KNOWLEDGE, ATTITUDE AND PRACTICE OF FIRST AID MEASURES IN SELAM HIGH SCHOOL STUDENTS, ADDIS ABABA, ETHIOPIA

BY

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A STUDENT RESEARCH PROJECT TO BE SUBMITTED TO THE DEPARTMENT OF PUBLIC HEALTH, SPHMMC, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF MEDICINE

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Abbreviation and Acronyms

A.A- Addis Ababa

ABC- Airway, Breathing and Circulation

B.C- Before Christ

CPR- Cardio-pulmonary resuscitation

FA- First aid

GCS- Glasgow coma scale

LOC- Loss of consciousness

SPHMMC- St. Paul’s hospital millennium medical college

RTA- Road traffic accident

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ABSTRACT

Background: First aid as the name suggests, is the very first assistance or treatment given to an injured before the arrival of the qualified health personnel. Almost, 35% of deaths occur within 5 minutes of an accident while another 54% would die within 30 minutes. However, by giving first-aid at the site of the injury deaths can be decreased in 20%. There is lack of a research on knowledge attitude and practice of first aid in high school students in Ethiopia.

Objective: the aim of the study was to assess knowledge, attitude and practice of first aid measures in selam high school.

Methods: A descriptive cross sectional study was conducted on March 23, among 244 selam high school students. Self-administered questionnaire, after simple random sampling, was used for data collection. Data was analyzed using SPSS version 20

Result: Among the participants 6 (2.6%) have adequate knowledge on first aid while 103 (44.3%) have average knowledge on first aid. Most of the participants 124 (53.2%) have poor knowledge on first aid. Only few of the participants have practiced first aid Out of 233 respondents 135(57.9%) have witnessed an accident in which a person needed first aid, out of those 135 respondents only 33 (14.2%) had given first aid. Most of the participants have positive attitude towards first aid, out of 233 participants, 184(79%) strongly agrees it's crucial to learn first aid for a day to day life while 134 (57.5%) of 231 respondents strongly agrees that first aid lesson is essential in high school.

Conclusion: In conclsion there is significant lack of knowledge on first aid eventhough there are some aspectes of first aid they have good knowledge. The participants attitude towards first aid is positive

Key Words: knowledge, attitude, practice and first aid.

1. Introduction

1.1. Background

First aid as the name suggest is the very first assistance or treatment given to an injured before the arrival of the qualified health personnel. First aid is the assistance given to any person suffering a sudden illness or injury [1].

Skills of what is now known as first aid have been recorded throughout history, especially in relation to warfare, where the care of both traumatic and medical cases is required in particularly large numbers. There are numerous references to first aid performed within the Roman army [2]. Roman legions had the specific role of capsarii, who were responsible for first aid such as bandaging, and are the forerunners of the modern combat medicne [3].During the late 18th century, drowning as a cause of death was a major concern amongst the population. William Hawes began publicizing the power of artificial respiration as means of resuscitation of those who appeared drowned. This led to the formation, in 1774, of the Society for the Recovery of Persons Apparently Drowned, later the Royal Humane Society, who did much to promote resuscitation [4]. In 1859 Jean-Henri Dunant witnessed the aftermath of the Battle of Solferino, and his work led to the formation of the Red Cross, with a key stated aim of "aid to sick and wounded soldiers in the field". In 1870, Prussian military surgeon Friedrich von Esmarch introduced formalized first aid to the military, and first coined the term "erste hilfe" (translating to 'first aid') [5].

The key aims of first aid can be summarized in three key points, sometimes known as 'the three P's' [6].
The first aim is to preserve life. The overriding aim of all medical care which includes first aid, is to save lives and minimize the threat of death. Prevent further harm.

The second aim is to prevent further harm also sometimes called prevent the condition from worsening, or danger of further injury, this covers both external factors, such as moving a patient away from any cause of harm, and applying first aid techniques to prevent worsening of the condition, such as applying pressure to stop a bleed becoming dangerous.

The third aim is to promote recovery. First aid also involves trying to start the recovery process from the illness or injury, and in some cases might involve completing a treatment, such as in the case of applying a plaster to a small wound.

Certain skills are considered essential to the provision of first aid and are taught ubiquitously. Particularly the "ABC"s of first aid, which focus on critical life-saving intervention, must be rendered before treatment of less serious injuries. ABC stands for Airway, Breathing, and Circulation. Some organizations add a fourth step of "D" for Deadly bleeding or Defibrillation, while others consider this as part of the Circulation step. Variations on techniques to evaluate and maintain the ABCs depend on the skill level of the first aider. Once the ABCs are secured, first aiders can begin additional treatments, as required. Some organizations teach the same order of priority, as “ABC”, using the "3Bs": Breathing, Bleeding, and Bones (or "4Bs": Breathing, Bleeding, Burns, and Bones).

Not all the skills in providing FA is gained through training**.** Basic principles, such as knowing to use an adhesive bandage or applying direct pressure on a bleed, are often acquired passively through life experiences. However, to provide effective, life-saving first aid interventions requires instruction and practical training. This is especially true where it relates to potentially fatal illnesses and injuries, such as those that require cardiopulmonary resuscitation (CPR); these procedures may be invasive, and carry a risk of further injury to the patient and the provider. As with any training, it is more useful if it occurs before an actual emergency.

1.2. Statement of the problem

Today's world is increasingly exposed to factors which put individuals in potentially dangerous situations. These factors are called hazards that can be either natural (e.g. earthquakes) or manmade (e.g. a chemical production plant accident). Both can threaten or cause injury to the population as well as have considerable economic and environmental impact [7].

Accidents, however, can happen equally at home or on the road. Road accidents are certainly the first example people think of when highlighting the benefits of first aid, and the needs for those benefits are increasing all over the world.

Some 1.3 million people are killed in road accidents worldwide each year and as many as 50 million are injured. For every death, 20 to 30 people are disabled, many permanently. Road traffic injuries are the leading cause of death among young people aged 15 to 29, and the second most common cause of death for those aged 5 to 14. Between 20 and 50 million sustain non-fatal injuries.

In addition to preventive measures focused on the majors risk and contributory factors (not wearing seatbelts and helmets, speeding, drinking and driving, using a mobile phone while driving, etc.), it is crucial to improve emergency response and pre-hospital care system. First aid is, of course, at the core of these measures.

Almost, 35% of deaths occur within 5 minutes of an accident while another 54% would die within 30 minutes. However, by giving first-aid at the site of the injury deaths can be decreased in 20%. [8].

The assistance provided during the first few minutes of an accident is essential for the injured especially for their future health and quality of life. A considerable amount of time may pass before an ambulance arrives but professional help can still be provided. As an example, after a serious road accident if nobody applies pressure to the wound of a person with severe bleeding to stop it, even the quickest, most sophisticated emergency service in the world will arrive on the scene only to certify a death.

Globally, in Africa or in Ethiopia knowledge, attitude and practice of first aid among general population or specific group of population is low. First aid isn't thought for the general population. It is not also incorporated in the teaching curriculum of high school students. to mitigate problem of first aid, there are more than 36,000 active first-aid trainers and 770,000 active volunteers serving their communities in first-aid education and services, making first aid for all. More than 7 million people are trained worldwide by Red Cross and Red Crescent Societies in the 52 countries.

1.3. Significance of the study

Every citizen should share a responsibility of having basic first aid knowledge in case of emergency as we have to undergo such situations in our day today life. Younger generation is the future of the country and they have good capacity to learn new things and act immediately. Schools are the most suitable places where proper education on first aid to be delivered. In the contrary the practice of first aid in the general population of Ethiopia is very low and course on first aid is not incorporated in to the Ethiopian educational curriculum. The low practice of first aid can be from lack of education or problem of attitude.

This study explored knowledge attitude and practice of first aid in selam high school. The data obtained from this study will be used by the school and concerned parties to plan for the improvement of the knowledge, attitude and practice of first aid of the students.

In addition, the data from this study can be used as evidence to incorporate first aid training in the educational curriculum of Ethiopia.

This study will be one of the few studies on knowledge attitude and practice of first aid in populations of Ethiopia.

The study will also provide baseline information to other researchers to work further research related issues.

2. Review of literature

2.1. KAP of first aid in developed countries

There are few studies done on the knowledge, attitude and practice of first aid on high school students globally but, there are plenty of studies on the knowledge, attitude and practice of the general population or part of the general population such as taxi drivers and soldiers on first aid. [10][15][16]

The fact that knowledge of first aid can help in preventing devastating outcomes is reflected in many studies. Medical profession in Canada has encouraged the teaching of cardiopulmonary resuscitation (CPR) to secondary school students in public schools. Teaching CPR in a school setting allows a way of reaching hundreds of students over a period of time. It is also suggest that the teaching of first aid to students is probably cost-effective in terms of saving lives [9].
It is difficult to find a study in our country on knowledge, attitude and practice of first aid in high school students or other parts of the population.

Most of studies done globally on knowledge, attitude and practice of first aid shows that the general population or part of the general population has poor knowledge on first aid. The result on the attitude and practice of first aid is variable from country to country and from profession to profession.

In a survey done by Hong Kong Red Cross on the general population of Hong Kong in 2011 about the knowledge and attitude on first aid, even though the survey doesn't assess the practice of first aid, it showed that the public knowledge on first aid was inadequate and fallacious. It was found that respondents could only answer 5 questions out of 10 in average, while less 50 % of the respondents were able to indicate the correct first aid procedure to handle common accidents. The study also showed that the respondents attitude were positive, but inactive, to learn first aid.
Overall, 90 % of the respondents agreed that it was crucial to learn FA and they would offer first FA to people in need if they possess adequate FA knowledge and skill. 55 % of the respondents

responded that it was the responsibility of medical professionals to save life and perform first aid. 36 % of the respondents felt that learning first aid may be difficult and complicated.
Hong Kong Red Cross the at last suggested schools to include first aid as a compulsory module in the liberal studies curriculum [10].

On a descriptive cross sectional study on first aid knowledge and attitude of secondary school students in Saudi Arabia in 2015, generally, trained students reported both better first aid knowledge and skills than untrained counterparts. 79.6% trained-compared to 53.7% untrained-students recorded such score > 70%. The younger the age was, the higher opportunity to record a high score (>70%) was, 62.3% <17 y vs. 49.3% ≥17 y. Trained students better deal with critical cases, bleeding and bodily injury compared to untrained peers 89.8% vs. 55.9% [11].

On a study involved 87 middle school students in an urban area in Greece before and after educational intervention, There was a statistically significant difference between before and after the educational intervention concerning the following questions: position for resuscitation (27.6% vs. 80.5%), nose bleeding (29.9% vs. 87.4%), choking (56.3% vs. 88.5%), unconsciousness (60.9% vs. 82.8%), recovery position (75.9% vs. 87.4%), trauma (77% vs. 89.7%) and self-protection when giving first aid (78.2% vs. 94.3%). There was no significant statistical difference between questions concerning burns (92% vs. 94.3%) and electric shocks (81.6% vs. 89.7%). There was an important but not big enough statistical difference about the 'clearing the airway' question (29.9% vs. 52.9%) [12].

2.2. KAP of first aid in developing countries

Study on 158 students from grade 8 and 9 on the knowledge of high school students, about first aid and the effect of training in Pune, India. Their knowledge was tested using pretested multiple choice questionnaire. They were taught about first aid with power point presentation, demonstration and videos. Students were re-assessed using the same questionnaire and the result showed Pretest knowledge of students was poor about various emergencies. It was observed that there was significant improvement in knowledge about various emergency conditions after the training. Pretest knowledge about first aid services was average among 107(67.7%), good 47(29.7%), and best among 4(2.5%). The study didn't compare whether presentation or demonstration or videos is the better to train the students. The study didn't asses the attitude and practice of first aid [13].

In another descriptive cross sectional study that was undertaken in two selected schools out of five girls' schools and five boys' on knowledge, attitudes and practices on first aid measures among Senior School prefects in Galle Education Division, Sri Lanka in 2015. All the students on the survey had previous first aid training. The study states that "In conclusion, senior prefects across two schools had inadequate knowledge on main aims of first aid, primary assessment and Cardio Pulmonary Resuscitation. There were 66 senior prefects; 35 males and 31 females. All of them had heard the term of "First aid". However, primary assessment in first aid (DRABC-Danger, Response, Airway, Breathing, and Circulation) was known to 17 (10 males and 7 females) subjects. Nearly 70% (25 males, 22 females) heard the term "cardiopulmonary resuscitation". But of them only 12 males and 5 females were able to mention the ratio of chest compressions to rescue breaths as 30:2. There was positive attitude towards first aid as the mean ± SD score was 24.23±2.4 out of 30 marks. Nearly 3/4 of them had the view of having first aid in their school curriculum and wants to improve their first aid knowledge and practice. As a suggestion it also adds "First aid training programs should be introduced to the school curriculum and also the standard of all the existing programs should be raised." The above study also shows that the quality of the training is also important [14].

In Africa continent there is a lack of such study on high students. In one study done on the knowledge, attitude and practice of first aid among undergraduate medical students in Tanzania 2012, the students across the Medical colleges had inadequate first aid knowledge. A total of 464 students were interviewed, 459 (98.9%) had heard about first aid before and only (46.1%) had formal First Aid (FA) training. The overall mean knowledge level was found to be 43% which is low. More than 80% of the participants had good attitude towards first aid. Many recognized the need for introduction of formal first aid training program at school/ college level. This conclusion is similar to other mentioned study on the general population and high school students [15].

Few study in Ethiopia on the knowledge, attitude and practice of first aid on different population showed similar results as the above mentioned studies on different countries around the world and Africa. In a study on assessment of knowledge, attitude and practice of first aid service provision associated with road traffic accident among taxi drivers in Addis Ababa the conclusion was that the participants have considerable knowledge attitude and skill deficiencies on first aid of trauma victims of RTA during pre-hospital care. On this study among the participants, 46.3% had a good knowledge on how to give first aid during RTA, while the other respondents 53.8% have no or poor acquaintance about FA. Among the participant 95.5% had interest to train for first aider. 45% of them think lay people should be trained to give first aid, whilst others 48% believe as anyone can give without trained. Out of 400 taxi drivers 158(39.5%) had attended to RTA victim and from this 133(84.2%) gave first aid and 25(15.8%) of them didn't give first aid. From those who gave first aid 17(12.8%) call to 939 or ambulance 66(49.6%) of them transfer to the nearest hospital, 40(30%) claimed they gave first aid, and 10(7.5%) transferred the victim to police station [16].

On a study done on military personnel regarding FA measures in northern Command 21st division, Out of 375 military personnel's participate in the study 57.3% were untrained rest 42.7% were trained first aid. result showed that there is gab on preferable position of unconscious patients, FA of penetrating objects on the abdomen, FA of chemical burn, FA of penetrating eye injury, FA of priority, FA of protruded intestine, seizure, choking, cardiac arrest, fractured. Also half of the participants believed FA activity is performed only by health workers. In this study 94.4% agreed that lay people should be trained to provide FA. [17].

3. Objectives

3.1. General objective

- The aim of the study was to assess knowledge, attitude and practice of first aid in selam high school students

3.2. Specific objectives

- To assess the knowledge of selam high school students about first aid.
- To assess the attitude of selam high school students about first aid.
- To assess the practice of selam high school students about first aid.

4. Methods

4.1. Study setting

Selam high school is located in in Bole sub city, Addis Ababa, Ethiopia. It is found behind Ethiopian Civil Service University. It is a apart of selam children village which includes selam kindergarten, elementary, high school and technique and vocational college. The high school has about 518 students in grade 9 and 10 the 2016/ 17 year. It has 5 classes in both grades (A, B, C, D, and E).

4.2. Study design

A descriptive cross sectional study was conducted.

4.3 Study period

The study was conducted on March 14, 2017.

4.4. Population

Source population

All the students of selam high school.

Study population

All high school students who fulfilled the inclusion criteria.

4.5. Sample size and sampling method

Sampling method

Simple random sampling was used to identify those participants of the study.

Students list was obtained from the high school the randomization was done using www.randomizer.org.

Sample size determination

The sample size was calculated using the following formula

$n= [Z_{\alpha/2}^2 P (1-P)]/d^2$

Where

n = maximum sample size to represent large population

Z = with 95%confidence level (Z=1.96)

P = the proportion of students who had knowledge on First Aid in other studies, since its unknown 50 % or 0.5

D= margin error set at 0.05

Then the value of n is

$n= [1.96^2 X 0.5 (1-0.5)]/0.05^2$

n= 384.16

Sample size was calculated by using finite population correction formula

$n_0 = N/ [1+ N/n]$

Where

n_0 is corrected sample size

N is maximum sample size to represent large population is 385

n is the total number of the high school students which is 518

$n_0= 385/ [1+385/518]$

$n_0 =221.2$

Contingency =10% n_0

=22

The final sample size will be n_0 + 10% n_0

Which will be 222+22= 244

4.6. Variables

- Level of knowledge on first aid measures
- Attitude towards first aid measures
- Practice of first aid measures
- Age, sex, grade, religion, first aid training status, accident exposure, previous injury, participation in the school red cross club.

4.7. Inclusive and Exclusive criteria:

Students that are volunteer and are present during the day of data collection were included.

4.8. Data collection method and process

Data collection technique

Since there are no single standard questioner, the questioner was developed by combining different questioners, and it will be approved by an emergency physician. The questioner was be developed both in Amharic and English language.

Data handling technique

Data was collected by standardized questionnaire which was adopted and modified as in our situation before the actual data collection. The questioner was pretested .Quality assurance measure was taken during questionnaire designing, data collection and data management process. Each questionnaire was reviewed to check for completeness.

Data Analysis

The collected data was coded, entered and analyzed by calculating the frequency, mean, mode and range of different variables using SPSS version 20.0.

4.9 Operational definition

Good knowledge- if the participants get ≥75 % of question about first aid knowledge [15].

Average knowledge-if the participants get between 60% - 74.9% question about first aid knowledge [15].

Poor knowledge-if the participants get ≤59.9% question about first aid knowledge [15].

Positive attitude- if the participants scores ≥8 on the questions on attitude towards first aid.

Negative attitude- if the participants scores ≤ 7on the questions on attitude towards first aid.

4.10 Ethical clearance and considerations

Permission to conduct the study was sought from SPHMMC and Selam high school Administration. Participation will be sought from participants after providing detailed explanation of the aim of the study. All participants were informed that the information given will be used for research purpose only. Informed verbal consent was sufficient for one to be included in the study. Participation was voluntary and the students were free to choose not to answer any question

4.11 Dissemination plan

The final result of this paper will be submitted to St Paul's Hospital Millennium medical College, public health department. The findings will be disseminated selam high school, Addis Ababa burro of education, ministry of health and also to different stakeholders. Finally effort will be made to present in various seminars and workshops and for publication in different journals.

5. Results

5.1 Socio-demographic distribution

From total participants of 244, 233 responded and the response rate was 95.5 %. The respondent's age was in the range of 14 – 18 years. The mean age was 15.69 with ±SD 0.89. From the participants 134 (57.5%) were grade 9 students and 99 (42.9%) were grade 10 students. 111 (47.6%) of the participants were male and 122(54.4%) of the participants were female. Regarding religion 158 (67.8%) were orthodox, 64 (27.5%) were Protestants, 9 (3.9%) were Muslims. Regarding the ethnicity of the participants 111(47.6%) were Amhara, 25 (10.7%) were Tigre and 41 (17.6%) were Oromo.

Table 1- frequency distribution of selected socio-demographic characteristics of selam high school students, March 2017

Variables	Frequency	Percent
Sex		
Male	111	47.6
Female	122	52.4
Religion		
Orthodox	158	67.8
Protestant	64	27.5
Muslim	9	3.9
Age		
14	17	7.3
15	84	36.1
16	90	38.6
17	38	16.3
18	4	1.7
Grade		
9	134	57.5
10	99	42.5

5.2 Knowledge

Among the participants 6 (2.6%) have adequate knowledge while 103 (44.3%) have average knowledge most of the participants 124 (53.2%) have poor knowledge. Regarding FA after chemical injury to the eye most of the respondents 179 (78.6%) they would irrigate the eye with clean water.

When asked about what the respondents would do if they saw a person on fire, 115 (49.4%) of respondents would advise the person either to roll on the ground or splash water on him or wrap the person with a blanket, while 6 of the respondents don't know what to do.

When asked about what the respondents would do if they encounter a person with scald burn with blisters, 68(29.2%) responded that they will apply grinded coffee, 37(15.9%) would burst the blister, 52 (22.3) would cover the blisters with clean cloth, 8 (3.4%) apply topical cream and 68.2 (29.2%) don't know what to do.

When asked about what the respondents would do if they have an epistaxis, 153 (65.7%) would pinch there nose bridge and elevate their head while 13(5.6%) would wait until it stop by itself and 6(2.6%) respondents don't know what to do.

When asked how to give FA to a patient with a leg sprain and suspected fracture, 79 (33.9%) responded that moving the limb will be good for a sprain and 52(22.3%) believe moving the injured leg is good for suspected fracture.

When asked what the respondents would do first if they get a comatose person, 102 (43.8%) would first open the persons mouth and remove any secretion or foreign body while the other respondents responded they would first stop bleeding or immobilize fractured limb. whereas 41(17.6%) don't know what to do.

When asked about how to assess patent air way most of the respondents 176(75.5%) believes if there is a complete airway obstruction a person can't speak, cough and breath.

Most of the respondents 215(92.3%) of respondents answered that the normal heart rate of an adult person ranges from 60 to 100.

Most of the respondents 169(72.5%) thinks the best way to transfer an injured person is by supporting his back and neck, while 7(3%) thinks it's best to transport the injured person in a sitting position without any support to the back.

When the respondents were asked if they encounter three persons, the first person with breathing difficulty, the second person with bleeding from the arm and the last person with suspected fractured limb. 226 (97%) will give help first for the person with difficulty to breathe. 120(51.5%) respondents would give 2nd priority for the person with bleeding from the arm and 107(45.9%) respondents would give 2nd priority for the person with fracture.

When the respondents were asked if they have ever heard the term 'CPR', 74(31.8%) of the respondents have heard the term while 159(68.2%) haven't heard the term 'CPR'. 53(22.7%) of the respondents think It's a lifesaving procedure that will revive a person who suffered a cardiac arrest while 111(46.7%) of the respondents think 'CPR' is a process of applying electrical energy to the heart artificially using external electrical device.

When asked about the three digit emergency service phone number 157(67.4%) answered 939 while 23(14.2%) don't know the number.

Table 2 Frequency distribution showing the knowledge of first aid measures of selam high school students, March 2017

Variables	**Frequency**	Percentage
1-FA knowledge		
Adequate knowledge	6	2.6
Average knowledge	103	44.2
Inadequate knowledge	124	53.2
2-What will you do if a chemical get in to your eye?		
Rub it	10	4.3
Irrigate with clean water	179	76.8
Apply cream	6	2.6
Dont know what to do	38	16.3
3-What will you do if you are scalded and blister is formed?		
Apply grinded coffee	68	29.2
Burst blister	37	15.9

Cover with clean dressing	52	22.3
Apply topical lotion	8	3.4
Dont know what to do	68	29.2
4-If a patient has a complete airway obstruction, he/she cannot		
Speak	1	0.4
Breath	55	23.6
Cough	1	0.4
All	176	75.5
5-What will you do if you sprained your ankle		
Cold compress with ice pack	19	8.2
Immediately move the joint	79	33.9
Apply hot compression with hot water	101	43.3
I don't know	34	14.6
6-What will you do to stop nose bleeding		
Elevate the head and pinch the nose just below the bridge	153	65.7
Lower the head and pinch the nose just below the bridge	61	26.2
Wait until it stops by itself	13	5.6
I don't know	6	2.6
7-If you get a person with fractured leg		
Advice not to move his leg	80	34.3
Massage his leg	57	24.5
Advice to move his leg	52	22.3
Don't know what to do	44	18.9
8-If you get a an injured comatose person what you do first		
Open the mouth and remove any secretion or foreign body that obstructs the airway first	102	43.8
Stop bleeding first	86	36.9
Immobilize fractured leg	4	1.7
Don’t know what to do	41	17.6
9-Have you ever heard the term “CPR”?		
Yes	74	31.8
No	159	68.2

10-What is CPR (cardiopulmonary resuscitation)?		
It's a lifesaving procedure that will revive a person who suffered a cardiac arrest	53	22.7
It is a process of applying electrical energy to the heart artificially using external electrical device	111	47.6
It is a process of inserting artificial tube to the airways to help a person breath	30	12.9
I don't know	39	16.7
11-What is the normal range heart rate of an adult?		
0-100	8	3.4
0-200	10	4.3
60-100	215	92.3
12-What is the 3 digit emergency service phone no?		
911	19	8.2
939	157	67.4
952	33	14.2
I don't know	23	9.9

5.3. Attitude

Out of 233 participants, 225 (96.5%) of the participants had positive attitude on FA measures, where others had poor attitude.

Out of 233 participants, 184(79%) strongly agrees it's crucial to learn first aid for a day to day life while 134 (57.5%) of 231 respondents strongly agrees that FA lesson is essential in high school. When asked if they think giving FA is difficult and complicated, 106(45.5%) disagreed and 90 (38.6%) strongly disagreed.

Out of 230 respondents, 154 (66.1%) strongly disagree that FA should only be the responsibility of medical personnel.

Out of 233 respondents 174 (74.7%) strongly agrees if they had first aid knowledge and skill, they would perform first aid to peoples in need. (See table 3)

Table 3 Frequency distribution showing the attitude of first aid measures of selam high school students, March 2017

Variable	Frequency	percentage
Attitude towards first aid		
Positive	225	96.5
Negative	8	3.5
Is it crucial to learn first aid in daily life?		
strongly disagree	4	1.7
Agree	45	19.3
strongly agree	184	79.0
learning first aid is difficult and complicated		
strongly disagree	90	38.6
disagree	106	45.5
Agree	27	11.6
strongly agree	8	3.4
it is the responsibility of only medical professionals to perform first aid		
strongly disagree	154	66.1
Disagree	61	26.2
Agree	5	2.1
strongly agree	10	4.3
if I have first aid knowledge and skill, I will perform first aid to peoples in need		
strongly disagree	11	4.7
disagree	5	2.1
Agree	43	18.5
strongly agree	174	74.7
First aid lesson is essential in high school		
strongly disagree	5	2.1
Disagree	9	3.9
Agree	83	35.6
strongly agree	134	57.5

5.3 Practice

Out of 233 respondents 135(57.9%) have witnessed an accident in which a person needed FA, out of those 135 respondents only 33 (14.2%) had given FA. (see table 4)

Table 4 -Frequency distribution showing the practice of first aid measures of selam high school students, March 2017

Variables	Frequency	Percentage
Ever witnessed an accident in which a person needed first aid?		
Yes	135	57.9
No	98	42.1
Did you give first aid?		
I gave fa	33	14.2
I did not give fa	102	43.8

6. Discussion

No similar studies evaluating the level of FA knowledge among high school students in Ethiopia exist so far.

This study had focused on selam high school students. Out of 233 high school students participated in the study Most of the participants didn't have any form of FA training. FA trained participants were found to be higher a survey in Hong Kong [10]. Similarly in a Study conducted on assessment of knowledge on practice regarding first aid measures among the self-help groups in selected areas of Mangalore, more participants had information from the teaching programs [15]. On research focused on taxi drivers in Addis Ababa comparable proportion of the participants had FA training comparing to this study, while on research focused on military personnel's in Ethiopia out half of the participants had FA training. [16]. this gap in FA training status could be from the socioeconomic status, development of the country and the profession of the participants.

Among the participants of this study only 2.6% have adequate knowledge while 44.3% have average knowledge most of the participants 53.2% have poor knowledge. in similar study done on nursing students In India 38% of students had inadequate knowledge [13], this difference could arise from the educational status of the participants and exposure to accidents which needs FA.

Regarding first aid after foreign body got in to the eye most of the participants in this study have good knowledge what to do, which is also seen in the Hong Kong study [10]. In similar studies in India nursing student's comparable proportion of the respondents have good knowledge regarding FA after foreign body accident in to the eye [13].

This study has shown that the 77.7% of the participant students were wrong on giving FA to a person with scald burn with blisters while on the same research done on Hong Kong general population they had relatively good knowledge compared to the participants in this study [10]. This gap in the result can be from differences in culture such as applying coffee in a wound is common practice in Ethiopia. The socio-demographic difference can also be other reason for this gap.

Regarding giving FA to a person with fracture and sprain, there is significant knowledge gap from similar researches globally or in researches done on other professions in Ethiopia. Only one third of the participants get the idea of immobilization after fracture and only one tenth of the participants know the RIcE (rest, ice compression and elevation) principle for sprains. From similar survey in Hong Kong general population more than half of the participants knew the RicE principle of sprain management [10]. On study done on taxi drivers on KAP in Addis Ababa and military personnel in Ethiopia, most of the participants know principle of immobilization [16] [17]. Such differences can be explained age of the participants, the mean age of the participants in this study is 15.6yrs. in the Hong Kong survey 65 % of the respondents were between 41 and 61 years, whereas the mean age of the participants was 26.7 ± 7.14 yrs and 33.4± 8.57 among the military personnel and taxi drivers respectively. Socioeconomic status also can explain the gap in knowledge of fracture FA.

ABC of life is of the basic principles in FA. Only half of the participants in this study prioritized checking the airway before the circulation in a comatose person. When compared to the similar study on Tanzania medical student's prioritizing the air way is significantly low [15]. This gap could be from difference in educational status of the respondents in these 2 researches, since the participants in the Tanzania research were medical students. In the contrary most of the participants prioritize to give FA to a person with respiratory difficulty than to a person with fracture or upper arm bleeding, which is similar to the study in Tanzania, taxi drivers in Addis Ababa and military personnel's in Ethiopia [15][16][17].

Nose bleeding is amongst the common medical emergencies in our communities, in this study quarter of the participants answered correctly on managing epistaxis which is less than the Tanzania study. In similar study done in Pakistan, even though many students had encountered epistaxis ,only tenth of the participants selected the correct option [15]. This gap can be from differences in the educational status and cultural practices. In ethiopia its customary to hold the nose and elevate the head when having nasal bledding eventhough there is a risk of aspiration when elevating the head.

The participants had a postitive attitude about FA. Almost all of the participants agrees that knowing FA is crucial in day to day acctivity and don't think its only the responsibility of medical personnels to give FA . regarding incoorporating FA course in the curriculum is widelys supported among the participants. These results are comparable with results from global research and researches in africa and Ethiopia [15][16].

Research on indian nursing students on KAP of FA showed that structured teaching programme was an effective method to improve the knowledge, attitude and practice of frist aid measures [13]. But there is significant problem regarding FA training in the participants of this research, Most of the participants didn’t have any form of FA training in addition setting of the training like who gave the training, where there a practical training, is not adequately known.

7. Conclusion

In conclsion there is significant lack of knowledge on firstaid eventhough there are some aspectes of FA they have good knowledge. The participants attitude towards first aid is positive. There is significant lack of practice of FA. This result showed that there will be significant problem in giving FA. With such significant lack of knowledge and pratice it will be difficult to decrease mortalities and morbidities after accidents.

8. Recommendation

- Minister of education or addis ababa beauro of education should incorporate first aid lesson in the curriculum of high school education.
- The administration of selam high school should facilitate training on first aid to the students.
- The ministry of health should give training to the general population on first aid.

9. Limitation of the study

- Shortage of time
- There were limited similar studies conducted in our country, especially related to first aid measures

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11.ANNEXIS

11.1 annexes 1

Questionnaire

ST PAUL'S HOSPITAL MELLNNIUN MEDICAL COLLEGE MEDICAL STUDENT RESEARCH PROJECT QUESTIONNER

Research topic: Knowledge, attitude and practice of first aid measures in selam high school students, ADDIS ABABA, ETHIOPIA

Introduction: My name is Dr. Yeabtsega Degu, I am an intern at SPHMMC. I am doing a study here in selam high school about first aid measures knowledge, attitude and practice. Your name will not be written on this form, and will never be used in connection with any of the information you tell us. You do not have to answer any questions that you do not want to answer, and you may end this questioner at any time you want to. However, your honest answer to these questions will help us better understand about your first aid measures knowledge, attitude and practice and to give different training regarding the gaps. I would greatly appreciate your help in responding to this study.

Are you voluntary to participate on the study?

Yes

No

If no what is your reason –

Principal Advisors

Name -1 Mr. TSEDEKE WOLDE (BSc, MSc)

2 Dr. MENBEU SULTAN (MD, MPH, Assistant professor of emergency medicine)

I would greatly appreciated and thank your response to us and for taking your time.

Cell phone no- 0921334277

Email- yeabdg@gmail.com

Section I: General information (make circle to the option you choose)

1. Age- ________

2. Sex

A- Male
B- Female

5. Grade-_________
6. Ethnicity-

4. Religion

A- Orthodox
B- Muslim
C- Protestant
D- Other specify

Section 2- KAP of first aid

5. Are u a member of Red Cross club in your school or other place?

A- Yes
B- NO

6-Do you have previous personal history of accidental injury?

A- Yes
B- No

7- If yes what was/were the nature/s of the accident

A- ____
B- ____

8-if your answer to question 6 is yes, who gave you first aid?

A- Medical professional
B- Non- medical personnel
C- I did not get first aid

9- Have you ever witnessed an accident in which a person needed first aid?

A- Yes
B- No

10-if your answer to question 9 is yes, did you give first aid?

A- Yes
B- No

11-Have you attended first aid Training

A- Yes

B- NO

12-If you answer to question 11 is yes, where did you attend the training

____

13- What will you do if foreign body get in to your eye?

A- Blow it away
B- Rub it
C- Irrigate with clean water
D- Apply topical cream

14-what will you do if you are scalded and blister is formed?

A- Apply grinded coffee powder
B- Burst the blister
C- Cover it with a clean gauze
D- Apply body lotion

15-If a victim is on fire what do you do

A- Tell him to fall to the ground and roll
B- If you have water pour it directly on the burned area
C- wrap the person in a blanket or other large covering
D- all
E- I don't know

16- What will you do to stop nose bleeding?

A- Insert tissue paper in to nostril
B- Lower the head and pinch the nose just below the bridge
C- Elevate the head and pinch the nose below the bridge
D- Wait until it stops by itself

17-If you get a one leg fractured what will you do?

A- Immobilize or Support with pillows,
B- Immobilize or Support with blankets,
C- Immobilize or Support with uninjured limb
D- I don't know

18-what will you do if you sprained your ankle?

A- Apply ice pad to the sprained ankle
B- Massage the sprained ankle
C- Stretch the sprained ankle
D- Apply hot pad to the sprained ankle

19-If you get a an injured comatose person what you do first

A- Open the mouth and remove any secretion or foreign body that obstructs the airway First
B- Stop bleeding first
C- Immobilized the fractured bone first

D- I don’t know

20-If a patient has a complete airway obstruction, they cannot

A- Speak
B- Breath
C- Cough
D- All the above
E- I don’t know

21- What is the normal range heart rate of an adult?

A- 0-200
B- 0-100
C- 60-100
D- I don’t know

22-if we want to transfer a patient who sustained poly trauma from a car accident from place to place

A- We can transfer him in a sitting position
B- We can carry him on our back
C- We have to transport him supine by supporting his back and neck
D- I don’t know

23-You get three causality during car accident

1. Respiratory injury and breathing problem

2. Fracture

3. Upper arm bleeding

Question- from those causality for whom you give first aid first .write on ordered

1-____

2-____

3-____

24 Have you ever heard the term “CPR” (cardiopulmonary resuscitation)?

A- Yes
B- No

25-What is CPR (Cardiopulmonary resuscitation)?

A- It’s a lifesaving procedure that will revive a person who suffered a cardiac arrest.
B- it is a process of applying electrical energy to the heart artificially using external electrical device
C- It is a process of inserting artificial tube to the airways to help a person breath
D- I don’t know.

26-What is the 3 digit emergency phone no of Ethiopia Red Cross emergency service?

A- 952
B- 911
C- 939
D- I DON'T KNOW

	Strongly agree	Agree	disagree	Strongly disagree
27-it is crucial to learn first aid in daily life.				
28-First aid lesson is essential in high school.				
29-learning first aid is difficult and complicated.				
30-it is the responsibility of only medical professionals to perform first aid.				
31-if I have first aid knowledge and skill, I will perform first aid to peoples in need.				

END OF THE QUESTIONNER, THANK YOU VERY MUCH!!!

Annexes 2

በቅዱስ ጳውሎስ ሆስፒታል ሚሊኒየም ህክምና ኮሌጅ የ ዶክትሬት ዲግሪ መመረቂያ ጥናት።

የጥናቱ ርእስ : የ ሰላም ሁለተኛ ደረጃ ተማሪዎች በመጀመርያ ህክምና እርዳታ አሰጣጥ ያላቸው እውቀት ፣ዝንበላ እና ተግባር የዳሰሳ ጥናት።

ከተማ ቦታ :————————

ቀን፡————————

ጤና ይስጥልኝ ፡-እኔ ዶክተር የአብፀጋ ደጉ በቅዱስ ጳውሎስ ሆስፒታል ሚሊኒየም ህክምና ኮሌጅ ኢንተርን ንኝ። የመመረቅያ ጥናቴን በሰላም ሁለተኛ ደረጃ ተማሪዎች በመጀመሪያ ህክምና እርዳታ አሰጣጥ ያላቸው እውቀት ዝንበላ እና ተግባር ለማጥናት ይህን መጠይቅ አዘጋችቼ ለናንተን ለመጠየቅ አቅርቤዋለሁ፡፡ የሚሰጡኝ ምላሾች ሁለ በጥብቅ ሚሥጥርነት የሚያዙ ናቸው ፡፡ ስም በዚህ ቅጽ ላይ አይጻፍም እናም ከማንኛውም መረጃ ጋር ተያይዞ ሊቀርብ አይችልም ፡፡መመለስ የማይፈልጓቸውን ጥያቄዎች ያለመመለስ ሙብትዎ ሙለ በሙለ የተጠበቀ ነው፡፡የመጠይቁን ሂደት በፈለጉ ጊዜ እንዲቋረጥ ማድረግ ይችላሉ፡፡ይሁንና እርስዎ የሚሰጡን እውነተኛ እና ሃቀኛ ምላሽ ሁለተኛ ደረጃ ተማሪዎች በመጀመሪያ ህክምና እርዳታ አሰጣጥ ያላቸው እውቀት፣ ዝንባላ እና ተግባር በማወቅ የተለያዩ ስልጠና ለመስጠት ይጠቅማሌ፡፡ሰለዚህ ለሚቀርብልዎ ጥያቄዎች ለሚሰጡኝ ልባዊ ምላሾች ሁለ ከሌብ አመሰግናለሁ፡፡

ጥያቄዎችን ለመመለስ ፍቃደኛ ነዎት ?

- ☐ አዎ ፍቃደኛ ነኝ
- ☐ ፈቃደኛ አይደሆሁም

ፈቃደኛ ካልሆኑ ምክንያትዎ ይግለጹ————————————————————————

ጥናቱን የሚካሔደው በቅዱስ ጳውሎስ ሆስፒታል ሚሊኒየም ህክምና ኮሌጅ የማህበረሰብ ጤና ክፍል ጋር በመተባበር ነው።

የጥናቱ አማካሪዎች፡

1፡ፀደቀ ወልዴ (BSc, MSc)

2፡ዶ/ር መንባው ሱልጣን (MD. Assistant professor of emergency medicine)

ግዜዎን ሰጥተው ·ሆጥያቄዎቹ መሌስ በመስጠትዎ ከሌብ አመሰግናሆሁ፡፡

ስልክ ቁጥር፦0921334277

ኢሜል- yeabdg@gmail.com

ክፍል አንድ- አጠቃሊይ መረጃ

1- ዕድሜዎ ስንት ነው-___

2- ጾታ

ሀ. ወንድ ለ. ሴት

3-ስነተኛ ክፍል ኖት? ————————————

4-ብሄር- ——————————————

5-ሃይማኖትዎ ምንድ ነው?

ሀ. ኦርቶዶክስ ለ. ሙስሊም ሐ. ፕሮቴስታንት መ. ሌላ ከሆነ ይገለጽ-

ክፍል ሁለት

6-በት/ቤት ወይም በሌላ ቦታ የቀይ መስቀል አባል ኖት?

ሀ-አዎ ለ-አይደለሁም

7-ከዚህ በፊት በራሶ ላይ የደረሰ አደጋ ነበር?

ሀ-አዎ ለ-የለም

8-ለጥያቄ 7 መልሶ አዎ ከሆነ፣ ምን አይነት አደጋ ነበር የደረሰቦት?

____

____

9-ለጥያቄ 7 መልሶ አዎ ከሆነ፣ የመጀመሪያ ህክምና እርዳታ ማን ሰጥዎ?

ሀ-የህክምና ባለሙያ ሐ-የመጀመሪያ ህክምና እርዳታ አላገኘሁም

ለ-የህክምና ባለሙያ ያልሆነ

10-ከዚህ በፊት የመጀመሪያ ህክምና እርዳታ መስጠት የነበረበት አደጋ አይተው ያቃሉ?

ሀ- አቃለው ለ-አላቅም

11--ለጥያቄ 10 መልሶ አቃለው ከሆነ፤ የመጀመሪያ ህክምና እርዳታ እርሶ ሰጥተዋል?

ሀ- ሰጥቻለሁ ለ-አልሰጠሁም

12- የመጀመሪያ ህክምና እርዳታ ስልጠና ተሰጥቶት ያቃል?

ሀ- ያቃል ለ-አያቅም

13--ለጥያቄ 12 መልሶ ያቃል ከሆነ፣ የት ተሰጥዎት?

____

14-አይኖት ውስጥ ኬሚካል ቢገባ ምን ያደርጋሉ?

ሀ- አሸዎለው ለ-በውሀ አትበዎለሁ

ሐ-ክሬም ቀባዎለሁ   መ- ምን ማድርግ እንዳለብኝ አላቅም

15-የፈላ ውሀ ሰውነቶ ላይ ተደፍቶ፤ ሰውነቶ ውሀ ቢቋጥር ምን ያደርጋሉ?

ሀ- የተፈጨ ቡና አረግበታለሁ   መ- የቆዳ ሎሽን ቀባዋለሁ

ለ- የቋጠረውን ውሀ አፈነዳዋለው   ሠ- ምን ማድርግ እንዳለብኝ አላቅም

ሐ- በንፁህ ጨርቅ ሸፍነዎለሁ

16-በእሳት እየነደደ ያለ ሰው ቢይጋጥሞ ምን ያደርጋሉ?

ሀ- መሬት ላይ ተኝቶ እንዲንደባለል ነግረዋለሁ   መ-ሁሉም

ለ- ውሀ ደፋበታለሁ   ሠ-አላቅም

ሐ- በብርድ ልብስ ሸፍኜ አጠፋለታለሁ

17-ነስር ቢነስርዋ ምን ያደርጋሉ?

ሀ- አፍንጫዬን ይዤ ከአንገቴ ቀና እላለሁ   ሐ-ራሱ እስኪቆም እጠብቀዋለሁ

ለ- አፍንጫዬን ይዤ ከአንገቴ ዝቅ እላለሁ   መ- ምን ማድርግ እንዳለብኝ አላቅም

18- እግሩን የተሰበረ ሰው ቢያጋጥሞ ምን ያደርጋሉ?

ሀ-እግሩን እንዳያንቀሳቅስ መከረዋለሁ   ሐ-እግሩን እንዲያንቀሳቅስ መከረዋለሁ

ለ--እግሩን አሸለታለሁ   መ- ምን ማድርግ እንዳለብኝ አላቅም

19-የእግር ወለምታ ቢያጋጥሞ ምን ያደርጋሉ?

ሀ- በበረዶ እይዘዋለሁ   ሐ-በሞቀ ውሀ አሸዋለሁ

ለ-በደንብ አንቀሳቅሰዋለሁ   መ- ምን ማድርግ እንዳለብኝ አላቅም

20-አደጋ ደርሶበት መሬት ላይ ራሱን ሰቶ የተኛ ሰው ቢያጋጥሞ ***መጀመሪያ*** ምን ያደርጋሉ?

ሀ-አፉን ከፍቼ ፈሳሽ ወይም ሌላ ባዕድ ነገር የአየር ቱቦውን አለመዘጋቱን አረጋግጣለሁ

ለ-ቀድሜ የሚደማ ቦታ ካለ ደዉን አቆምለታለሁ

ሐ- የተሰበረ እግሩን እንዳይንቀሳቀስ አደርግለታለሁ

መ- ምን ማድርግ እንዳለብኝ አላቅም

21-አንድ ሰው ሙሉ ለሙሉ የተዘጋ የአየር ቱቦ ካለው፤

ሀ- መናገር አይቻለውም   ሐ-ማሳል አይቻለውም

ለ- መተንፈስ አይቻለውም   መ-ሁሉም

22- የጤነኛ አዋቂ ሰው የልብ ምት ምን ያህል ነው?

ሀ- 0-100   ለ- 0-200   ሐ- 60-100

23- በመኪና አደጋ ምክኒያት ብዙ ቦታ ጉዳት የደረሰበትን እና ራሱን የሳተ ሰው ከቦታ ወደቦታ ስናዘዋውር

ሀ- ያለ ምንም ድጋፍ ቁጭ አድርገን ማዘዋወር ይገባናል   ለ-በተኛበት ለአንገቱን፤ ጀርባውን እና እግሩን ሳናጥፍ ማዘዋወር ይገባናል

ሐ- በጀርባችን አዝለን ማዘዋወር ይገባናል
መ- ምን ማድርግ እንዳለብኝ አላቅም

24- የመኪና አደጋ ደርሶባቸው 3 የሚከተሉትን ሰዎችን ብታገኝ/ኚ በቅደም ተከተል የመጀመሪያ ህክምና እርዳታ ትሰታለህ/ሽ?

ሀ- የመተንፈስ ችግር ያጋጠመው
ለ- እጁ ላይ የሚደማ
ሐ- እግሩ የተሠበረ

1ኛ ለ____የመጀመሪያ ህክምና እርዳታ ሰጣለሁ

2ኛለ____የመጀመሪያ ህክምና እርዳታ ሰጣለሁ

3ኛለ____የመጀመሪያ ህክምና እርዳታ ሰጣለሁ

25- CPR (Cardiopulmonary resuscitation) ሲባል ሰምተህ ታቃለህ?

ሀ- አቃለው
ለ-አላቅም

26-CPR (Cardiopulmonary resuscitation) ምን ማለት ይመስልሀል/ይመስልሻል?

ሀ- ልቡ መምታት ወይም መተንፈስ ላቆመ ሰው የሚደረግ ነፍስ አድን ተግባር ነው

ለ-መምታት ያቆመን ልብ በኤሌትሪክ ሃይል መምታትታ እንዲጀምር ማድለግ ነው

ሐ-መተነፈስ ያቆመን ሰው በአየር ቱቦ የማስተንፈስ ተግባር ነው

27- የእሳት አደጋ እና ድንገተኛ የሶስት አሃዝ የስልክ ቁጥር ስንት ይመስልሀል/ይመስልሻል?

ሀ- 911
ለ- 939
ሐ- 95

ለሚከተሉት ጥያቄዎች እንደ ሚስማሙበት መጠን በጥያቄው ፊትለፊት የ " √ " ያድ

	በጣም አልስማማም	አልስማማም	እስማማለሁ	በጣም እስማማለሁ
28-የመጀመሪያ ህክምና እርዳታ አሰጣጥ መማር ለቀን ተቀን ኑሯችን አስላጊ ነው				
29--የመጀመሪያ ህክምና እርዳታ ትምህርት ሁለተኛ ደረጃ ት/ቤት ላይ መሰጠት አለበት				
30-የመጀመሪያ ህክምና እርዳታ አሰጣጥ መማር ከባድ እና የተወሳሰበ ነው				
31--የመጀመሪያ ህክምና እርዳታ መስጠት የህክምና ባለሙያዎች ብቻ ግዴታ ነው				
32-የመጀመሪያ ህክምና እርዳታ እውቀቱ እና ክህሎቱ ቢኖረኝ ፣ ለሚያስፈልገው ሰው የመጀመሪያ ህክምና እርዳታ እሰጥ ነበር				