

## A Study To Assess The Effectiveness Of Educational Intervention On Knowledge And Attitude Regarding First Aid Management Of Selected Medical Emergencies Among Adolescents At Selected School Of Changsari, Kamrup (R)

Ritisha Gogoi<sup>1</sup>, NiruDubi Jeram<sup>1</sup>, Jerifa Wahid<sup>1</sup>, Gengam Kamduk<sup>1</sup>, Queen baruah<sup>1</sup>, Chingre R Marak<sup>1</sup>, Aftarun Khanom<sup>1</sup>, Janali Basumatary<sup>1</sup>, Trishna Jyoti Khanikor<sup>1</sup>, Rashmi Rekha Das<sup>1</sup>, Christina Yanthan<sup>2</sup>, Nurbina Begum<sup>3</sup>

<sup>1</sup>B.sc Nursing 4<sup>th</sup> Year students, Arya Nursing College, Changsari, Kamrup, Assam.

<sup>2</sup>Assistant professor, Medical Surgical Nursing, Arya nursing College, Changsari, Kamrup, Assam

<sup>3</sup>Assistant professor, Medical Surgical Nursing, Arya nursing College, Changsari, Kamrup, Assam.

### Abstract

A descriptive study was conducted on “A study to assess the effectiveness of educational intervention on knowledge and attitude regarding first aid management of selected medical emergencies among adolescents at selected school of Changsari, Kamrup (R)” Assam where 77 students of class IX and X of DhopatariSilbharal High School were selected by Non-Probability Purposive Sampling Technique. The study findings revealed that mean pre-test and post-test knowledge score was 9.58 and 14.58 respectively and the standard deviation for the knowledge was 2.92 and 4.47 respectively. Prior to intervention the average knowledge was 72% which was increased to 74%.Majority (19%) had strongly agreed on positive statement i.e first aid is important to learn and most (13%) had strongly agreed on negative statement i.e home remedies is better than first aid. The effectiveness of educational intervention on knowledge regarding first aid management was measured by using paired t-test where t value is 10.12 which was greater than the tabulated value at 0.05 level of significance. There is a significant association between knowledge with demographic variable whereas knowledge regarding first aid management ( $X^2 = 4.57, P=0.05$ ) and previous training on first aid ( $X^2 = 4.57, P=0.05$ ) at 0.05 level of significance. There is a significant association between attitude score with selected demographic variable i.e gender ( $X^2 = 8.01, P=0.05$ ) and previous training on first aid management ( $X^2 = 5.93, P=0.05$ ) at 0.05 level of significance. From the findings of the present study, it was evident that the educational intervention was effective in imparting and improving the knowledge regarding first aid management. Most of the participants had knowledge on concept of first aid and less knowledge regarding the management of drowning. Most of the participants strongly agreed on a positive attitude factor that first aid can save someone's life and strongly disagreed attitude factor was first aid provides temporary relief till the professional medical help arrives. Most of the participants strongly agreed on the negative factor that home remedies is better than first aid management and strongly disagreed on negative factor that first aid is not a frontline treatment.

**Key Word:** Assess, Effectiveness, Educational intervention, Knowledge, Attitude, First- Aid, Medical Emergencies, Adolescents.

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### I. Introduction:

The main motive of first aid is to provide temporary relief to the individual who is suffering from health threatening injuries in order to save life, prevent further harm, promote early recovery till the professional medical help is available. In general school children are more prone to accidents and they have not enough knowledge to handle the sudden occurrence. Basic first aid training help the student to react to such situation to handle it efficiently and manage a wide variety of situations such as road traffic accidents, cuts, drowning, syncope, electric shock etc [1].Schools are the suitable place where proper education on the first aid management can be delivered effectively due to the inherent ambience of the institution which makes them more receptive to any type of educational training. Proper administration of first aid can mean the difference between life and death, rapid versus permanent disability[2]. School children with age groups of 10 -19 years are vulnerable to injuries and medical emergencies due to the higher level of involvement in sports and extracurricular activities. The concept of first-aid is to provide temporary and prompt assistance to an individual suffering from sudden illness or injury, till professional medical help is available[1]. Accidents and injuries rank

among the leading cause of morbidity and mortality worldwide. However, it is often possible to minimize injury and crash consequences by providing effective pre-hospital services promptly. Appropriate knowledge on prevention, control and management of common illness and injuries will play a long way in reducing the morbidity and mortality[3]. Students awareness about first aid and basic life support constitute of saving and protection from injuries. As injuries remain a threat to school students particularly in industrial secondary schools, therefore first aid and basic life support are important for them to be able to deal properly with these injuries[4]. Present study attempts to assess the effectiveness of educational intervention on knowledge and attitude regarding first- aid management of selected medical emergencies among adolescents students at Changsari.

#### **Need of the Study:**

Accidents and injuries are commonly observed incidents that cannot be omitted from someone's life. These injuries are usually handled by inexperienced bystander at the accident site. These injuries can result in serious medical complications if first aid is not administered properly and timely. Therefore, implementation of first aid is meaningful to victim in emergency[5]. According to the World Health Report, the burden of the disease due to injuries has increased from about 12% in 1990 to 15% in 2000 and expected to increase to about 20% by 2020. Injuries are the leading cause of death among children in the school going age all over the world. In the whole world, at least 875000 schools students aged below 18 years die because of unintentional injuries yearly and more than 95% of these death occur in countries with low and middle income level, more serious injuries have been reported at school[6]. Over 1.5 million adolescents and young adults aged 10-24 years died in 2019, nearly 5000 everyday. Unintentional injuries are the leading cause of death and disability among adolescents . In 2019 ,over 115000 adolescents died as a result of drowning is also among the top causes of death among adolescents more than 30,000 adolescents are estimated to have drowned in 2019[7]. According to state child protection society issued on may 2019 Assam ,Leading causes of death for people aged 15-29 year. are injury related including road traffic injuries, suicide, homicide, drowning, burn poisoning and falls. The common causes of unnatural accidents deaths are – road traffic injuries (37.3%), poisoning (7.8%), drowning (7.8%), railway accidents and rail road accidents (7.7%) and fire related deaths (6.8%)[8]. Providing of knowledge and training about correct management of injuries to students will help to improve their health knowledge which in return may lead to healthy and save life. They may be used as a change agent in family and community. So school should prepare student to meet these needs which includes assistance to victim, quick emergency response, care of their own safety and the safety of victims.To evaluate the effectiveness of educational intervention on knowledge regarding first aid management of selected ailments among the school children, experimental study was conducted by Dr.Sivapriya among 100 sample. It was found that 75% of the students have adequate knowledge[9]. This study on first aid management will help to improve knowledge and attitude of adolescents students regarding first aid management.

#### **Research Problem**

“A Study to assess the effectiveness of educational intervention on knowledge and attitude regarding first aid management of selected medical emergencies among adolescents at selected school at changsarikamrup(R)”.

#### **OBJECTIVES**

1. To assess the pre-test and post-test knowledge regarding first aid management of selected medical emergencies among adolescents at selected school of Changsari, Kamrup(R) Assam.
2. To evaluate the attitude regarding first aid management of selected medical emergencies among adolescents at selected school of Changsari, Kamrup(R) Assam.
3. To evaluate the effectiveness of educational intervention on knowledge regarding first aid management of selected medical emergencies among adolescents at selected school of Changsari, Kamrup(R) Assam.
4. To find the association between pre-test knowledge score with selected demographic variables among adolescents at selected school of Changsari, Kamrup (R) Assam.
5. To find the association between attitude score with selected demographic variables among adolescents at selected school of Changsari,Kamrup(R) Assam.

## **II. Materials and Methods**

**Research Approach:** Quantitative research approach

**Research design:** Quasi experimental pre-test post-test design.

**Research setting:** DhopatariSilbharal High School, ChangsariKamrup(R).

**Study population:** The accessible population for the study is IX and X students of DhopatariSilbharal, ChangsariKamrup(R).

**Sample Size:**77 Students of DhopatariSilbharal High School, ChangsariKamrup(R).

**Inclusive criteria:**

- School students who were willing to participate in the study.
- Both male and female students of the school.
- Those who have consent form from both the parents and participants.

**Exclusion Criteria:**

- School students who were absent during the time of data collection.
- Exposed to any educational programme related to first aid management.

Sampling Technique: Non-Probability Purposive Sampling Technique was used to collect data.

**Variables under study:**

**Independent variables:** Educational- intervention on first aid management (Lecture and demonstration).

**Dependent variables:** knowledge and attitude.

**Demographic variables-** The demographic variable of the study are, age, Gender, Place of residence, Year of study ,Religion , Knowledge regarding first aid management, Previous training in first aid , Source of information.

**TOOLS FOR DATA COLLECTION**

Development of the tool: based on the objectives of the study, the following tools were developed:

- Semi structured questionnaire to assess the demographic variables
- Self-structured knowledge questionnaire to assess the knowledge on medical emergencies
- 5 Point Likert scale to assess the attitude.

**DATA COLLECTION PROCEDURE**

The following steps were taken for the final data collection of our study.

**Step 1:** Formal permission was obtained from the Principal of DhopatariSilbharal High School, changsari, Kamrup(R) forwarded by Principal of Arya nursing college Changsari(R) on 12th August 2022 for Educational intervention (lecture cum demonstration).

**Step-2 :** An informed consent was distributed to the participants and participants parents on 11th August,2022, and it was collected back on 12th August before pre-test on 10:00 am.

**Step-3:** The day of data collection was on 14 th August 2022. After collecting the informed consent from the participants, the pre-test was conducted from 10:10 to 10:40am. Only those participants who brought the signed consent form were allowed to participate in the study.From 10:50am to 11:30am lecture cum discussion and demonstration was done.

**Step-4 :** After seven days, on the eight day i.e 21 th August 2022 the post test data collection was done from 10:00am to 10:30am.The participants were informed before hand about the time limitation for solving and filling up the post test questionnaire and attitude scale.

**Step-5:** Administration of research tool was done to assess the attitude and knowledge regarding first aid through the attitude scale and self structured knowledge questionnaire.

**Step-6:** After collecting the data,the collected data was compiled for further data analysis and interpretation.

**PLAN FOR DATA ANALYSIS**

The obtained data was analysed using descriptive and inferential statistics under the following section.

**SECTION A:**

Frequency and percentage distribution related to demographic variables of the participants.

**SECTION B:**

Findings related to pre-test knowledge score regarding first aid management of selected medical emergencies. • Mean • Median • Standard deviation • Frequency distribution • Percentage distribution

**SECTION C:**

Findings related to examine the pre –test and post- test attitude towards first aid management by computing: • Mean • Median • Standard deviation • Frequency distribution • Percentage distribution

**SECTION D:**

Finding related to effectiveness of education intervention on knowledge regarding first aid management by using paired t-test.

**SECTION E:**

Finding related to effectiveness of educational intervention on attitude regarding first aid management by using paired t-test.

**SECTION F:**

Finding related to association between pre- test knowledge score with selected demographic variables by using chi square test.

**SECTION G:**

Finding related to association between pre- test attitude score with selected demographic variables by using chi square test.

**III. Result**

SECTION A: Findings related to demographic variable This section represents data regarding frequency and percentage distribution of demographic variables such as age, gender, place of residence, class, religion, knowledge regarding first aid management, previous training in first aid and source of information.

n=77

DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
AGE		
12-13 Years	2	2%
14-15 Years	49	61%
16-17 Years	26	37%
GENDER		
Male	40	52%
Female	37	48%
PLACE OF RESIDENCE		
Urban	16	21%
Rural	61	79%
CLASS		
Class 9	38	49%
Class 10	39	51%
RELIGION		
Hindu	40	52%
Muslim	37	48%
KNOWLEDGE REGARDING FIRST AID		
Yes	75	97%
NO	2	3%
SOURCE OF INFORMATION		
Classroom	50	65%
Family	9	23%
Social media	18	12%
PREVIOUSLY ATTENDED TRAINING		
Yes	67	87%
No	10	13%

**Table 1 showing percentage distribution of participants according to their age ( in years ), gender, place of residence, class, religion, knowledge , source if information and previous training.**

Data presented in the table 1 shows that majority ( 61% ) of the participants belongs to the age group 14 - 15 years (37%) belongs to the age group of 16 – 17 years and remaining (2%) belongs to the age group of 12-13 year. Most of ( 52% ) samples are male and (48%) samples are females. Majority of the participants (79%) resides in rural area and remaining (21%) participants reside in urban area . Majority of the participants (79%) resides in rural area and remaining (21%) participants reside in urban area. Majority (52%) belongs to the religion of Hinduism and remaining (48%) belongs to Muslim religion. Majority of (97.40%) the participants had knowledge regarding first aid management and only(3%) of the participants did not have knowledge regarding first aid. Half of (64.93%) students source of information was classroom (23.3%) source of information was from friends/families and remaining source of (11.68%) information was from social. Majority (87%) of the participants had previously attended training on first aid and remaining (13%) had not attended any training on first aid.

**SECTION B: Analysis to examine the pre-test and post-test knowledge score regarding first aid management**

This section represents the description of knowledge regarding first aid management of selected medical emergencies among adolescent students

**Table 2. Comparison between mean, median and standard deviation of knowledge score**

n=77

Knowledge	Mean	Median	SD
Pre-test	9.58	10	2.92
Post-test	14.58	15	4.47

Data represented in the table 2 shows the mean pre-test and post-test knowledge score which was 9.58 and 14.58 respectively. The median score of pre-test and post-test knowledge score was 10 and 15 respectively. The standard deviation of pre-test and post-test was 2.92 and 4.47 respectively. Therefore, this indicates that there is a significant change in mean score of knowledge , which is evident from the increased post-test mean score i.e 14.58.

**Table 3: Frequency and percentage distribution of first aid management among the adolescents according to their levels of knowledge score.**

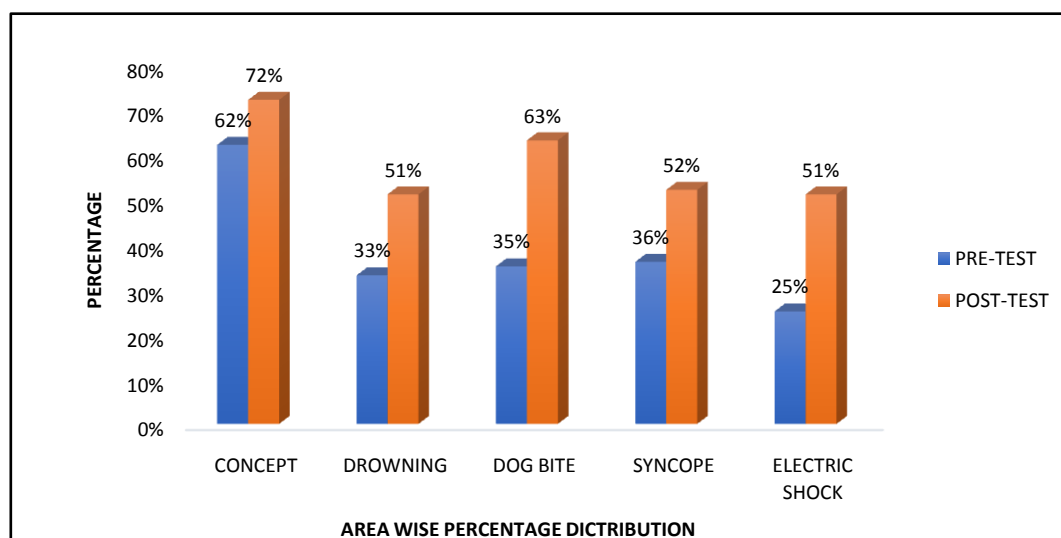
n=77

Knowledge level	Pre-test		Post-test	
	Frequency(f)	Percentage%	Frequency(f)	Percentage %
Good ( $\leq 20$ )	6	8%	4	6%
Average (11-20)	56	72%	57	74%
Poor ( $\geq 11$ )	27	35%	16	20%

Data represent in the table 3 shows that among the 77 participants in the pre-test knowledge score 56 (72%) had average knowledge , 27 (35%) had poor knowledge and remaining 6 (8%) had good knowledge. Whereas, in the post-test knowledge score, 57 (74%) had average knowledge , 16 (20%) had poor knowledge score and remaining 4 (6%) had good knowledge score.

**SECTION C: Findings related to area wise percentage distribution of pre-test and post-test knowledge score**

n=77



**Figure4 : Bar diagram showing area wise percentage distribution of pre-test and post-test knowledge score regarding first aid management**

Data represent in figure 4 shows the pre-test and post-test score of area wise percentage distribution of knowledge regarding first aid management which indicates that the participants had higher knowledge in the area of concept of first aid management i.e 62% and 72% respectively and least knowledge in the area of electric shock i.e 25% and 51% respectively while the remaining area of knowledge on first aid management showed on average knowledge such as drowning 33% and 51% respectively. The data also shows that the participants showed a significant increased in the post-test knowledge score such as, the concept of first aid was 62% in pre-test which was increased to 72% in post-test, pre-test score regarding drowning was 33% which was increased to 51% , pre-test score regarding drowning was 33% which was increased to 51% , pre-test score regarding dog bite was 35% which was increased to 63%, pre-test knowledge regarding syncope was 36% which was increased to 52% , in pre-test knowledge regarding electric shock was 25% which was increased to 51%

Hence, it shows the participants had gained knowledge in the different areas of first aid management, which is evident from the increase in the post-test area wise percentage distribution of knowledge score.

**SECTION D: Findings related to attitude regarding first aid management**

This section represents the evaluation of attitude towards first aid management of selected medical emergencies

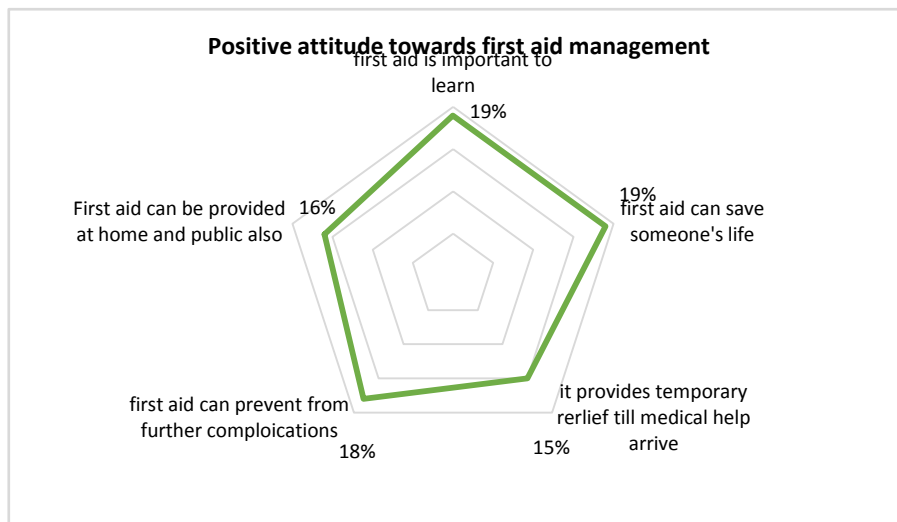
**Table 4 Comparison between mean, median and standard deviation of attitude score**

n=77

Variable	Mean	Median	SD
Positive Attitude	22.75	23	4.03
Negative Attitude	19.75	20	

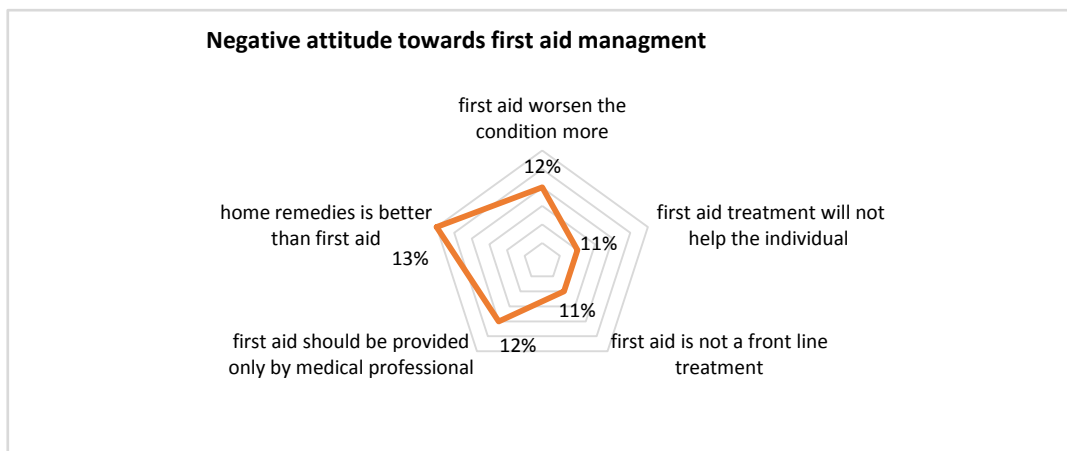
The data presented in table 4 shows that the mean score of positive attitude was 22.75 and median was 23 and standard deviation was 4.03. whereas mean score of negative attitude was 19.75 and median was 20.

n=77



**Figure 2: Radar diagram showing the percentage distribution of positive attitude score towards first aid management.**

n=77



**Figure 3: Radar diagram showing the percentage distribution of negative attitude score towards first aid management.**

**SECTION E: Findings related to effectiveness of educational intervention on knowledge regarding first aid management.**

**Table 5: Comparison between mean and standard deviation of pre-test and post-test knowledge score using paired t-test**

n=77

Variable	Intervention	Mean	SD	Paired 't' test	df	Tabulated value
Knowledge	Pre-test	9.58	2.92	10.12	76	1.665
	Post-test	14.58	4.47			

Data represent in the table 5 shows the comparison between mean and SD, the mean score of pre-test and post-test were 9.58 and 14.58 respectively. The standard deviation of pre-test and post-test skill were 2.92 and 4.47 respectively. Therefore it is evident from the above data that the mean post-test knowledge were higher than the mean pre-test knowledge score. It also shows that the calculated paired 't' value 10.12 was greater than the tabulated value ( $t_{76}=1.665$ ) at 0.05 level of significance. The pre-test mean knowledge score was 9.58 which increased to 14.58 in post-test, the pre-test SD was 2.92 which increased to 4.47 in post-test and the calculated 't' value was 10.12 which was greater than the tabulated value ( $t_{76}=1.665$ ).

Hence, it is evident that the educational intervention regarding first aid management was effective in imparting knowledge regarding first aid management of selected medical emergencies

**SECTION F: Analysis to find the association between pre-test knowledge score with selected demographic variable.**

This section represents the association between pre-test knowledge score with selected demographic variables

**Table 6: Association between pre-test knowledge score with selected demographic variables**

n=77

Association between pre-test knowledge score with selected demographic variable						
Demographic variable	Median ≤10	Median ≥ 10	df	X <sup>2</sup>	Tabulated value	Remarks
<b>Age</b> 12-13 years 14-15 years 16-17 years	1 23 10	1 25 16	2	0.757	5.99	NS
<b>Gender</b> Male Female Others	37 40 0	18 20 0	1	0.012	3.8	NS
<b>Place of residence</b> Urban rural	10 26	6 35	1	1.99	3.84	NS
<b>Year of study</b> Class 9 Class 10	22 14	16 25	1	3.22	3.84	NS
<b>Religion</b> Hindu Muslim Christianity	20 16	20 21	1	0.33	3.84	NS
<b>Knowledge regarding first aid management</b> Yes no	35 2	31 9	1	4.57	3.84*	S*

<b>Previous training on first Aid</b>						
Yes	35	31	1	4.57	3.84*	S*
no	2	9				
<b>Source of information</b>						
Classroom	23	27	2	0.046	5.99	NS
Social media	4	5				
family	8	10				

**S\*-Significant**

**NS-Not Significant**

**SECTION G: Analysis to find the association between attitude score with selected demographic variable.**

**Table no. 7 Association between attitude score with selected demographic variables**

Association between pre-test attitude score with selected demographic variable						
Demographic variable	Median ≤ 36	Median ≥ 36	df	X <sup>2</sup>	Tabulated value	Remarks
<b>Age</b>						
12-13 years	1	1	2	2.248	5.99	NS
14-15 years	33	16				
16-17 years	13	13				
<b>Gender</b>						
Male	23	14	1	8.01	3.84*	S*
Female	12	28				
Others	0	0				
<b>Place of residence</b>						
Urban	10	6	1	2.35	3.84	NS
rural	25	36				
<b>Year of study</b>						
Class 9	18	20	1	0.55	3.84	NS
Clas	15	24				
<b>Religion</b>						
Hindu	18	22	1	0.005	3.84	NS
Muslim	17	20				
Christianity						
<b>Knowledge regarding first aid management</b>						
Yes	34	41	1	0.018	3.84	NS
no	1	1				
<b>Previous training on first Aid</b>						
Yes	42	25	1	5.93	3.84*	S*
no	1	9				
<b>Source of information</b>						
Classroom	29	21	2	0.254	5.99	NS
Social media	6	3				
family	11	7				

**S\*-Significant**

**NS-Not Significant**

#### IV. Discussion

The findings of the present study shows that in pre-test most of the participants (72%) had average knowledge, (27%) of the participants had poor knowledge and (6%) of the participant had good knowledge level. And in post-test most of the participant had average knowledge (74%), few participants (20%) had poor knowledge and (6%) had good knowledge. Hence, the results shows that the knowledge of participants was increased after educational intervention. There was significant increase in knowledge (74%) after the intervention in this study, as observed in study by **Uddin salah.A.F.M et.al (2021)**[10] among secondary school students. This shows that the knowledge of an individual can be increased by introducing first session in their curriculum. It also shows the willingness of the participants to learn about first aid management. The findings of attitude score shows that maximum of (19%) participants had positive attitude that first aid is important to learn, maximum of (19%,18%,16% and 15%) participants believes that first aid can save someone's life, first aid can prevent further complications, first aid can be perform both at home and public and



first aid provides temporary relief till the medical help arrives respectively. The findings of attitude score shows that maximum of (13%,12%,12%,11% and 11%) participants had negative attitude that home remedies are better than first aid, first aid worsen the condition more, first aid should only be performed by health professionals, first aid treatment will not help the individual, and first aid is not a frontline treatment respectively. Positive attitude towards the importance of first aid management was still around 19% even after the intervention in this study which was not the case in the study by **Alahakoon.P (2020)**[11] among students in Sri Lanka, where the attitude changed considerably after intervention. This study shows that change in attitude of a person cannot be brought easily and it needs repeated reinforcements/intervention over a period of time. The findings in present study shows that the mean score of pre-test and post-test knowledge was 9.58 and 14.58 respectively. The standard deviation for pre-test and post-test knowledge was 2.92 and 4.47 respectively.. The calculated 't' value (10.12) is also greater than the tabulated value ( $t_{76}=1.665$ ) at 0.05 level of significance. The present study shows that the pre-test and post-test mean was 9.58 and 14.58 respectively, the standard deviation for pre-test and post-test was 2.92 and 4.47 respectively and the calculated 't' value (10.12) was greater than tabulated value which was also seen in the study by **Metok.T (2014)**[12] among non-medical students in Chennai where pre-test mean score was 18.07 with standard deviation of 7.26 and the post-test mean score was 36.13 with standard deviation of 14.52 and the calculated 't' value was 22.17 at 0.001 level of significance. This study shows that educational intervention is effective in enhancing the knowledge regarding first aid management

## V. Conclusion

From the findings of the present study, it was evident that the educational intervention was effective in imparting and improving the knowledge regarding first aid management. Most of the participants had knowledge on concept of first aid and less knowledge regarding the management of drowning. Most of the participants strongly agreed on a positive attitude factor that first aid can save someone's life and strongly disagreed attitude factor was first aid provides temporary relief till the professional medical help arrives. Most of the participants strongly agreed on the negative factor that home remedies is better than first aid management and strongly disagreed on negative factor that first aid is not a frontline treatment. It was concluded that changing someone's attitude within a short period of time is not possible.

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