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"A Study To Assess The Effectiveness Of Psychoeducation Regarding Psychological First Aid In Terms Of Knowledge And Attitude Among 1st Year Students Of Government Industrial Training Institute, Daman."

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Abstract
Background: - *Psychological First Aid (PFA) is an evidence-informed approach designed to reduce distress after traumatic events and foster adaptive functioning. During crises such as disasters, accidents, violence, or pandemics, individuals may experience fear, anxiety, confusion, or helplessness. PFA provides practical, compassionate, and supportive responses without formal mental health intervention. It emphasizes ensuring safety, promoting calm, enhancing self-efficacy, and connecting individuals to social supports.*
Aim: - *The study aimed to assess the effectiveness of Psychoeducation regarding PFA in terms of knowledge and attitude among 1st year students of Government Industrial Training Institute, Daman.*
Methodology: - *A quasi-experimental design was used on 160 students of 1st year ITI, Daman, selected through purposive sampling, with 80 in the experimental and 80 in the control group. Data were collected using self-structured knowledge questionnaire and Likert scale for attitude. Pre-test was conducted for both groups, followed by a three-day psychoeducation session for the experimental group. Post-test was conducted on day 14 for both groups.*
Result: - *The study revealed a significant improvement in experimental group's knowledge and attitude scores after intervention. The mean knowledge score rise from 7.34 to 16.74 (t = 95.524) and attitude from 55.06 to 82.61 (t = 33.668). The control group showed slight increases: knowledge from 7.61 to 9.49 (t = 11.149) and attitude from 57.25 to 60.71 (t = 6.059). A very strong positive correlation between knowledge and attitude was observed in experimental group (r = 0.917) and strong correlation in control group (r = 0.67). Significant associations were found between pre-test knowledge with selected demographic variables (gender, income, and source of knowledge) and between attitude with religion.*
Conclusion: - *It was concluded that Psychoeducation was effective in improving knowledge and attitude regarding PFA among 1st year ITI students.*
Keyword: - *Effectiveness, Psychoeducation, PFA, knowledge, attitude, and ITI students.*

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I. Background Of The Study

Psychological First Aid (PFA) is an evidence-based, supportive approach that helps reduce immediate distress and strengthen coping after crises like disasters, accidents, conflicts, or pandemics. It focuses on safety, comfort, emotional support, and connecting people with resources, without forcing them to relive trauma. Highlighted by WHO and other global agencies, PFA is now widely used in disaster response and community mental health programs.

The growing frequency of natural disasters, accidents, and global health emergencies underscores the urgent need for timely psychological support. Evidence shows that emotional and psychological suffering often exceeds physical injuries during crises, making PFA a crucial first-line response. By being culturally adaptable, developmentally appropriate, and deliverable even by trained non-specialists, PFA bridges the gap between immediate emotional care and long-term mental health services. Its role in enhancing recovery, reducing the risk of chronic distress, and promoting resilience highlights its importance as a vital component of comprehensive disaster and trauma response strategies.

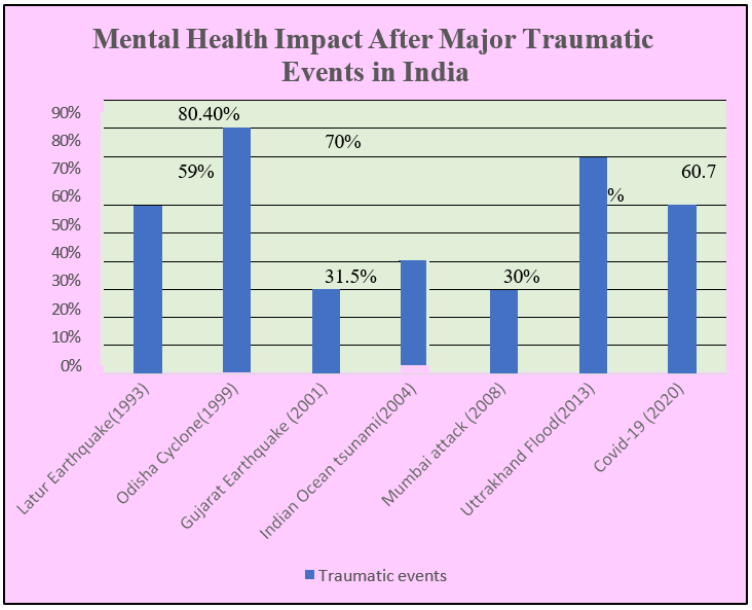
Psychological First Aid (PFA) is a helpful and caring approach used to support people during difficult times, such as the COVID-19 pandemic. During such crises, many people experience stress, fear, sadness, or feel overwhelmed. These emotional challenges can be even more serious for those who already have mental health issues, for healthcare workers, people in isolation, or anyone cut off from regular social contact. PFA offers

immediate, basic support to reduce emotional pain, help people feel safe, and encourage hope and calm. It includes simple actions like listening with care, helping with basic needs, giving clear information, and connecting people to further help if needed.

Need of the study

Disasters, accidents, conflicts, and pandemics cause not only physical harm but also significant psychological distress, often leading to conditions like PTSD, depression, and anxiety if left unaddressed. Studies in India and globally show high rates of mental health problems following traumatic events such as earthquakes, floods, terrorist attacks, and the COVID-19 pandemic. Despite this, psychological care remains neglected in emergency response, and a large treatment gap persists due to lack of awareness, resources, and trained professionals.

India has experienced several major traumatic events—such as earthquakes, cyclones, floods, terrorist attacks, and pandemics—that have left a lasting impact on the mental health of its people.



In today's world, college students are increasingly exposed to various stressors—ranging from academic pressure and personal issues to witnessing or experiencing traumatic events such as accidents, violence, or disasters. These experiences can significantly impact their mental well-being, leading to anxiety, fear, helplessness, or long-term psychological distress. Despite its importance, most college students lack awareness and skills to provide or seek appropriate psychological support during such times. Equipping them with knowledge and training in PFA can empower them to respond to peers in distress, promote resilience, and create a supportive campus environment.

Objectives of the study

1. To assess the level of knowledge and attitude of the 1st year ITI students regarding Psychological First Aid in both experimental and control group.
2. To evaluate the effectiveness of Psychoeducation regarding Psychological First Aid in terms of level of knowledge and attitude among 1st year ITI students in experimental group.
3. To correlate the level of knowledge and attitude score of the 1st year ITI students regarding Psychological First Aid in both experimental and control group.
4. To find out association between the pre-test level of knowledge and attitude score of the 1st year ITI students regarding Psychological First Aid with selected demographic variables.

Hypotheses of the study

The hypotheses were tested at 0.05 level of significance.

H1 – There will be significant difference between pre-test and post-test level of knowledge score of the 1st year ITI students.

H2- There will be significant difference between pre-test and post-test level of attitude score of the 1st year ITI students.

H3- There will be significant correlation between the level of Knowledge and Attitude score regarding Psychological First Aid among 1st year ITI students.
H4- There will be significant association between the pre-test level of knowledge and attitude score of the 1st year ITI students with selected demographic variables.

Delimitations
The study was delimited to:
✓ Union Territory of Daman.
✓ 1st Year students only from selected trades of Industrial Training Institute, Daman.
✓ The psychoeducation programme was delivered as a one-time approach, spread over three consecutive days, with no further session and long term follow up.
✓ The study measures only immediate changes in knowledge and attitude, not behavioural application.

II. Material And Methods

Research Approach: Quantitative research design

Research Design: Quasi experimental (Non-randomized pre-test post-test control group design)

Research Setting: Government Industrial Training Institute, Daman.

Population: ITI Students

Target Population: 1st year students of Government Industrial Training Institute, Daman.

Accessible Population: 1st year students of selected trades (PPOT, Turner, Electrician, COPA, Wireman, Welder, Fitter, Mechanical Diesel, R&AC, F&DT and Sewing).

Sample Size: 160 (80 in each experimental and control group) **Sampling technique:** Non-probability purposive sampling technique **Criteria for the sample selection:**

Inclusion Criteria
The study included students who were:
- currently enrolled in the 1st year of Government Industrial Training Institute, Daman
- in the age group of 15 to 20 years.
- willing to participate in the study.
- able to understand and communicate in the English and Hindi language.
- present during data collection and psychoeducation session.

Exclusion Criteria
The study excluded students who were:
- absent during any phase of data collection and psychoeducation session.
- not willing to participate in the study.
- unable to attend psychoeducation session due to scheduling conflicts.
- having debilitating factors that might interfere with participation.

Ethical considerations
Ethical clearance for the study was granted by the Institutional Ethics Committee of NAMO Medical Education and Research Institute, Silvassa, UT of DNH & DD.

Description of Tool & Intervention
The tool used for this study was Self Structured Knowledge Questionnaire and Attitude Scale regarding Psychological First Aid.

The tool had following sections to collect data PART-1 Socio-demographic variables
It consists of 9 items. Which includes Age, Gender, Area of residence, Family monthly income in rupees, Occupation of the head of family, Religion, History of mental health issues in family, Source of previous knowledge regarding Psychological First Aid and Prior training on Psychological first Aid.

PART-2 Self-structured Knowledge Questionnaire

The tool consists of 20 items. Each item was objective type and with single correct answer. Every correct response was a score of 1 mark and for wrong response was a score of 0 mark. Minimum score was 0 and maximum score was 20.

Categorization of Knowledge Score

Sr. No.	Categorization	Score	Percentage
1	Inadequate	0-9	<50%
2	Moderate	10-15	50-75%
3	Adequate	16-20	>75-100%

PART- 3 Attitude scale (5-point Likert scale)

This section consists of 20 statement to assess attitude level of 1st year students of Govt. ITI students. The items arranged in an alternate pattern with odd-numbered items being positively worded and even-numbered items being negatively worded.

Categorization of Attitude Score

Sr. No.	Categorization	Score	Percentage
1	Unfavourable	20-59	<50%
2	Neutral	60-80	50-75%
3	Favourable	81-100	>75-100%

Protocol for Psychoeducation intervention

It was conducted over 3 consecutive days for each sub-group. 80 students of experimental group were purposively divided in 3 group for better interaction and management.

The final version of the Psychoeducation regarding Psychological First Aid was prepared based on the experts' suggestions and recommended modifications. This intervention program was then implemented for the ITI students.

Session	Component	Content	Duration
1	Understanding the PFA and ethical considerations	A. How crisis events affect B. PFA and its importance C. Who, when and where D. Cultural consideration regarding PFA E. Emergency Measure	45-60 min
2	Applying PFA- emergency response and action principle	A. Communication Strategies B. Preparing to give PFA C. PFA Action principle D. Ending PFA	45-60 min
3	Attention for special population and self-care for helpers and case discussion	A. Attention for special population B. Self-care strategies for PFA providers C. Recapitulation D. Case discussion on various scenarios	45-60 min

III. Findings Of The Study

SECTION-1.: - Description of demographic variables of the 1st year ITI students in experimental and control group.

n=160

Sr. No.	Demographic variables	Experimental Group (n=80)		Control Group (n=80)	
		f	%	f	%
1.	**Age_____yrs**				
	a) 15-16	16	20.00	15	18.75
	b) 17-18	23	28.75	21	26.25
	c) 19-20	41	51.25	44	55.00
2.	**Gender**				
	a) Male	61	76.25	63	78.75
	b) Female	19	23.75	17	21.25
3.	**Area of Residence**				
	a) Rural	21	26.25	32	40.00
	b) Urban	31	38.75	29	36.25
	c) Semi Urban	28	35.00	19	23.75
4.	**Monthly family income in rupees**				

	a) > 146,104	9	11.25	18	22.50
	b) 109,580-146,103	6	7.50	6	7.50
	c) 73,054-109,579	4	5.00	5	6.25
	d) 68,455-73,053	1	1.25	1	1.25
	e) 63,854- 68,454	1	1.25	0	0.00
	f) 59,252-63,853	1	1.25	3	3.75
	g) 54,651- 59,251	1	1.25	0	0.00
	h) 45,589- 54,650	5	6.25	5	6.25
	i) 36,527-45,588	7	8.75	4	5.00
	j) 21,914-36,526	20	25.00	6	7.50
	k) 7,316-21,913	25	31.25	32	40.00
	l) < 7,315	0	0.00	0	0.00
5.	**Occupation of the head of the family**				
	a) Legislators, senior officials, managers	8	10.00	6	7.50
	b) Professional	7	8.75	10	12.50
	c) Technician/ Associate professional	18	22.50	3	3.75
	d) Clerk	8	10.00	1	1.25
	e) Skilled workers, shop and market sales workers	12	15.00	13	16.25
	f) Skilled agricultural and fishery workers	4	5.00	11	13.75
	g) Craft and related trade workers	1	1.25	2	2.50
	h) Plant and machine operators and assemblers	3	3.75	12	15.00
	i) Elementary occupation	13	16.25	20	25.00
	j) Unemployed	6	7.50	2	2.50
6.	**Religion**				
	a) Hindu	74	92.50	72	90.00
	b) Muslim	1	1.25	6	7.50
	c) Christian	5	6.25	2	2.50
	d) Others	0	0.00	0	0.00
7.	**Is there any history of Mental Health issues in your family?**				
	a) Yes	1	1.25	2	2.50
	b) No	79	98.75	78	97.50
8.	**Source of previous knowledge regarding Psychological First Aid.**				
	a) Academic training	0	0.00	0	0.00
	b) Mass media	1	1.25	5	6.25
	c) Personal experience	1	1.25	0	0.00
	d) From peers (Friends, Colleagues, classmates)	0	0.00	0	0.00
	e) Others	0	0.00	0	0.00
	f) Not Applicable	78	97.50	75	93.75
9.	**Have you received prior training in Psychological First aid?**				
	a) Yes	0	0.00	0	0.00
	b) No	80	100.0	80	100.0

Table 1.1 showed that, **In the experimental group,** most participants were aged 19–20 years (51.25%) and male (76.25%). A greater proportion were from urban (38.75%) and semi-urban (35%) areas. Nearly one-third (31.25%) belonged to the lowest income group, with 25% in the next higher bracket. Common family occupations included technician/associate professionals (22.5%) and elementary jobs (16.25%). The majority were Hindus (92.5%), with only 1.25% reporting a family history of mental illness. Prior knowledge of PFA was minimal (2.5%), and none had received training.

In the control group, most participants were aged 19–20 years (55%) and male (78.75%). A higher proportion were from rural areas (40%), followed by urban (36.25%) and semi-urban (23.75%). Many (40%) belonged to the lowest income group. Common family occupations included elementary work (25%), skilled trades (16.25%), and plant/machine operation (15%). The majority were Hindus (90%), with 2.5% reporting a family history of mental illness. Prior knowledge of PFA was slightly higher (6.25%), and none had received training.

SECTION 2: Assessment of the level of knowledge and attitude score of 1st year ITI students in experimental and control group.

Table 2.1- Frequency and Percentage distribution of pre-test and post-test level of knowledge score among the 1st year ITI students in both experimental and control group.

Level of knowledge	Experimental Group (n=80)	Control Group (n=80)

	Pre-test		Post-test		Pre-test		Post-test	
	f	%	f	%	f	%	f	%
Inadequate	69	86.25	0	0.00	62	77.50	44	55.00
Moderate	11	13.75	18	22.50	18	22.50	33	41.25
Adequate	0	0.00	62	77.50	0	0.00	3	3.75
Total	80	100.0	80	100.0	80	100.00	80	100.00

Table 2.1 showed that, In the experimental group, before the intervention, most students (86.25%) had inadequate knowledge, and 13.75% had a moderate level, with none showing adequate knowledge. After the psychoeducation session, knowledge levels improved significantly—no student remained in the inadequate category, 22.5% had moderate knowledge, and 77.5% achieved an adequate level—indicating a strong positive impact of the intervention.

In the control group, most students (77.5%) had inadequate knowledge and 22.5% had a moderate level in the pre-test, with none showing adequate knowledge. In the post-test, without any intervention, 55% remained in the inadequate category, 41.25% reached a moderate level, and only 3.75% achieved adequate knowledge about Psychological First Aid, indicating minimal natural improvement.

Table 2.2- Frequency and Percentage distribution of pre-test and post-test level of attitude score among 1st year ITI students in experimental and control group.

Level of Attitude	Experimental Group (n=80)				Control Group (n=80)			
	Pre-test		Post-test		Pre-test		Post-test	
	f	%	f	%	f	%	f	%
Unfavourable	53	66.25	0	0.00	39	48.75	30	37.50
Neutral	27	33.75	23	28.75	41	51.25	49	61.25
Favourable	0	0.00	57	71.25	0	0.00	1	1.25
Total	80	100.0	80	100.0	80	100.00	80	100.00

Table 2.2. showed that, In the experimental group, before the test, most students (66.25%) had an unfavourable attitude and 33.75% were neutral, with none showing a favourable attitude. After the psychoeducation session, 71.25% developed a favourable attitude and 28.75% remained neutral, showing a marked improvement in attitude toward Psychological First Aid.

In the control group, before the test, 48.75% had an unfavourable attitude and 51.25% were neutral, with none showing a favourable attitude. After the test, only 1.25% developed a favourable attitude, 61.25% remained neutral, and 37.5% still had an unfavourable attitude, indicating minimal improvement without intervention.

SECTION-3 Effectiveness of psychoeducation regarding Psychological First Aid in terms of level of knowledge and attitude score among 1st year ITI students in experimental and control group.

Table 3.a) Comparison between pre-test and post-test level of knowledge score in experimental and control group.

n=160

Level of knowledge score		Mean	Mean Difference	SD	SE	Cal. t value	Tab. t value	df	Inference
Study group	**Test**								
Experimental Group (n=80)	**Pre-test**	7.34	9.400	2.289	0.256	95.524	1.664	79	Significant p=0.0001
	Post-test	16.74		2.293	0.256				
Control Group (n=80)	**Pre-test**	7.61	1.875	2.498	0.279	11.149	1.664	79	Significant p=0.001
	Post-test	9.49		2.566	0.287				

Table 3.a) showed that, **In experimental group**, students demonstrated a significant improvement in knowledge scores after the psychoeducation intervention. The mean pre-test score was 7.34 (SD = 2.289), which increased to 16.74 (SD = 2.293) in the post-test reflecting a substantial mean difference of 9.40. The calculated t value (95.524) far exceeded the critical value (1.664), confirming statistically significant. This indicate that the psychoeducation was highly effective.

In control group, students showed slightly improvement in knowledge score. The pre-test mean

increased from 7.61 (SD=2.498) to 9.49 (SD=2.566) in post-test with a mean difference of 1.87. The calculated t value (11.149) was more that table t value (1.664). This indicated that without the Psychoeducation session the control group's learning progress was limited.

Table 3.b) Comparison of post-test level of knowledge score between experimental and control group.

Parameter	Group	Mean	Mean difference	SD	Cal. 't' value	Tab. 't' value	df	Inference
Knowledge	Exp. Group	16.74	7.25	2.293	18.84	1.975	158	Significant p=0.0001***
	Cont. Group	9.49		2.566				

Table 3.b) showed that the mean post-test knowledge score of the experimental group (16.74 ± 2.293) was higher than that of the control group (9.49 ± 2.566), with a mean difference of 7.25. The calculated t value (18.84) exceeded the table value (1.975) at 158 degrees of freedom, indicating a statistically significant difference at the 0.05 level. This suggests that the psychoeducation program effectively improved the knowledge scores of the experimental group compared to the control group.

Table 3.c) Comparison between pre-test and post-test level of attitude score in experimental and control group.
n = 160

Level of Attitude score		Mean	Mean Difference	SD	SE	Cal. t value	Tab. t value	df	Inference
Study group	Test								
Experimental Group (n=80)	Pre test	55.06	27.550	10.08	1.128	33.668	1.664	79	Significant p=0.0001
	Post-test	82.61		5.613	0.628				
Control Group (n=80)	Pre test	57.25	3.463	9.700	1.084	6.059	1.664	79	Significant p=0.001
	Post-test	60.71		9.308	1.041				

Table 3.c) showed that, **In experimental group,** students demonstrated a significant improvement in attitude scores after the psychoeducation intervention. The mean pre-test score was 55.06 (SD = 10.08), which increased to 82.61 (SD = 5.613) in the post-test suggesting a substantial mean difference of 27.550 The calculated t value (33.668) far exceeded the critical value (1.664), confirming statistically significant. This indicate that the psychoeducation was highly effective for enhancing attitude level of the students.

In control group, students demonstrated a slight improvement in post-test attitude score. The mean pre-test score was 57.25 (SD=9.70) which increased to 60.71 (SD=9.308) suggesting a mean difference of 3.46. The calculated t value (6.05) was more than table t value (1.664), confirming statistically significant. This indicated that without Psychoeducation session the control group's progress was limited.

Table 3.d) Comparison of post-test level of attitude score between experimental and control group.
n= 160

Parameter	Group	Mean	Mean difference	SD	Cal. 't' value	Tab. 't' value	df	Inference
Attitude	Exp. Group	82.61	21.9	5.613	18.02	1.975	158	Significant p=0.0001***
	Cont. Group	60.71		9.308				

Table 3.d) showed that the mean post-test attitude score of the experimental group (82.61 ± 5.613) was higher than that of the control group (60.71 ± 9.308), with a mean difference of 21.9. The calculated *t* value (18.02) exceeded the table value (1.975) at 158 degrees of freedom, indicating a statistically significant difference at the 0.05 level. This implies that the psychoeducation program led to a significant improvement in the attitude scores of the experimental group compared to the control group.

SECTION -4. Correlation between the level of knowledge and attitude score of 1st year ITI students in both experimental and control group.

Table 4.a) Correlation between the pre-test level of knowledge and attitude score in experimental and control group.

In experimental group, had a pre-test knowledge score mean 7.34 and pre-test attitude score mean 55.06. The correlation coefficient (r = 0.661) between knowledge and attitude scores indicated a strong positive

correlation, suggesting higher knowledge level are closely associated with the more positive attitude in this group.

In control group, had a pre-test knowledge score mean 7.61 and pre-test attitude score mean 57.25. The correlation coefficient (r = 0.653) between knowledge and attitude scores indicated a strong positive correlation, suggesting knowledge level are closely associated with the more positive attitude in this group.

Table 4.b) Correlation between the post-test level of knowledge and attitude score among experimental and control group.

In experimental group, had a post-test knowledge score mean 16.74 and post-test attitude score mean 82.61. The correlation coefficient (r = 0.981) between level of knowledge and attitude scores indicated a very strong positive correlation, suggesting higher knowledge level are closely associated with the more positive attitude in this group.

In control group, had a post-test knowledge score mean 9.49 and post-test attitude mean 60.71 indicated a strong positive correlation, suggesting higher knowledge level are closely associated with the more positive attitude in this group.

SECTION-5. Association between the pre-test level of knowledge and attitude score of 1st year ITI students with selected demographic variables in experimental and control group.

Significant association was found between the pre-test level of knowledge score with selected demographic variables such as gender, income and source of previous knowledge. The demographic variable religion showed significant association with pre-test attitude score.

IV. Discussion

Researcher used quantitative approach and quasi-experimental non-randomized pre-test post-test control group design. Through the purposive sampling technique, total 160 students were selected for the study. They were equally divided into experimental and control group. The data was collected by using different tools. Knowledge assessed by self- structured questionnaire and attitude assessed by rating scale (5-point Likert). The data was analysed and interpret based on descriptive and inferential statistics.

In the experimental group, most participants were aged 19–20 years, male (76.25%), and from urban or semi-urban areas, with many from lower income families engaged in technical or elementary jobs. Only 2.5% had prior PFA knowledge. After psychoeducation, knowledge scores rise from 7.34 (SD = 2.289) to 16.74 (SD = 2.293) (t = 95.524, MD = 9.40), and attitude scores improved from 55.06 (SD = 10.08) to 82.61 (SD = 5.613) (t = 33.68, MD = 27.55). A strong positive correlation was observed between knowledge and attitude (r = 0.979).

In the control group, most participants were aged 19–20 years and male (78.75%), with a higher proportion from rural areas. Prior PFA knowledge was slightly higher (6.25%), though none had training. Without intervention, only slight improvement occurred—knowledge scores rise from 7.61 (SD = 2.498) to 9.49 (SD = 2.566) (MD = 1.87, t = 11.149 > 1.664), and attitude scores increased from 57.25 (SD = 9.70) to 60.71 (SD = 9.308) (MD = 3.46, t = 6.05 > 1.664). These results showed limited progress without psychoeducation, though a positive correlation existed between knowledge and attitude (r = 0.67).

A supportive study was conducted by the Nagesh V Ajjawadimath to assess the effectiveness of Psychoeducation on knowledge regarding Psychological first aid Among Staff Nurses in SDM Hospital at Dharwad. The paired t-test value was 27.85, which was significantly higher than the critical value (p = 0.68 at 0.05 level), indicating a statistically significant improvement. After the intervention, most staff nurses demonstrated adequate knowledge, suggesting that psychoeducation was effective in enhancing their understanding of PFA.

V. Conclusion

It was concluded that Psychoeducation was found effective for increasing the knowledge and attitude level among 1st year students of Government Industrial Training Institute, Daman.

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