting: Selected Rural Community of Bangalore.
Variables: knowledge and attitude.
Population: Anganwadi teachers.
Sampling Technique: Convenient Sampling Technique
Sample and sample size: sample comprised of 90 anganwadi teachers from selected rural community, Bangalore.

C. Sampling Criteria

a. Inclusion criteria: who are
- ■ willing to participate in study
- ■ able to read and write Kannada.
b. Exclusion criteria:
- ■ Who are not willing to participate in the study
- ■ previously sensitized with similar study for last 3 months.

D. Data Collection Tool & Scoring Technique

- • Based on the objective of the study a structured questionnaire will be prepared which will have three Parts.
- • **Section I: questionnaire to assess the socio-demographic characteristics of anganwadi teachers.**
  Demographic Proforma consist of age, educational qualification, previous experience, number of children's in the anganwadi and previous information.
- • **Section II: Structured interview schedule to assess the knowledge regarding selected first aid measures among anganwadi teachers:**
- • It consist of 20 items which of following areas such as introduction about first aid, fever,

wounds (minor injuries such as cut and abrasion, wound with external bleeding),bleeding nose and foreign bodies aspirations.

- Each correct answer was given a score of one and wrong answer zero.
- The level of knowledge has been classified as:

  Poor < 33%

  Moderate -34-66%

  Good > 67%

- **Section III: Attitude scale to assess the attitude regarding selected first aid measures among anganwadi teachers.**

- The scale is divided into two area namely general information and personal opinion.
- The highest score of each item was '5' and lowest score was 1 the total score was 5.
- The level of attitude has been classified as:

  Favorable attitude (>50%)

  Unfavorable attitude (<50%)

Procedure for data collection:

- Permission from Medical Officer

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- Permission from Block Extension Officer (Educator)

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- Obtained informed consent from anganwadi teachers

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- Issuing the tool for collecting the information regarding demographic variables, knowledge and attitude

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- Each subject took 10-15 minutes to complete the interview

E. Data Analysis Plan

To achieve the stated objective of the study, the data was analyzed by using descriptive and inferential statistics. The plan of data analysis was as follows:-

- Organize the data in a master sheet in Microsoft excel.
- Frequency and Percentage for Demographic variables
- Mean, Mean percentage and Standard Deviation was used to determine the knowledge and attitude.

- Chi-square will be used to analyze the association of knowledge with selected demographic variables.

III. RESULT AND DISCUSSION

FINDINGS:

Section I : questionnaire to assess the socio-demographic characteristics of anganwadi teachers.

Table 1. Frequency and percentage distribution of sample characteristics**:** **n = 90**

Sl. no	Variables	Frequency	Percentage
1	**Age**		
a	20 - 25	6	6.7
b	26 - 30	16	17.8
c	31 - 35	21	23.3
d	36 and above	47	52.2
2	**Educational qualification**		
a	Higher primary	2	2.2
b	Secondary education	45	50.0
c	PUC	32	35.6
d	Degree	11	12.2
3	**Previous experience**		
a	below 1 year	1	1.1
b	1 to 3 years	10	11.1
c	4 to 6 years	22	24.4
d	above 7 years	57	63.3
4	**Number of children's in the anganwadi**		
a	below 10	9	10.0
b	11 to 20	32	35.6
c	21 to 30	13	14.4
d	31 and above	36	40.0
5	**Previous information.**		
a	No	80	88.9
b	Yes	10	11.1

Section B : Structured Questionnaire on Assessment of Knowledge Anganwadi Teachers

Objective-1: To assess the knowledge regarding selected first aid measures among anganwadi teachers

Table -2 Assessing the Level of Knowledge of Anganwadi Teachers Regarding Selected First Aid Measure

n=90

Level of knowledge	No of Respondents	
	Frequency (No)	Percentage %
Poor (<33%)	15	16.6
Average (above 33% to 66%)	75	83.3
Total	90	99.99

The above table shows that the level of knowledge of anganwadi teachers regarding selected first aid measure. Table shows that 15 (16.6%) of anganwadi teachers had poor knowledge , whereas 75 (83.3%) of nurses had average (above 33% to 66%) knowledge regarding selected first aid.

Table – 3 Overall Percentages, Mean and Standard Deviation of Knowledge of Anganwadi Teachers Regarding Selected First Aid Measure

n=90

Level of knowledge	Maximum Statement	Minimum Maximum Score	Mean	SD	Mean Percentage
Over all Knowledge	20	0-20	11.79	2.590	58.95

The above table shows that the mean and standard deviation of the level of knowledge obtained by anganwadi teachers regarding selected first aid. Table shows that the percentage of the anganwadi teachers regarding selected first aid measures was 58.95 with overall mean 11.79 and standard deviation 2.590.

Section C: Attitude scale to assess the attitude regarding selected first aid measures among anganwadi teachers.
Objective-2: To assess the attitude regarding selected first aid measures of anganwadi teachers.

Table -4 Assessing the level of attitude of anganwadi teachers regarding selected first aid measures:

N=90

Level of Attitude	No of Respondents	
	Frequency (No)	Percentage %
Favorable attitude (>50%)	81	90
Unfavorable attitude (<50%)	9	10
Total	90	100

The above table shows that the level of attitude of anganwadi teachers regarding selected first aid measures. The table shows that 81 (90%) of anganwadi teachers had favorable attitude, whereas 9 (10%) of anganwadi teachers had unfavorable attitude regarding selected first aid measures.

Objectives 3 : To determine the association between knowledge with the selected demographic variable.

Table – 6 : Association between Knowledge regarding selected First Aid Measures with selected demographic variables of Anganwadi Teachers:

Sl.no	variable	Knowledge		X^2	df	Inference
		<33%	>33% - 66%			
1	Age: 20 – 25 26 - 30 31 - 35 36 and above	00 10 14 17	06 06 07 30	12.315	3	0.05 S
2	Education: Higher primary Secondary education PUC Degree	0 19 18 4	2 26 14 7	3.725	3	0.05 NS
3	Experience: Below 1 year 1 to 3 years 4 to 6 years above 7 years	0 5 13 23	1 5 9 34	3.164	3	0.05 NS
4	Information: Yes No	35 6	45 4	0.946	1	0.05 NS

Table-5 shows the association between knowledge regarding Nursing Informatics among staff nurses with their selected demographical variables, using Chi – square test. The analysis revealed that there is significant association was found with age at $p < 0.05$ and no association could be found with other demographic variables regarding first aid measures.

IV. CONCLUSION

This study shows that the level of first aid knowledge among anganwadi teachers who care for children was low, it also shows that they are interested in obtaining proper training. There is an urgent need to educate preschool staffs about first aid practices and the risk factors related to specific injuries.

Children constitute large sections of the population in India. It is a great challenge to the nation to provide health, education and food to the children below 15 years who are the dependant, unproductive section comprising 40% of the total population of the country (Census 2006).

Every citizen shares a responsibility of having basic first aid knowledge in case of emergency as we have to undergo such situations in our day today life. In terms of facilities, rural areas have been found lacking, putting the burden of immediate care following injury onto the caregiver of the child. Studies done in both developed and developing countries have demonstrated a lack in the knowledge of caregivers towards common problems occurring in childhood including the occurrence of injuries [6].

V. ACKNOWLEDGEMENT

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