A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING CARDIO PULMONARY RESUSCITATION AMONG STUDENTS IN GOVERNMENT DEGREE COLLEGE, KISHTWAR

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Abstract
Background of the study
Cardiopulmonary resuscitation (CPR) is a series of life-saving actions that improve the chances of survival, following cardiac arrest. Successful resuscitation, following cardiac arrest, requires an integrated set of coordinated actions represented by the links in the Chain of Survival. The objectives of the study were to assess the knowledge regarding CPR among students of selected degree college, kishtwar, to find out the association between knowledge scores with selected demographic variables (age, sex, source of information, previous knowledge about CPR) and to prepare an information booklet regarding CPR. Descriptive research design was used and 50 students were selected from Government degree college kishtwar by using Random sampling technique. The tools used were questionnaire.Chi square was calculated to find out the association between the knowledge scores and demographic variables of the degree students. Significant association was found between knowledge scores of degree students regarding Cardiopulmonary Resuscitation with their demographic variables such as Source of information (P<0.05). No significant association was found between knowledge scores of degree students regarding Cardiopulmonary Resuscitation with their demographic variables.
Key words:- *Assess, Effectiveness, Structured Teaching Programme , Cardiopulmonary Resuscitation, Knowledge, Students*

I. Introduction
(Prevention is better than cure)

In today's society, we thrive on performance, competition and perfection, which leads to an insidious increase in stress. Stress causes damage that is often underestimated, and it is a social phenomenon that should be closely examined and evaluated. Our ancestors used to say that work is health, but we now realize that this way of thinking is not so true anymore. These days, society and the workplace put an unparalleled level of pressure on people. The signs of stress are omnipresent, and its consequences are numerous. The stress that we experience every day is essentially caused by several phenomena that are inherent to today s society , including, among others intensified workload to increase productivity gains ; constant search for perfection ; obsession with competition ; difficulty balancing work, personal life and family life ; major changes in values and social standards. Stress is a problem that infiltrates our society in countless ways. It manifests itself at the office, at home and in our relationships with others, and it can also affect our loved ones. [1]

Stress touches all social groups and all age categories; no one can truly escape it. However, some people are more deeply affected by its consequences, depending on their personal, psychosocial, professional and health background. When faced with stressful situations, the human body reacts by releasing various hormones, including adrenaline. In its initial phase, stress can cause symptoms such as palpitations, lump in the throat, anxiety, distress, etc. These symptoms are usually short term. But after a long period of time, uncontrolled stress can be harmful to one well-being and health; symptoms can then be of a physical, emotional, psychological or behavioural nature. Here are a few examples: sleep disorders, muscular tension; digestive disorders ; irritability; agitation ;depression; anxiety; burnout; increased isolation; relationship problems; work absenteeism; lower performance ;loss of self-esteem. In addition to such observable short-term effects, stress contributes to the development of several chronic diseases, such as heart disease, vascular disease and cancer.[2]

Studies suggest that the high levels of cortisol from long-term stress can increase blood cholesterol, triglycerides, blood sugar, and blood pressure. These are common risk factors for heart disease. This stress can also cause changes that promote the buildup of plaque deposits in the arteries. Stress and anxiety might play a role in the development of coronary artery disease.[3,4] Episodes of anger or anxiety can cause increased heart rate, high blood pressure, narrowing of blood vessels and increased clotting, all of which can be heart attack triggers.[5]

Heart disease has remained the leading cause of death In India for more than two decades fueled by unhealthy diets leading to high blood pressure and the buildup up blood fats (plaque) inside the walls of the arteries, inactivity, obesity and smoking.[6]

The first data of SCD in India was obtained in 2012 by applying the verbal autopsy methodology across Andhra Pradesh. Extrapolating the data to national mortality figures, it can be roughly estimated that annually about 7-lakh SCD cases occur in India. [7]

Heart diseases have plagued India as it is now known to be leading cause of death in the country. About 1.7 million Indians die due to heart disease out of the world's 17.3 million deaths.[8]

Punjab, Tamil Nadu, Haryana Have Highest Burden of Heart Disease in India. Ischemic heart disease--where blood supply to the heart is restricted--is the leading cause of death in India, causing 17.8% deaths in 2016, and the disease burden has increased 104% since 1990, according to a new national study. [9]

Honnekeri S Bianca et- al (2014) conducted a study on sudden cardiac death in India in this study, questionnaires administered by trained health workers were used to collect mortality data in 45 villages. The data was analyzed retrospectively to estimate the prevalence of sudden deaths in this rural population. Analysis of this data revealed that cardiovascular diseases were the leading causes of mortality in rural population. The distribution of causes for SCD in this study was comparable to studies across the globe. However, the proportion of SCD cases in the younger age groups was relatively higher, which was attributed to the higher prevalence of CAD in the young in India. [10]

Cardiopulmonary resuscitation (CPR) is an emergency procedure that can help save a person s life if their breathing or heart stops. When a person s heart stops beating, they are in cardiac arrest. During cardiac arrest, the heart cannot pump blood to the rest of the body, including the brain and lungs. Death can happen in minutes without treatment. CPR uses chest compressions to mimic how the heart pumps. These compressions help keep blood flowing throughout the body.[11]

Cardiac arrest is not the same as a heart attack. A heart attack happens when blood flow to the heart is blocked. A person having a heart attack is still talking and breathing. This person does not need CPR but they do need to get to the hospital right away. Heart attack increases the risk for going into cardiac arrest. Currently, about 9 in 10 people who have cardiac arrest outside the hospital die. But CPR can help to improve those odds. If it is performed in the first few minutes of cardiac arrest, CPR can double or triple a person's chance of survival. [12, 13]

About 350,000 cardiac arrest happen outside the hospital each year and about 7 in 10 of those happen at home. Unfortunately about half of the people who experience cardiac arrest at home don't get the help they need for bystanders before an ambulance arrives. You don't need a special certification or formal training to perform a CPR, but you need education. If cardiac arrest happens to someone near you, don't afraid_ just be prepared.

Health conditions can lead to cardiac arrest, but a host of other factors can also lead to a life or death situation. Knowing CPR can save lives if people are trained and ready to take action when needed. When cardiac arrest occurs, a person can die within minutes. After the heart stops, brain death occurs within four to six minutes. Acting quickly and performing CPR on a person in cardiac arrest helps to pump blood throughout the body. This sends oxygen to the brain and other organs, giving the person a better chance at survival until help arrives. Performing CPR within the first two minutes after cardiac arrest doubles the chance for survival. Outside of hospitals, more than 350,000 cardiac arrests occur every year in the United States. Almost 90 percent of these people do not survive, but immediate help can change the chances of survival.

Cardiac arrest doesn't happen to people with chronic health conditions. Choking, traumatic accidents, drowning and electrical shock can all lead to a person going into cardiac arrest. Some health conditions like heart disease, infections, allergic reactions and others can also contribute to a sudden cardiac arrest event. You may not feel confident enough to help someone if they need CPR. Getting trained in CPR can help you to gain the confidence and make the right decision that could save someone's life.

Drowning is the second most common cause of accidental death in children to age four. As CPR is fortunately very successful, with 66 percent of nearly drowned children surviving. Near-drowning happens when a person is unable to breathe due to extended submersion in water. Just as in other respiratory-based issues, the body s systems will shut down due to the lack of oxygen, and can easily result in the rapid onset of brain damage (this usually occurs faster in children than in adults). Even if a near-drowning victim has been submerged for a long period, CPR may still be effective especially in cases where the water is cold.[14]

Samiha Jarrah , et al (2018) was performed a cross-sectional study regarding evaluation of public awareness, knowledge and attitude towards basic life support. Convenient sampling was used to selected 300 adult's samples of aged over 18 years. A total of 87 participants (29%) stated that they have received training about cardiopulmonary resuscitation (CPR). Among them, 20 participants (23%) received their training through the media. 129 participants (43%) said that the highest response rate for cardiac arrest is chest pain. Overall 256 participants (88.3%) reported that they would perform CPR on someone from their family without hesitation.

CPR (cardio pulmonary resuscitation) is one of those skills that can serve us in any situation for life. Once you know it you havee given yourself a remarkable gift. You ve also given those around you peace of mind that, if someone were to collapse nearby and stop breathing, you could step in to save their lives while you wait for paramedics to arrive. [17]

II . Need for study

CPR training is important. It can save your life, your children's lives, your parents' lives, or even a stranger's life. Cardiopulmonary resuscitation, more commonly known as CPR, is a life-saving technique that helps maintain blood flow to the brain and heart in an emergency situation.[18]

According to statistics nearly 7.5 lakh people die of sudden cardiac arrests every year in India. On an average, a victim begins to suffer irreversible brain damage four minutes after the cardiac arrest takes place and if no CPR administered.[19]

For every minute that a cardiac arrest victim does not receive CPR, his chances of survival drop by 10 per cent. An effective CPR from a bystander can double a victim`s chances of surviving a cardiac arrest. While several countries across the world are training the common man - in schools, colleges and work places about chest compressions or CPR to save sudden cardiac victims from dying, the World Heart Federation (WHF) says less than one per cent Indians would presently know how to carry out a CPR.[20,21]

CPR is a rescue procedure to be used when the heart and lungs have stopped working. There is a wide variation in the reported incidence and outcome for out of hospital cardiac arrest. These differences are due to definition and ascertainment of cardiac arrest as well as differences in treatment after its onset.[22]

Several authors described the problem of poor performance in CPR, even when provided by medical professionals. Numerous investigations have reported the problem of poor skills retention after various CPR courses. Studies reporting the need for improvement of resuscitation techniques led to the recent changes in BLS and ALS algorithms.

Dangers of Sudden Cardiac Arrests (SCA) that can lead to death of an individual within a few minutes. As per WHO census statistics mortality due to cardiac arrest approximately 4280 out of every one lakh people die every year from SCA in India alone. After a cardiac arrest there are four to six minutes before brain death and death occur. Chances of survival reduce by 7-10 percent with every passing minute. It is a silent epidemic. Cardiac arrest is reversible if the victim is administered prompt and appropriate emergency care. This generally involves administration of cardiopulmonary resuscitation (CPR), shock treatment to the chest to reset the heart's rhythm (defibrillation) and advanced life support.[23]

In India the annual incidence of sudden cardiac death accounts for 0.55 per 1000 population. The survival rate of a sudden cardiac arrest is almost less than 1%.Sudden cardiac death constitutes 40-45% of cardiovascular deaths and out of this almost 80% are due to heart arrhythmia disturbances or arrhythmia.

Maximum arrests were because of cardio respiratory arrests. Immediate survivors were 5 out of 6 (83.3%), out of 5 patients only 2 were alive at the end of 24 h (40%), and none of them survived to be discharged. Overall survival to hospital discharge was 3.8% (1.7-13%) of a 3,220 pooled patient group. Analysis of their functional recovery found good outcome in 86.7% (44-89%), moderate impairment in 10.2% (8.5-44%) and severe impairment in 3.1% (2-36%) of survivors from a cohort of 1679 pooled patients. Although, survival from prehospital arrest is diminished in geriatric groups, those who survive often have good functional recovery.

Heart disease is the world s largest killer, claiming 17.5 million lives every year. About every 29 seconds, an Indian dies of heart problem. As many as 20,000 new heart patients develop every day in India, six core Indians suffer from heart disease and 30 percent more are at high risk. The risk of sudden cardiac death from coronary artery disease in adults is estimated to be 1 per 1,000 adults 35 years of age and older per year. About 75 percent to 80 percent of all out-of-hospital cardiac arrests happen at home. Hence, being trained to perform CPR can make the difference between life and death for a victim. [24]

Each year almost 330,000 peoples die from heart disease. Half of these will die suddenly, outside of the hospital because their heart stops beating. The most common cause of death from heart attack in adult is a disturbance in the electrical rhythm of the heart or ventricular fibrillation. It can be treated by applying an electrical shock to the chest. One way of buying time until a defibrillator becomes available is to provide artificial breathing and circulation by performing CPR.

Over one million heart attacks happen every year and more than 20% of people die before ever reaching a hospital. Latest data shows that cardiac arrest is becoming the number one cause of death. In fact,

studies show that 80% of all cardiac arrests happen at home which will most likely be a family member or friend.

Coronary artery disease (CAD) was observed in 66 (38%) and acute myocardial infarction documented in 30 (17%). At least 1 of 3 CAD risk factors hypertension, diabetes, or smoking was observed in 80.6%. Proportion of subjects with at least one risk factor for CAD was similar in the age groups above and below 50 years (67.6%). [25]

Cardio pulmonary Resuscitation has been used extensively in the hospital setting since its introduction over 3 decades ago. Provision of adequate chest compressions remains a standard of care for optimal outcome in cardiopulmonary arrest. Given the recent changes to CPR rates and a greater emphasis on pushing faster and deeper, this has raised questions surrounding rescuer fatigue and efficacy of compressions. While a body of work has been undertaken on previous CPR rates and associated fatigue levels, there is a shortage of literature on the latest CPR rates and associated rescuer fatigue in the hospital and prehospital settings. Provision of adequate chest compressions remains a standard of care for optimal outcome in cardiopulmonary arrest. Given the recent changes to CPR rates and a greater emphasis on pushing faster and deeper, this has raised questions surrounding rescuer fatigue and efficacy of compressions. While a body of work has been undertaken on previous CPR rates and associated fatigue levels, there is a shortage of literature on the latest CPR rates and associated rescuer fatigue in the hospital and pre hospital setting. [26]

In April 2008, the American heart association took steps to simplify the process of helping victims of cardiac arrest by introducing hands only CPR. About one third of people who suffer a cardiac arrest at home or at a public place actually receive help, bystanders could be afraid to initiate CPR for fear that they will do something wrong or would not know what to do. Others may be reluctant to perform mouth to mouth breathing for fear of contracting an infection. The American heart association proposed the new guidelines in order to allow bystander who have not been trained in conventional CPR or who may fear making mistake a way to offer help.[27]

Survival in hospital and they reviewed that CPR records, 44% of the patient initially survived following CPR, and the 1 year survival rate was 5% patients with shorter durations of CPR and those administered fewer procedures and medications during CPR survival longer than patients with prolonged CPR. Knowledge of the likelihood of survival following CPR for subgroups of the hospital population based on prearrest and intra arrest factors can help patients, their families, and their physicians decide with compassion and conviction, in what situations CPR should be administered.

Patients defibrillated at an early stage among the non-monitored patients had a survival rate similar to the corresponding group in monitored areas. Many institutions have a one-tiered defibrillation system, in which defibrillation is delivered once the CPR or ACLS team arrive. The CPR team brings a manual defibrillator with them, or manual defibrillators are placed around the institution so that one can be brought to the scene for use by the advance team. Bystander CPR (comprising airway opening, rescue breathing, and chest compressions: combined with rapid call for ambulance response) improves survival rates from cardiac arrest 2 to 3 fold.

Various studies suggest that in out-of-home cardiac arrest, bystanders, lay persons or family members attempt CPR in between 14% and 45% of the time, with a median of 32%. Internationally, rates of bystander CPR reported to be as low as 1% and as high as 44%. However, the effectiveness of this CPR is variable, and the studies suggest only around half of bystander CPR is performed correctly. A recent study has shown that members of the public having received CPR training in the past lack the skills and confidence needed to save lives. These experts believe that better training is needed to improve the willingness to respond to cardiac arrest. [28]

In the light of above, we found it is desirable to assess the knowledge regarding CPR among students in degree college students and also to update the knowledge and improvement in skill. The way to learn CPR and to practice CPR. Educating the students and creating awareness in helping them to learn about CPR and it help to prevent death occurring due to cardiac arrest. Early initiation of CPR improves the chance of successful resuscitation and survival.

III. Objectives

A research objective is a clear, concise declarative statement that provides direction to identify variables. A research objective describe concisely what the researcher is trying to achieve. With clearly defined objective researcher can focus on study. It state specifically what information to be collected to make the correct decision.

"A study to assess the effectiveness of Structured Teaching Programme On knowledge regarding Cardio Pulmonary Resuscitation among students in a Government Degree College, Kishtwar"

OBJECTIVES
The objectives of the study are :
To assess the knowledge regarding CPR among students of Government egree College, Kishtwar.
•To find out the association between knowledge scores with selected demographic variables (age, sex, source of information, previous knowledge about CPR).
To prepare an information booklet regarding CPR.

OPERATIONAL DEFINITIONS

1. Assess: "Assess is defined as to judge or to form opinion about something. "
In this study assess refers to evaluate the level of knowledge students of Government degree college, Kishtwar will have regarding Cardio Pulmonary Resuscitation in terms of adequate, moderately adequate and inadequate knowledge level.

2. Knowledge: "Knowledge is a familarity awareness such as fact , information acquired through experience, by discovering or learning. " In this study knowledge is information that students of Degree college, Kishtwar have regarding CPR.

3. Cardio Pulmonary Resuscitation: It is a procedure used when a patient's heart and breathing stops . It involves compression of chest or electrical shocks along with rescue breathing".

4. Degree College: "A degree given to students of higher learning institution required credit have been obtained in specific area of study." In this study Degree Colle____ where research is conducted. (Degree College, Kishtwar).

5. Students: "A college or university student intending to take____ students refers to those studying in Government Degree College, Kishtwar.

6. Information Booklet: "A non-specific term for any in____ procedure which is intended for consumption by a non - professional audience____klet that provides knowledge and information about CPR.

Hypothesis
H0: - There will be no relationship between demographic varia____ong students of Degree College, Kishtwar.
H1:- There will be a significant association between selected de____ledge score of students in selected Degree College, Kishtwar.

Assumption:
The study assumes that:
• The students of Degree college, Kishtwar may have some knowledge regar____
The knowledge regarding CPR among college students may be influenced by ____ selected demographic variables. (age, sex, source of information, previous knowledge about CPR).

Delimitations :
The study is delimited to:
college student who are studying in government degree college, kishtwar.
student who are present at time of data collection.
the study period is delimited for one month of duration.

Conceptual Framework :
A conceptual framework is a group of concepts and a group of proportion that spells out the relationship between them. Conceptual work is a framework through which the overall idea is gained to proceed the research in an organized manner. For the present study Rosenstock , Maiman and Beckers Health belief model (1978) adopted.
Application of Rosenstock , Maiman and Beckers health belief model based on Maiman and Beckers theory , the investigator divides person's behavior into three main categories.
1. Individual perception
2. Modifying factors

3.Likelihood actions

1. Individual perceptions:
Individual perceptions includes perceived knowledge of degree college students age group (18-21) years regarding CPR which influences perceived threat that is lack of knowledge regarding CPR.

2. Modifying factors:
In this study it includes assessing demographic variables, knowledge of degree college students (18-21) years regarding CPR barriers can be overcome by cues of action by family, friends, relatives and mass media.

3. Likelihood actions:
Outcome may be adequate, moderately adequate and in adequate.

Positive benefits can be enhanced and reinforce their level of knowledge regarding CPR by distributing information booklet on CPR.

There are six concept in this model that affects persons likelihood of doing a specific behavior such as performing CPR. These core concept have been applied to the likelihood of performing CPR on a person in cardiac arrest.

Perceived susceptibility is the person's belief that a cardiac arrest might happen to him or herself or to a loved ones.

Perceived severity is a person's belief in the consequences of not performing CPR on a person in cardiac arrest .

Perceived benefits are a person's belief that performing CPR will be efficacious and potentially increases chance of surviving a cardiac arrest event.

Perceived barriers is a person's perception of the tangible and psychological consequences of performing CPR.

Cues to action are the strategies to activate a person to readiness such as mass media, friends, relatives, health professionals.

Self efficacy is person's confidence that if he or she can perform CPR if the situation arises.

Ultimately, for a person to act , perceived benefit must outweigh perceived barriers.
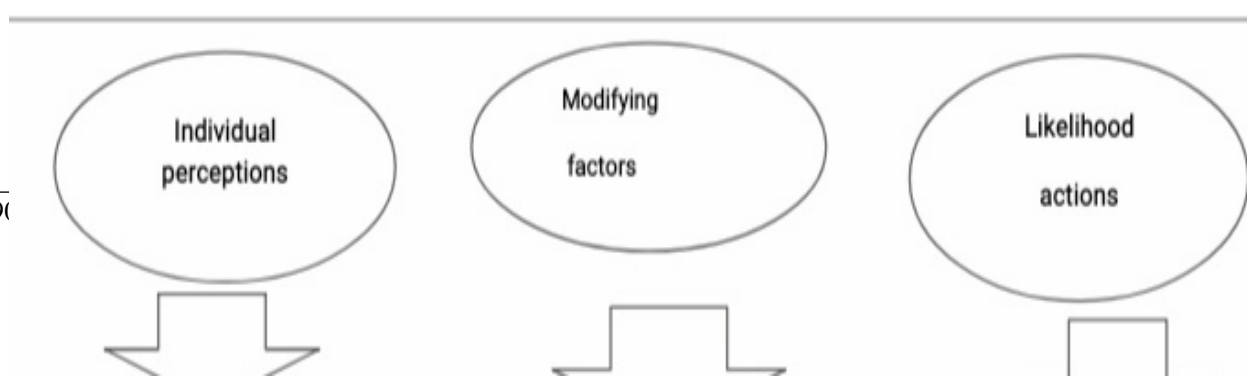
Conclusion

This chapter dealt with the objectives of the study which the investigator has formulated to conduct study. This chapter also dealt with operational definitions, hypothesis , assumptions, delimitations and conceptual framework of the study.

IV. Literature Review

BMY Cheung (2003) Conducted a study regarding knowledge of CPR among the public by telephone questionnaire survey in Hongkong, Study was conducted among 357 people; approximately 12% had received CPR training. CPR knowledge in Hongkong was poor, even among the previously trained and especially with regard to circulatory maintenance. Intensified educational efforts and exploration of new approaches to improve this first stage in the chain of survival are warranted .

Chandrasekaran Shanta, (2010) conducted A study to assess the levels of awareness to BLS and its practical knowledge among students, doctors and nurses of medical, dental, homeopathy and nursing colleges in a city in Tamil Nadu, India. The study revealed that everyone had very poor knowledge on BLS.

Szogedi, Zrinyi M, et al (2010) conducted a retrospective study about training nurses for CPR: support for the problem based approach in Hungry. Data on final CPR exam grades. Collected both from PBL and traditionally trained students were obtained for a total of 1775 students between 2000-2007 in the major school of health sciences in Hungry. Students who received PBL training and better final CPR exam grades than traditionally trained person. Students who attended PBL classes achieved greater theoretical knowledge and demonstrated better resuscitation skill when tested. Whether or not PBL is superior in real life application of CPR practice is yet to be confirmed

Parashar. Anil Kumar. (2010) done quasi-experimental study to assess the effectiveness of planned teaching program on knowledge and practice of Basic Life Support among high school students in Mangalore. The sample consisted of 40 rural high school students. The study showed that majority (87.5%) of the students had inadequate knowledge and (100%) had poor practice. The planned teaching program facilitated them to update their knowledge and practice related to Basic Life Support. Hence, the planned teaching program is an effective teaching strategy to improve knowledge and practice of sample on BLS.

Angélica Olivetto de Almeida,(2011) had analyzed Descriptive study on the theoretical knowledge of nurses working in these units concerning cardiopulmonary arrest and resuscitation. The respondents displayed some gaps in their knowledge such as how to detect Cardiopulmonary Arrest (CPA), The average score on a scale from zero to ten was 5.2 (± 1.4). The nurses presented partial knowledge of the guidelines available in the literature

Dr Singh. Gurbir (2011) conducted The workshop regarding CPR. Many of them who attended had a lack of knowledge about CPR. To teach the bystanders can help, a life support skills training workshop called Family and friends CPR programme was organized at a private cardiac hospital in Mohali. Over 30 people from diverse fields ranging from top management of companies in Tricity to college going students participated in the workshop. They were imparted training on basic steps of CPR and were also taught to use automated external defibrillators.

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Peter A. Meaney M.D., Robert M. Sutton et all (2012) research on Training Hospital Providers in Basic CPR Skills in Botswana: Acquisition, Retention and Impact of Novel Training Techniques prospectively randomized to 3 training groups: instructor led, limited instructor with manikin feedback, or self-directed learning. Using existing training, HCP acquire and retain

skills, yet often require remediation. Novel techniques with increased student: instructor ratio and feedback manikins were not different compared to traditional instruction

Bronson Elizabeth Delasobera (2012) conducted An evaluative study to determine the effectiveness of simulator and multimedia educational tools in India. Basic Life Support certified paramedic students were randomized to either simulation or reading for a 3 hours BLS refresher course. Simulation students received a lecture and 10 simulator classes. The result showed that on post

test simulation demonstrated greater improvement managing cardiac arrest scenarios compared to reading.

Abdullah Alanazi, Bin Hotan,(2013), conducted study on Community Awareness About Cardiopulmonary Resuscitation Among Secondary School Students in Riyadh Across-sectional design study was conducted by assessing the responses to self administered developed questionnaire. As a conclusion / recommendation: It was found that the overall attitude is positive towards CPR. However, the proper CPR information was insufficient. Since CPR plays vital role in saving people life more studies are needed to examine the CPR information among people who live in the community and suggest strategies to introduce CPR training.

Umran Dal, Dilek Sarpkaya,(2013) conducted a quasi-experimental and longitudinal A questionnaire was applied to the students before the CPR lecture. One and six months after this training the same questionnaire and skills checklist of CPR were applied. On
Conclusion: Nursing students tend to forget theoretical and applied CPR training after couple of months. Hence there is a need for continuous CPR training and education and repeating the skills at regular intervals even after they have graduated to ensure sustainability in the CPR skills.

Tomasz Ilczak, Monika Mikulska, Michal Matt Cwiertnia et al, (2013) conducted study on Nurses skills assessment in administering cardiopulmonary resuscitation (CPR) to an adult This study describes assessment of practical skills in performing cardiopulmonary resuscitation, carried out among 50 nurses. The obtained results are not satisfactory, the level of knowledge and skills among the sample group is insufficient to properly implement the CPR algorithm

Adedamola Olutoyin Onyeaso (2014), cross-sectional study aimed at assessing the attitude towards cardiopulmonary resuscitation among some secondary school students in rivers state, Nigeria. The findings revealed that 98.8% exhibited positive attitude towards learning CPR among others. It was concluded that this can form a strong basis to introduce the teaching of CPR in their school curriculum so as to prepare them to be effective bystanders in situations of emergency needing CPR.

Dr. Patsy Cullen, Capstone Chair (2014) conducted research on Basic Life Support (BLS) Knowledge and Skill Retention and Increased Self-efficacy for Rural Health Care Providers Victoria Birkeland The purpose was to provide an opportunity for the rural health care providers to maintain their BLS skills set. Conclusion of study was Small rural facilities may not think they have the resources or the ability to investigate issues and promote evidence-based practice, but this study demonstrates they can by networking and forming collaborative partnerships

Aziz Shahrakivahed et al, (2015) conducted quasi-experimental study on The Effect of CPR Workshop on the Nurses Level of Knowledge and Skill study was conducted on 140 nurses of Zabol University of Medical Science in a single group (before and after and three months after the training workshop) the conclusion of Workshop training method on CPR can be useful and effective in the nurses knowledge and skill

Bander Aziz Al Enizi, Nazmus Saquib, et al, (2015) conducted A cross-sectional study on Knowledge and Attitudes about Basic Life Support among Secondary Teachers in Al-Qassim, Saudi Arabia in the secondary schools in Al-Qassim region in 2015. Thirty of 99 schools were randomly selected; Teachers completed the questionnaire. Conclusion was In Al-Qassim, secondary school teachers lack CPR training and hence have little knowledge or skills. Teachers are willing and desire to have more CPR training available to them. Should health officials provide future training, teachers could serve the community better.

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Rachel Jia Min Ko (2015) A literature search was conducted in the following databases:

Cumulative Index to Nursing and Allied Health Literature, Science Direct, Scopus and PubMed from January 2003 to January 2014, to include research studies that compared compression-only CPR with standard CPR on participants above the age of 21, and reported quality of CPR performance as the primary outcome. Conclusions More studies are needed to determine whether compression-only CPR can indeed help improve rescuers CPR performance.

Christy L. Hopkins, M et al. (2016) study conducted on Implementation of Pit Crew Approach and Cardiopulmonary Resuscitation Metrics for Out-of-Hospital Cardiac Arrest Improves Patient Survival and Neurological Outcome conclusion of study was A multifaceted protocol, including several American Heart Assocation best practices for the resuscitation of patients with OHCA, was associated with improved survival and neurological outcome
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Audrey L. Blewer, Mary E. Putt, et al.(2016), performed a prospective, cluster randomized trial of CPR education for family members of patients with high-risk cardiac conditions on hospital cardiac units, using a multicenter pragmatic design findings suggest a potential trade-off in efforts for broad dissemination of basic CPR skills; VO training might allow for greater scalability and dissemination,

Camilla Hansen, Stinne Eric Rasmussen,(2016) ,The aim of this study was to investigate certified BLS instructors assessment of chest compressions and rescue breathing. Data were collected at BLS courses for medical students at Aarhus University, Denmark. In pairs, in **Conclusions:** Certified BLS instructors assess performance of chest compression depth and rescue breathing poorly. This emphasizes the need for educating instructors in CPR assessment. The use of feedback devices to support instructors assessment of CPR skills may be beneficial to ensure high-quality learning outcome.
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Archa Biju, Yogesh Kumar and Jyoti Sarin (2016) performed A quantitative research approach on Effectiveness of child cardio pulmonary resuscitation (CPR) training program in terms of practice retention among nursing students CPR training program was effective in enhancing the practice of Nursing Students regarding CPR and there was poor retention of CPR practice among nursing students

P.Seenivasan, R.Tamilarasi, et al. (2016) a cross sectional study was carried out among randomly selected 456 medical students including second year, pre final year, and final year MBBS students, CRRI and Post Graduates from August 2015 to November 2015. Pre-tested semi-structured questionnaire was used to collect data. Conclusion: This study found that there is lack of adequate knowledge about BLS among undergraduate medical students. The major lack of knowledge is due to lack of training. But the students are interested in learning BLS if it is made as a part of curriculum. Hence it is essential to train the students from undergraduate level to make them competent.

Dr Padma Bhatia. , Dr D K Pal, (2016) performed a research on Educational and Interventional Study on Cpcr Among 90 Nursing Student of Central India. This was a three point cross sectional study conducted on the nursing student of 1st /2nd/3rd year enrolled in Hamidia Hospital Bhopal carried during a period of 3 month in 2015. conclusion: General knowledge as well as skills regarding CPCR is poor even among the nursing staff. There is clear need for a review of basic life support education in hospitals.

Ashok Kshirsagar, Sangeeta Biradar, (2016) A cross-sectional Observational study conducted among nursing staff and students of the Krishna institute of nursing science, Karad. Maharashtra on Knowledge of Basic Life Support among the Nursing Staff and Students of KIMSDU. It can be concluded that not only the nursing staff and students be trained in Basic Life Support, but also it has to be reinforced from time to time, since the skills of CPR are difficult to teach and once taught difficult to retain.
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Madavan Nambiar, Nisanth Menon Nedungalaparambil, Ottapura Prabhakaran Aslesh (2016) A cross-sectional study was conducted to evaluate the current practices and knowledge of BLS/ACLS principles among healthcare professionals of North-Kerala using pretested self-administered structured questionnaire. Answers were validated in accordance with

American Heart Association's BLS/ ACLS teaching manual and the results were analyzed. Conclusion: Inadequate knowledge of BLS/ACLS principles amongst healthcare professionals, especially physicians, illuminate lacunae in existing training systems and merit urgent redressal

Philip S Robinson, Emma Shall, Roby Rakhit (2016) conducted Cross-sectional survey To assess the perceptions of leadership and team working among members of a cardiac arrest team and to evaluate future training needs. The findings suggest a pressing need for further dedicated cardiac arrest leadership training with a focus on improving key leadership tasks such as role assignment, team briefing and debriefing.

M. Mäkinen, M. Castrén,(2016) conducted a study to assess trainers attitudes towards cardiopulmonary resuscitation and defibrillation (CPR-D), Current Care Guidelines, and associated training. A questionnaire was distributed to CPR trainers attending seminars in Finland focusing on the updated national Current Care Guidelines 2011. On Conclusion. Quality of undergraduate education affects the work of CPR trainers and some feel uncertain of defibrillation. The trainers courses and undergraduate medical education should focus more on practical scenarios with defibrillators and nontechnical skills.

Bindhu Vausedvan , Anupa Lucas, (2016) A cross-sectional Analytic study was conducted among the medical and nursing students of Govt. Medical College, Kottayam on Assessment of level of knowledge of basic life support algorithm among medical and nursing students in a tertiary care teaching hospital Conclusion Knowledge regarding the BLS was less among the students of Government Medical College, Kottayam, Kerala, India nursing students were having higher knowledge than medical students.

Sanjeev Bhoi, Nirmal Thakur (2016), Prospective study conducted on Does community emergency care initiative improve the knowledge and skill of healthcare workers and laypersons in basic emergency care in India. The aim of study was to improve the knowledge and skill of healthcare workers and laypersons in basic emergency care and to identify impact of the course. Conclusion of study was BECC is an excellent community initiative to improve knowledge and skill of healthcare and laypersons in providing basic emergency care.

Linnéa Löwenborg, (2016), conducted study on Alternative educational opportunity for new employees at Karolinska University Hospital Everyone gets their own Mini-Anne training package funded by the HR. The day ends with a DVD film on a big screen with 40 50 people, each with a Mini-Annemanikin on Conclusion: That they may keep their Mini-Anne as it can also be used for rehearsal or allow any member of their families tolearnce to CPR with the help of the DVD disc included in the Mini-Anne box. It is a win win situation for spreading knowledge of CPR

Habib Md. Rezaul Karim1, Md. Yunus (2016) study on Comparison of effectiveness of class lecture versus workshop‐ based teaching of basic life support on acquiring practice skills among the health care providers the present study was conducted among the health care providers. Participants were grouped in lecture‐ based class teaching and workshop‐ based teaching. They were then asked to practice BLS on mannequin (Rescue Anne with QCPR) and evaluated as per performance parameters based on American Heart Association BLS. Conclusion: Workshop‐ based BLS teaching is more effective and lecture‐ based class teaching better is replaced in medical education curriculum.

Khaled Abdallah Khader (2016), A cross-sectional survey done for Awareness and Knowledge of Health-College Students of Cardiopulmonary Resuscitation at Taif University, Saudi Arabia , A 20 items questionnaire developed by the researchers was used to collect data about awareness of participants of CPR The reason for low scores of CPR survey is lack of theoretical and clinical training of up-to-date CPR in health colleges' curricula. This study recommended giving adequate BLS knowledge and training for all health professionals and included a BLS course in the curricula of health colleges.

Adedamola Olutoyin Onyeaso, (2016) conducted study on quasi‑ experimental study design carried on Cardiopulmonary resuscitation skills in some Nigerian secondary school students, they were exposed to both class room teachings and the practical hands‑ on sessions using manikins in line with the American Heart Association (AHA) guidelines. Conclusions: The CPR skills of the Nigerian students improved statistically with many ready to offer bystander CPR. It was recommended that CPR training program should be incorporated into the curriculum of secondary school education in Nigeria.

Shane Lenson, (2016) A search of the peer-reviewed and grey literature was conducted for narrative review. Journal articles were retrieved from three databases.Conclusion There is a lack of quality evidence to guide optimal training methods and maximise first aid knowledge retention in school children. Formal evaluation of professional first aid training can help guide training methods and maximize first aid knowledge retention in school children, thereby building more robust first aid capacity in the community.

M.Maier· M.Luger· M.Baubin (2016) conducted a Telephone-assisted CPR A literature review the aim of study overview of the extensive T-CPR topic. Studies from the online database M.Maier· M.Luger· M.BaubinPubMed from1984 2016 were identified using the search criteria cardiac arrest telephone , cardiac arrest dispatch ,and dispatcher cpr ; also included in the evaluation were eight articles from PubMed about CPR in general which are marked in this article with anasterisk(*)

Ann M. Bowling PhD, (2016),conducted study on A quasi-experimental design examined the effects of midlevel-fidelity simulation ($n = 37$) versus low-fidelity simulation (case study) ($n = 37$) in junior-level nursing students. There was a significant difference for both groups in knowledge and skill performance The results of this study indicate that further research is needed to support faculties' selection of learning strategies with the lowest cost and highest effectiveness in achieving the desired learning outcomes
.

Ming-Ju Hsieh, Farhan Bhanji, (2016), the aim of study was to the efficacy of learning basic life support (BLS) through self-instruction is not clearly understood. The aim of our review was to compare the effect of self-instruction with that of traditional instruction on learners taking BLS courses. Method used to search the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, CINAHL, PsycINFO and SCI-EXPANDED databases for randomized control trials (RCTs) or randomized cluster-controlled trials published from January 1, 1966 to April 25, 2015

José Maria Gonçalves Fernandes, (2014),conducted study on Teaching Basic Life Support to Students of Public and Private High Schools Conclusions: Before training, most students had

insufficient knowledge about CPR and AED; after BLS training a significant immediate and delayed improvement in learning was observed in students, especially in private school students.

Francisco Javier Fonseca del Pozo (2016), pre-test/post-test control design study to examine the Basic life support knowledge of secondary school students in cardiopulmonary resuscitation training using a song study showed that incorporating the song component in the cardiopulmonary resuscitation teaching increased its effectiveness and the ability to remember the cardiopulmonary resuscitation algorithm. Our study highlights the need for different methods in the cardiopulmonary resuscitation teaching to facilitate knowledge retention and increase the number of positive outcomes after sudden cardiac arrest.

Prafulla A. Salunkhe, (2016) Effectiveness of Demonstration Regarding Cardiopulmonary Resuscitation on Knowledge and Practice among Policemen, Quantitative research approach and

one group pre-test and post-test design was used non-probability convenient sampling method was used to select 50 policemen as a study subjects. Conclusion equal positive response to the demonstration and teaching was found really useful to them, which will help them to take prompt decisions, perform cardiopulmonary resuscitation and save many lives of out-of-hospitals cardiac arrest.

V. Research Methodology

Research methodology is a specific procedure or technique used to identify, select, process, and analyze information about a topic. In a research paper the methodology section allows the reader the critically evaluate a study overall validity and reliability.

Research Approach

Non experimental research design.

Research Design

The research design adopted for study is descriptive research design (invariant research design)

Variables Under the Study

1. Independent Variables: Information booklet

2. Dependent Variable: In this study, knowledge about CPR is dependent variable.

Setting Of The Study

Setting refers to the physical location and condition in which data collection take place in the study. This study has been conducted in the Government degree college of Kishtwar.

Population

The population of the present study comprises of the students of the Degree College of Kishtwar.

Sampling Process

Sample: students of degree college Kishtwar.

Sample Size: It consisted of 50 students in a selected college of Kishtwar.

Sample Technique: Random sampling technique.

Criteria for Sampling: The samples are selected based on the following criteria:

inclusion Criteria:

Students studying in selected college.

Students who are available during the time of data collection.

Students who are willing to participate in the study.

Exclusion Crteria

Students who are not willing to participate.

Students who are absent at the time of data collection.

Method Of data Collection

Data collection method is a process of collecting information from all the relevant sources to final answers to the research problem, test the hypothesis and evaluate the outcomes. A structured interview schedule was used to collect the demographic data and the level of knowledge was assessed through questionnaire before and after the intervention.

Data collection instruments

Data collection instruments mean tests, questionnaires, inventories, interview schedules or guidesrating scales and survey plans or any other forms which are used to collect information on substantially identical items from 10 or more respondents.

The data collection instruments used in this study is as follows;

Part I ; Demographic variables like age, sex, socio economic status, religion, etc.

Part II ; consists two parts

  a. Information booklet regarding CPR among degree students

  b. A close ended multiple choice questions to assess the on knowledge CPR.

Development of the tool

The investigator prepared instruments based on the objectives of the study**.**

The Source of tool construction

1. With the help of an extensive review of literature from various sources such as text books, journals, Medline search etc., in order to select or construct the most appropriate tool for the present study.

2. Consultation and discussion with experts from nursing practice, research, physician.

3. Preparation of blue print.

Steps Involved in development of tool
1. Review of related literature.
2. Preparation of tool.
3. Consultation with guide and research committee.
4. Preparation of the final draft.
1.Review of related literature.
The literature [nursing books, medical and surgical books, journals, reports and articles] was referred to prepare the tools and guide also consulted.
2 . Preparation of the tool
a, Information booklet
It consists of preface, physiology of heart, indications of CPR, importance of CPR, steps in CPR, complications of CPR.
B, Questionnaire
It was prepared to assess the knowledge of degree students regarding CPR.
3. Consultation with guide and research committee.
The blue print was given to the experts in research committee. The research guide and committee members were consulted before finalizing the tool.
1. Preparation of the final draft.
Final draft was prepared after consulting with the expert and research committee.

Description of the tool
Construction of questionnaire
The questionnaire consists of 2 parts
Part A;
It consists of demographic characteristics such as age, sex, father s education, mother s education, types of family, residential area, religion, previous knowledge of CPR.
Part B;
It consists of knowledge items regarding CPR. This section consists of 35 items. Each item has 4 options with one most correct answer.
For each item, the correct answer carries the score of one and wrong answer carries the score of zero
Scoring procedure
To assess the level of knowledge the score was grouped into items like very poor, poor, average, good, and very good based on knowledge scores.

Level of knowledge	percentage of scores	actual scores
Very poor	<20%	0-7
Poor	21-41%	8-14
Average	41-60%	15-21
Good	61-80%	22-28
Very good	81-100%	29-35

Content Validity
Validity means measuring precisely what one intends to measure. Validity is most critical and indicates the degree to which an instrument measures its data. Content validity of instruments was sought and obtained from one expert in the field of community health nursing, one from the field of obstetrics and gynaecological nursing, two from the field of child health nursing, two from the medical surgical nursing a doctor and a statistician. As per the recommendations, necessary changes were made in the final tool.
Reliability :-
The reliability of the tool was established by using "split half method" and coefficient correlation was done with the help of " Karl Pearson's" formula. The reliability score obtained was "r = 0.7478" for the knowledge. Which showed knowledge questionnaire was reliable. Hence the tool was considered as statistically reliable for main study.
Pilot study :-
A small preliminary investigation of some general character as the major study, which is designed to acquaint the researcher with problems that can be corrected in preparation for the main research projects for collecting data is known as a pilot study.
 A pilot study was conducted during the month of October. 10% of the main study sample size has been taken for the pilot study. These 10% participants were excluded from the main study.
The language of the tool was found to be clear and items in the tool were clearly understood by the subjects without ambiguity. Hence the tool was found to be feasible and practicable for the study after the pilot study.

The investigator selected 10 students of age (18 to 22) years who fulfilled the inclusion criteria as samples for the study by using a random sampling technique. After a brief self introduction, the investigator explains the purpose of the study and obtained consent from them. The investigator used questionnaire to collect the demographic data and also assessed the level of knowledge of the subjects by using questionnaires. The investigator give questionnaires to each subject and to complete the pilot study for 10 samples it took 5 minutes. Data collected was analyzed and the results indicated that there was a moderate knowledge regarding CPR among the students of age (10 to 22 years). The subjects was comfortable and co-operated well during the study.Thus the feasibility of study was clearly known

VI. Data analysis and interpretation

The term analyses refers to the computation of certain measures along with searching for patterns of relationship that exists among data groups. (Kothari. C.R., 2004). During analyses, the emphasis is on identifying themes and patterns in the data. Interpretation may focus on the usefulness of the findings for the clinical practice or may toward theorizing (Burns Nancy and Grove. S.K., 2007).

This chapter deals with analyses and interpretation of the information collected from 50 degree students who were studying in Government Degree College ollege, Kishtwar.The present study was design to assess knowledge regarding CardioPulmonary Resuscitation among degree students. Collected data was tabulated, analyzed and interpreted using descriptive and inferential statistics.

Objectives: The objectives of the study are:
  To assess the knowledge regarding CPR among students of selected Degree College, Kishtwar.
   To find out the association between knowledge scores with demographic   variable

   To prepare an information booklet.
Hypothesis
H0 :- There will be no relationship between demographic variables and Knowledge on CPR among students of Degree College, Kishtwar.
 H1 .- There will be a significant association between selected demographic variables and knowledge score of students in selected Degree College,   Kishtwar. **Organization of findings**
Section 1: - Descriptive analysis of demographic variables.
Section 2: - Assessment of knowledge of degree students regarding Cardio Pulmonary Resuscitation.
Section 3: - Association between the knowledge and their selected demographic variables
Section 1: - Descriptive analysis of demographic variables.
This section deals with the percentage distributions of the selected demographic variables of the degree students.

TABLE: -FREQUENCY AND PERCENTAGE DISTRIBUTION OF STUDENTS ACCORDING TO THE DEMOGRAPHIC VARIABLES:

Demographic Variables		Frequency	Percentage (%)
Age	18	05	10
	19	27	54
	20	11	22
	21	07	14
Sex	Male	11	22
	Female	39	78
Previous Knowledge	Yes	28	56
	No	22	44
Source of information	Media	24	86
	Books	01	3.5
	Relatives	02	07
	Friends	01	3.5

Regarding age, 10% (05) of respondents are in the age group of 18 years, 54% (27) of respondents are in the age group of19 years, 22% (11) of respondents are in the age group of 20 years and 14% (07) of respondents are in the age group of 21 years. According to the sex, 22 % (11)) of respondents are male students and 78 % (39) of respondents are female students.

According to their previous knowledge, 56% (28) of students are having previous knowledge about CPR and 44% (22) of students are not having knowledge about CPR.

According to the source of information, 86% (24) of students got through media, 3.5 % (01) of students through books, 7 %(02) of students through relatives, and 3.5 %(01) of students got through friends.
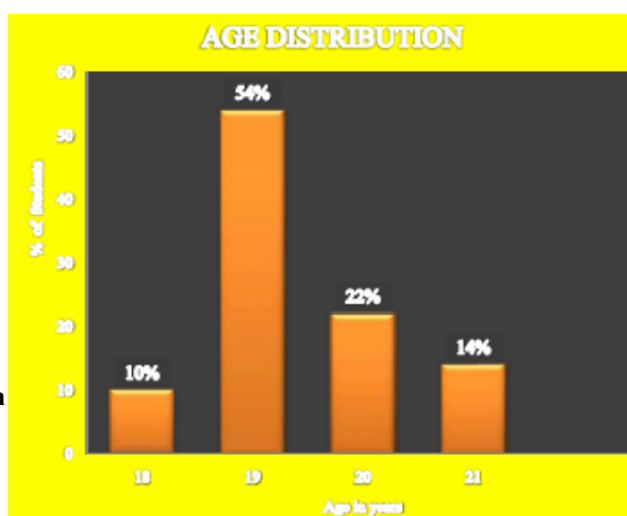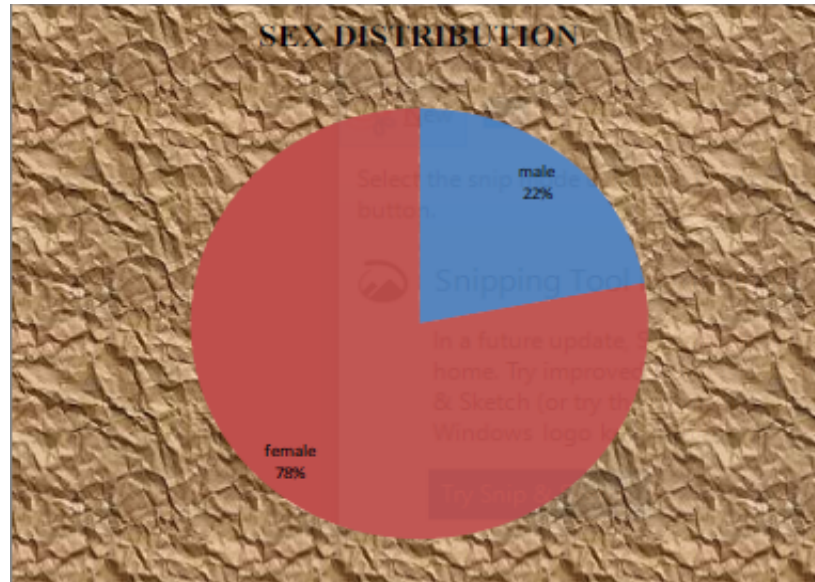
Figure : Bar diagram showin

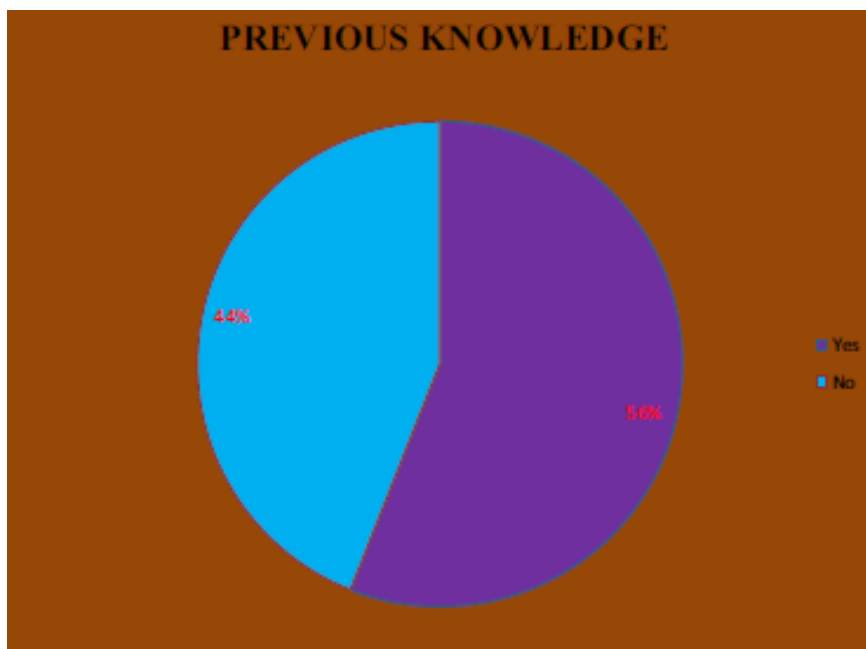**Figure : Pie diagram showing sex distribution of degree students**

Figure: Pie diagram showing distribution of degree students based on their previous knowledge

Area wise distribution of mean, SD, and mean percentage of pretest knowledge scores of the degree students regarding CPR shows that among three areas, the highest mean score (6.4+1.35) which is 58.18% was obtained for the area Anatomy and Physiology of heart, more or less similar mean score (2.6+1.35) which is 52% was obtained for the area Cardiac arrest.The lowest mean score (9.6+1.2) which is 33.1% was obtained for the area CardioPulmonary Resuscitation revealing poor knowledge. However, for all the others are as the mean percentage was 41.33.

TABLE: Area wise Distribution of mean ,Standard deviation and mean percentage of pretest knowledge scores of the CPR among degree students.

Areas	Max Obtainable Scores	Scores		
		Mean	SD	Mean percentage
Anatomy and physiology of heart	11	6.4	1.35	58.18
Cardiac Arrest	05	2.6	1.35	52
Cardiopulmonary Resuscitation	29	9.6	1.2	33.1
Overall	**45**	**18.6**	**4.14**	**41.33**

TABLE: ASSOCIATION BETWEEN THE SELECTED DEMOGRAPHIC VARIABLES WITH THE LEVELS OF KNOWLEDGE AMONG DEGREE STUDENTS.

DEMOGRAPHIC VARIABLES		LEVEL OF KNOWLEDGE				CHI SQUARE VALUE
		Very poor	Poor	Average	Good	
Age	18	0	1	4	0	2=7.25 df=9(11.07) **p>0.05(NS)**
	19	1	15	10	1	
	20	0	6	5	0	
	21	0	4	3	0	
Sex	Male	0	7	4	0	2=1.1788 df=3(7.815)
	Female	1	19	18	1	**p >0.05(NS)**
Previous Knowledge	Yes	1	15	12	0	2=0.035 df=3(7.815)
	No	0	11	10	1	**p >0.05(NS)**
Source of Information	Media	0	12	12	0	2=15.56 df=6(12.592) **P<0.05S**
	Books	0	1	0	0	
	Relatives	1	1	0	0	
	Friends	0	1	0	0	

Chi square was calculated to find out the association between the knowledge scores and demographic variables of the degree students. Significant association was found between knowledge scores of degree students regarding Cardiopulmonary Resuscitation with their demographic variables such as Source of information (P<0.05). No significant association was found between knowledge scores of degree students regarding Cardiopulmonary Resuscitation with their demographic variables.

VII. Discussion

The aim of the present study was to assess the knowledge regarding Cardiopulmonary Resuscitation among degree students in a Government degree college , Kishtwar. The study was conducted by using descriptive research design. Sample size was 50 Degree College students selected by purposive sampling technique.

The responses were analyzed through descriptive statistics (mean, frequency, percentage and standard deviation) and inferential statistics (paired t test.) **DISCUSSION ON THE FINDINGS BASED ON THE OBJECTIVES OF THE STUDY:**

Objective-1

To assess the knowledge level regarding cardio pulmonary resuscitation among degree students in Government Degree College, Kishtwar.

Finding-1

The study findings revealed that (01) 02% of students had Very poor knowledge, (26) 52% of students had poor knowledge, (22) 44% of students had average knowledge and the remaining (01) 02% had good knowledge.

Discussion-1

The above findings states that most of students have poor knowledge regarding CPR.

Objective - 2

To find out the association between knowledge regarding cardio pulmonary resuscitation among degree students with selected demographic variables.

Finding - 2

The study findings revealed that association between the level of knowledge and their selected demographic variables. It was interpreted that there was significant association found between knowledge scores of degree students regarding Cardiopulmonary Resuscitation with their demographic variables such as Source of information (P<0.05). No significant association was found between knowledge scores of degree students regarding Cardiopulmonary Resuscitation with their other demographic variables such as age, sex, previous knowledge, source of information (P>0.05). The stated hypothesis was accepted.

Discussion -2

Sanders AB reported that Cardiopulmonary Resuscitation knowledge among degree students was important. There was no significant association between the level of knowledge and their selected demographic variables like age, sex, source of information, previous knowledge about CPR.

VIII.   Summary

The present study was to Assess the knowledge regarding CardioPulmonary Resuscitation among degree students in a Government Degree College Kishtwar.

IMPLICATION OF THE STUDY:

According to Tolsma (1995) the section of the research report that focuses on nursing implication usually includes specific suggestions for nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice:

Nurses have the responsibility to improve the knowledge level of degree students.

The present study will help the nurse to assess knowledge regarding Cardiopulmonary Resuscitation .It will help in creating the awareness among students about the Cardiopulmonary Resuscitation. Cardiopulmonary Resuscitation is one of the emergency management.

Nursing education:

Student has to update their knowledge regarding Cardiopulmonary Resuscitation in emergency management. The faculty member has to motivate the student to learn about the Cardiac arrest and its immediate care.

Nursing administration:

The present study proposed to help to create awareness about knowledge regarding Cardiopulmonary Resuscitation among degree students to give a valuable life. Administrators have to educate the students through media regarding the practice of CPR.

Nursing research:

The study will be valuable reference for further research.

The findings of the study would help to expand the scientific body of professional knowledge upon which further research can be conducted.

Limitation::

The study was limited to degree students between the age group of (18-21yrs) college student who are studying in selected Degree College, Kishtwar.

Student who are present at time of collection period.

The study period is delimited for one month of duration.

The samples were selected by purposive sampling technique.

Recommendations :

The study can be replicated in large sample size.

A similar study can be done in different settings and in different population.
A comparative study can be done to having two groups.

CONCLUSION:
The degree students had poor knowledge regarding CPR.

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OBJECTIVES OF THE STUDY:

The objectives of the study are:

To assess the knowledge regarding CPR among students of selected Degree College, KISHTWAR.

To find out the association between knowledge scores with their selected

Demographic variables such as age, gender, father s occupation, family type, socio-economic status etc.

To prepare an information booklet regarding CPR.

Hypothesis

H0: There will be no relationship between demographic variables and knowledge on CPR among students of Degree College KISHTWAR.

H₁: There will be a significant association between selected demographic

variables and knowledge score of students in Government Degree College, Kishtwar

Here with we are enclosing a copy of:

Research tool.

Evaluative criteria check list for content validity.

Scoring key.

Content validity certificate