

EFFECTIVENESS OF VIDEO ASSISTED TEACHING MODULE ON KNOWLEDGE REGARDING FIRST AID MEASURES AMONG CONSTRUCTION WORKERS IN SELECTED CONSTRUCTION SITES, PUDUCHERRY.

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INTRODUCTION

Accidents are the leading cause of death among persons from 1 year old to 38 years old. Accidents in construction sites are about three times more than that in manufacturing industries. Fifty percentage of accidents caused by fall of persons from height. The growing population and expanding health needs have not been balanced by a proportional increase in numbers of doctors, nurses, and allied health workers. It is not enough to say, "Call the doctor"; a doctor may not be available to come to the scene of the emergency. First aid training is of value in both preventing and treating sudden illness or accidental injury.

Objectives

1. To assess the knowledge of construction workers regarding first aid measures before implementation of video assisted teaching module
2. To find out the effectiveness of video assisted teaching module on first aid measures among construction workers.
3. To find out the association between pretest knowledge scores with their demographic variables.

Operational definition

First aid measures: It is a temporary and immediate treatment given to a injured construction workers before definitive medical treatment. It includes first aid measures for fracture, fainting, sprain, muscles strain, electrical shock, heat stroke, bleeding, foreign

bodies in the eyes, wounds, head injury and crush injury.

Construction workers: Persons who are all involved in building construction work such as Mason, Electrician, Carpenters and Plumbers.

Video assisted teaching module: It refers to a systematically organized Compact Disc (CD) prepared by the investigator on first aid among construction workers it includes meaning, principles of first aid, first aid kit, responsibility of the first aider, various first aid measure such as controlling bleeding, fracture management etc.

METHODOLOGY

Research design and approach: A quasi-experimental design

Population & Setting : construction workers involved in construction work at Pondicherry.

Sample size & Sampling Technique: 103 & convenient sampling technique

The tools used for this study are

❖ Structured interview schedule consists of two parts

Part – A: It consists of demographic characteristics of sample such as age, sex, education, religion, marital status, family monthly income, nature of work, year of experience and previous source of information.

Part- B: It consists of 38 items regarding first aid measures. Each item has four options with one most appropriate answer.

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Scoring procedure

The maximum score for the correct response to each items was “one” and wrong response “zero”. The level of knowledge categorized based on the percentage of score obtained.

Methods of data collection

Samples were selected from 5 different construction sites by using convenient sampling method based on inclusion criteria and procedure was explained to them in detail. Pretest data was collected for first three days of data collection. Average time spent for each interview was 15-20 minutes. Immediately after pretest, video assisted teaching module presented and also informed about the posttest.

Time period was approximately 30 minutes for each presentation. After 7 days of implementation of the video assisted teaching module posttest was conducted by using the same tool for the same participants.

FINDINGS AND DISCUSSIONS

- Majority of the subjects were males 79 (76.69%) and 41 (39.82%) of them were in the age group of 15 - 25 years. Regard to educational status, 42 (40.8%) of them had primary school education and 12 (11.7%) of them had higher secondary education.
- Out of 103 construction workers majority 56 (54.37%) of them were Mason, 22 (21.36%) were Carpenter, 18 (17.4%) were Electrician and only 7 (6.8%) were Plumber.

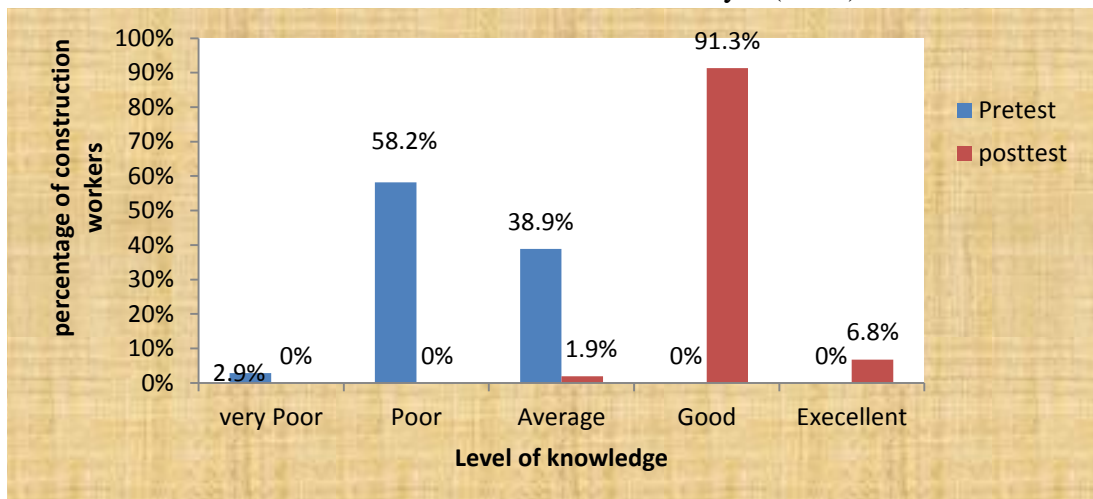
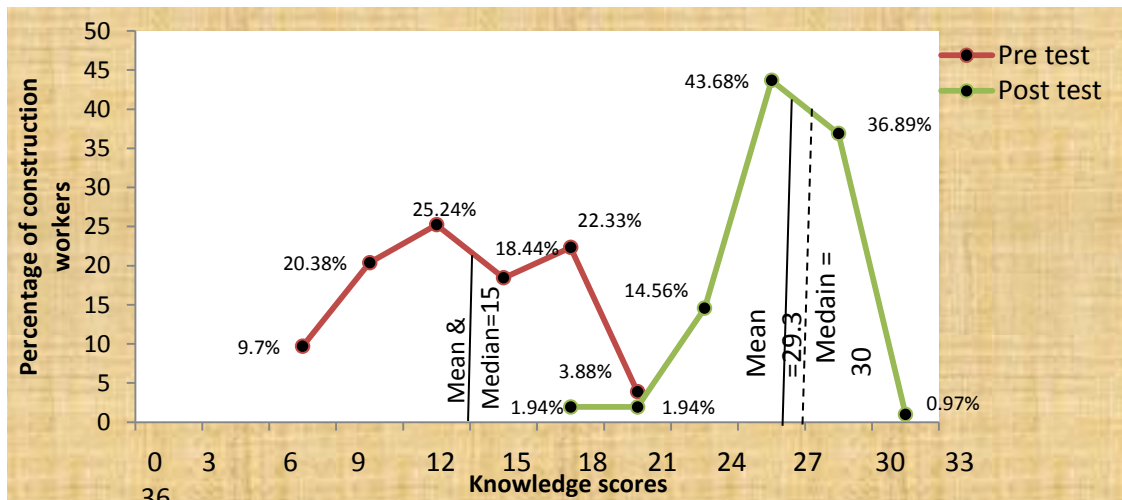


Fig:1 Distribution of construction workers according to their level of knowledge

During pretest out of 103 samples, 60 (58.2 %) had poor knowledge, 40 (38.9%) of them had average knowledge and only 3 (2.9%) had very poor knowledge regarding first aid. After video assisted teaching module on first aid, majority of the subjects 94 (91.3%) had good knowledge and only 2 (1.9%) of them had average knowledge. Overall mean score was (14.98 ± 4.14) which is 39.4% of the total mean score

reveals that during pretest the subjects had poor knowledge on first aid measures. During posttest the mean score was 29.4 ± 2.65 which is 77.3% of the total score depicting difference of 37.9% increase in mean percentage of score revealing the effectiveness of video assisted teaching module. Area wise highest posttest mean percentage (90.6%) was obtained for the area “fracture” and lowest mean percentage (66.9%) was for “electrical injury”.



Line graph shows that during pretest mean and median were similar values 15 whereas, during posttest it was 29.3 and 30, respectively revealing the difference of approximately 15 scores showing effectiveness of video assisted teaching module.

Highly significant difference found between the pretest and posttest knowledge score ($P < 0.01$) but no significant association was found between the pretest knowledge score when compared with the demographic variables of construction workers ($P > 0.05$).

CONCLUSION : From the findings, it can be concluded prior to implementation of video assisted teaching module the construction workers had poor knowledge whereas, after implementation of video assisted teaching module the construction workers had good knowledge with the difference of 37.9% of mean percentage revealing effectiveness of video assisted teaching module. Having studied first aid, construction workers are prepared to give others some instruction in first aid, to

promote among them a reasonable safety attitude, and to assist them wisely if they are stricken. There is always an obligation on a humanitarian basis to assist the stricken and the helpless.

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