



Awareness, Perceptions, and Preparedness for First Aid among Urban Youth in Thiruvananthapuram

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ABSTRACT

First aid is essential for enhancing life outcomes in medical emergencies; however, many people, especially youngsters, lack the appropriate knowledge and preparedness to respond effectively. In urban locales such as Thiruvananthapuram, Kerala—renowned for its elevated literacy rate and strong health infrastructure—youth frequently serve as initial responders in emergencies, although their proficiency in first aid remains unclear. This study aimed to investigate the awareness, perceptions, and preparedness of first aid among urban youth aged 19 to 25 in Thiruvananthapuram. A qualitative study design was used, incorporating semi-structured, in-depth interviews with 32 participants from various educational and vocational backgrounds. Data were gathered in either English or Malayalam, transcribed, and analysed with Braun and Clarke's theme analysis methodology. The results indicated a limited conceptual understanding of first aid, frequent reliance on informal and digital information sources, and



hesitation to intervene in actual emergencies despite a strong willingness to help. Participants expressed a necessity for formal training and enhanced clarity on legal protections. The study concludes that there is an urgent necessity to implement organised, contextually appropriate first aid instruction via educational institutions and community programs. Enhancing young readiness via formal training could substantially improve emergency response capabilities in metropolitan Kerala.

Introduction:

First aid is the immediate assistance provided to an injured or unwell individual prior to the arrival of professional medical assistance. It is essential for reducing injury severity, preventing complications, and preserving lives in emergencies such as accidents, burns, choking, and cardiac arrest (World Health Organisation, 2016). Timely first aid intervention can substantially enhance patient outcomes worldwide, especially in low-resource environments with restricted access to emergency medical services (Kapoor et al., 2017).

Approximately 150,000 individuals die annually in road traffic accidents (RTAs) in India (National Crime Records Bureau, 2022). A considerable number of these fatalities occur prior to the arrival of professional medical care, underscoring the critical necessity for extensive public education and training in vital first aid practices. In emergency situations, particularly within urban settings, young adults frequently constitute the initial responders at the scene. Their proficiency in first aid significantly impacts survival rates and the quality of recovery for victims (Arasu et al., 2020). Even with supportive laws like the Good Samaritan Law in place, people still don't feel confident or prepared enough to provide first aid when needed. Studies done in different cities in India, like Mangalore and Ahmedabad, show that fewer than 50% of young people know enough about first aid. The studies show that organised training can really improve awareness and skills (Bhaskaran, 2014; Chandra et al., 2018). The findings highlight the necessity of focused educational interventions to provide urban youth with essential first aid skills.

Studies from different parts of India indicate that while there is a positive attitude towards first aid, many young people still lack essential knowledge and practical skills. A study conducted with medical students in Mangalore showed that just 13.8% had a good grasp of first aid, while most had only a moderate or



poor understanding (Joseph et al., 2012). A study conducted with undergraduate medical students in Maharashtra found that just 10% showed excellent knowledge, while more than 20% had poor knowledge of first aid (Kawale et al., 2020). A study conducted in Pune revealed that less than 10% of school students and teachers showed sufficient awareness of first aid, which underscores the pressing need for organised training programs (Verma et al., 2021). The findings highlight how crucial it is to have thorough first-aid education programs to boost emergency preparedness for young people in India.

Thiruvananthapuram, which is the capital of Kerala, serves as an important hub for governance, education, and culture, and it hosts many large public events throughout the state. Events like the Kerala School Kalolsavam, which is the largest youth arts festival in Asia with more than 15,000 participants, as well as international sporting events such as the MTB Kerala International Mountain Biking Championship and the Spice Coast Marathon, draw a significant number of young people and spectators (Kerala Tourism, 2024; Kerala Infrastructure and Technology for Education, 2025). The size of these events raises the chances of medical emergencies, such as injuries from crowds, sports-related trauma, and heat exhaustion, highlighting how crucial it is for many people to have a basic understanding of emergency care. The high literacy rate and advanced health infrastructure in Kerala provide a unique setting to explore public awareness of first aid. There's still a big gap in qualitative research looking at urban youth in Thiruvananthapuram, especially regarding their perceptions, sources of knowledge, and how ready they are to respond in emergencies.

The accident data from the district really highlights how important this is. In 2023, Thiruvananthapuram had 2,803 road accidents, which is the highest in Kerala. This led to 177 deaths and more than 3,200 injuries, according to the Kerala Police in 2024. There has been an increase in pedestrian deaths, with 50 fatalities reported in 2023 and 60 in the early part of 2024 (The Hindu, 2025). The data shows ongoing issues with road safety and suggests that there are delays in how quickly emergencies are responded to. Also, there were 22 deaths related to electrocution recorded in the district for 2023–24, which is the second highest in the state (Kerala State Electricity Board, 2024). In a situation like this, it's super important to give young people first aid skills.

Research in Kerala reveals considerable deficiencies in first aid knowledge among youth, while indicating that organised training programs can markedly enhance their awareness and readiness (Aswathy Joshy et al., 2019; Sr. Joseena et al., 2023). Despite these advancements, quantitative studies frequently fail to encompass the intricate social, emotional, and environmental elements that affect



youngsters' willingness, confidence, and actual behaviour in emergency scenarios. This study utilises thematic analysis to investigate urban youths' perceptions of first aid in Thiruvananthapuram, their readiness to respond, and the obstacles they encounter. The objective is to produce insights that can inform the creation of culturally sensitive and locally pertinent first aid education programs customised to the specific needs of this group. This research aims to fill the gap by conducting a thematic analysis that explores urban youth in Thiruvananthapuram's awareness, perceptions, and experiences of first aid. The findings aim to guide policymakers and educators in developing strategies that will improve first aid training and foster a culture of preparedness among youth.

Methodology

This study employs a qualitative research approach to examine the awareness, views, and preparedness concerning first aid among urban youth in Thiruvananthapuram, Kerala, India. Thiruvananthapuram was chosen as the study site because of its higher literacy rate, dense urban population, and significant youth participation in academic and extracurricular activities. The study concentrated on individuals between the ages of 19 and 25, encompassing a variety of educational and professional backgrounds.

Participants were chosen by purposive sampling so as to ensure alignment with the research goals. Recruitment continued until data saturation was achieved, resulting in a final sample of 32 participants. The sample size was established according to qualitative research guidelines, ensuring a balance between theme depth and adequate diversity of opinions. All participants were fluent in either English or Malayalam and were interviewed in their chosen language.

The data collection comprised semi-structured, comprehensive interviews with each participant, performed face-to-face. The interviews spanned roughly 60 to 90 minutes and examined participants' comprehension of first aid, knowledge sources, confidence in administering first aid, and perceived obstacles and facilitators. All interviews were audio-recorded with informed consent, transcribed verbatim, and translated as needed for analysis.

Thematic Analysis

The analysis followed Braun and Clarke's (2006) six-phase thematic analysis method: data familiarisation, initial code generation, topic identification, theme review, theme definition and naming, and report production. This continuous and analytical process supported the emergence of meaningful and significant themes rooted in participants' lived experiences.



To guarantee the reliability of the results, the study utilised various validation techniques, such as member verification, and peer debriefing. These methodologies bolstered the credibility, reliability, and transferability of the findings.

Ethical considerations were rigorously adhered to. All participants provided informed consent, with assurance of anonymity, the right to withdraw at any time, and anonymised data storage accessible exclusively to the research team.

Result

Through thematic analysis of in-depth interviews conducted with urban youth in Thiruvananthapuram, four primary themes were identified.

- Insufficient conceptual understanding of first aid,
- Dependence on informal and digital information sources,
- Uncertainty regarding emergency response (willingness vs hesitation), and
- Need for structured first aid education and training from early stages.

Insufficient conceptual understanding of first aid

A significant theme that surfaced from the data was the Insufficient conceptual understand of first aid among urban youth in Thiruvananthapuram. Although the majority of participants recognised the word "first aid," their understanding was frequently basic, disconnected, or superficial, mostly focused on instinctive, immediate actions like applying a bandage or seeking assistance. There was a widespread lack in understanding the systematic concepts of first aid, including the DR-ABC method (Danger, Response, Airway, Breathing, Circulation), PRICE (Protection, Rest, Ice, Compression, Elevation), and how to prioritise of care based on the nature of the emergency.

Many of the participants connected first assistance with basic, often seen gestures in digital platforms. For instance, one college student mentioned:

“As in, you attempt to stop the bleeding or provide them with water when someone falls or gets injured. That's how I define first aid.”

- one of the respondents 21-year-old female Student



Others lacked understanding about how to handle more severe events, including fractures, choking, cardiac arrest, or seizures; they mostly related first aid with treating minor problems, including burns, tiny cuts, or fainting. Of the participants, almost none knew how to administer first aid in emergencies associated with mental health. All participants, however, agreed that in any emergency, seeking qualified medical assistance right away is crucial.

This superficial knowledge seems to originate from incidental learning rather than formal education. Numerous participants indicated that they encountered information on first aid incidentally—via digital reels, textbooks, posters, or school assemblies—yet lacked formal instruction or hands-on training. One participant remarked:

“We studied a chapter about health and hygiene in class. There was some information about first aid, but we never really learnt how to apply it.”

- one of the respondents 19-year-old male student from Karyavattom campus

These short exposures, which often came from fast-paced, entertaining material or casual talks, were not deep or accurate enough to help individuals learn the skills. When people were asked what CPR (Cardiopulmonary Resuscitation) really meant, most didn't know or had a very unclear idea from movies or social media. Some of them remembered seeing CPR done in movies or reels, but they didn't know when or how to do it. One participant mentioned an incident that reflects the current situation on the ground:

“I witnessed someone performing CPR on a guy who had collapsed close to the IFFK Venue. People were yelling at him, telling him not to touch the body until the police arrived. I was really scared to even give it a shot.”

- one of the respondents 24-year-old female employed in Technopark

This shows that there's not just a gap in knowing how to do CPR, but also a fear of what others might think or the consequences that could come from it, which often stops young people from stepping in, even when they really should.

Some participants who saw accidents said they felt uncertain about the right first aid actions, often depending on guesswork and worrying that they could make things worse instead of better. When faced with uncertainty, particularly during stressful times, it often resulted in not taking any action. Many



people confuse first aid with general caregiving—like providing comfort or organising transportation—without understanding its critical, time-sensitive, and life-saving purpose before professional help gets there. Some people thought that only healthcare professionals should handle first aid, which made others hesitant to learn or step in.

Overall, even though participants expressed concern and a desire to help, their grasp of first aid was somewhat unclear and depended on specific situations. This points to the necessity of organised, practical training that is easy to access and appealing to young people and policies to build confidence measures that encourage individuals to take initiative in emergency situations. By fostering a culture of readiness and equipping young people with essential skills, we can create a community that is both knowledgeable and confident in providing first aid when it matters most.

Dependence on informal and digital information sources

During the interviews, participants often pointed out how much they depended on informal sources and digital platforms to learn about first aid. Most participants hadn't received any formal training and instead talked about learning from social media, their own experiences, conversations with friends, or entertainment media. Social platforms like Instagram, YouTube, and WhatsApp have become popular sources of information, with many young people saying that they learnt about first aid—particularly CPR and how to handle bleeding and fractures—from short videos, reels, or viral posts.

“I haven't been to a real first aid class before. I've watched CPR videos on YouTube and Instagram reels—it seems really helpful, but I'm not confident that I would do it correctly as I never got any practical lessons.”

- one of the respondents 22-year-old female, PhD. Scholar from Kerala University

Even though participants liked how easy it was to access and how visually appealing online content was, many confessed they didn't feel confident in judging the credibility or accuracy of the information. The way this material was presented—often in a dramatic or overly simple manner—resulted in them having incomplete or incorrect understandings of emergency procedures.

Besides using digital media, some people also depended on their own observations or experiences, like seeing a family member help during an accident or copying what older individuals did when someone got



hurt. These examples were remembered with certainty, but they didn't always align with medically advised practices.

"I remember seeing my uncle pour water and put turmeric on a deep cut, so that's what I always do when someone bleeds", showing how traditional remedies frequently take the place of evidence-based first aid."

- one of the respondents 20-year-old female Student from Kerala University

The dependence on unstructured, inconsistent, and frequently inaccurate sources really adds to the uncertainty and lack of confidence seen in real emergency response situations. The young people were definitely eager to learn and assist, but their reliance on unverified online sources and casual approaches led to a mixed and occasionally confusing grasp of first aid. This theme really shows how important it is to connect easily available digital content with accurate, skill-based first aid education. Participants shared that they want training that is verified, interactive, and relatable—ideally offered through schools or community programs—to either replace or enhance the informal sources they currently use.

Uncertainty regarding emergency response (willingness vs hesitation)

A notable theme that emerged was the contrast between the participants' reluctance to act in real-life situations and their willingness to assist during emergencies. Many people said they felt a strong sense of duty and were emotionally prepared to help injured individuals, especially in public areas or with friends. But I often found that this intention was challenged by feelings of self-doubt, worries about causing harm, unclear legal situations, or pressure from others.

"If I see someone collapse, I want to help—but I get scared I'll do something wrong and make it worse,"

- one of the respondents 23-year-old male Student from Kerala University

Many participants shared that they often felt torn during high-stress situations, where their natural urge to help was mixed up with uncertainty about the right course of action. Some people were scared because they didn't believe in their own abilities, while others were concerned about the legal issues or being held responsible if things didn't go as planned. Even though the Good Samaritan Law exists in India to protect bystanders who help in emergencies, it seems that hardly any of the participants knew about it.



"I once saw an accident. I stopped my bike but didn't go near. I was afraid people would think I caused it."

- one of the respondents 22-year-old female Student

Hesitation was also shaped by cultural and social factors. Some participants, particularly the females, expressed feeling uncomfortable or afraid of being misinterpreted if they were to touch an injured stranger, especially if that person was of the opposite gender, in a public setting. Some people talked about a situation where they just stood by, hoping someone else would step in first, feeling uncertain about what they should do or if it was their responsibility.

Despite these hesitations, the desire to act was strong among participants, particularly when it involved peers or younger individuals. Many participants emphasized that they would feel more empowered if they had been given even basic, hands-on training in school or college.

"I think most of us want to help. We just don't know what's allowed and what's correct. If someone taught us properly, I'd feel more confident,"

- one of the respondents 24-year-old male PhD. Scholar from Kerala University

This theme really shows a big difference between what urban youth intend to do and what they actually do in emergency response situations. Even though there was a lot of empathy and a desire to help, people often hesitated to step in because they were scared, unsure, and didn't know the legal implications. By focussing on specific first aid training and understanding legal protections, we can really enhance how quickly bystanders respond and possibly save lives.

Need for structured first aid education and training from early stages.

A clear and important theme that came up was how much the participants wanted organised, hands-on first aid training. Even though many young people don't fully grasp the concepts and feel unsure about acting in emergencies, they showed a real eagerness to learn and believe that proper training would really boost their confidence and skills in actual situations. Several participants pointed out that although first aid is sometimes referenced in school textbooks, they had never experienced any practical instruction or demonstrations. They felt unprepared because they didn't have enough hands-on learning experiences.



Several participants noted that the current theoretical approach isn't sufficient and that first aid should be taught as a practical life skill, rather than just a subject in the classroom.

"There are so many things we learn in school that we end up not using. "First aid needs to be included in our classes, with real practice sessions—similar to how we do fire drills."

- one of the respondents 21-year-old male Student from Kerala University

Participants suggested different methods for incorporating first aid training into current systems. Some ideas were to have mandatory first aid workshops in schools and colleges, include them in driver's license training programs, and set up dedicated sessions during sports camps, NCC/NSS activities, or youth festivals. Support was also provided for using interactive methods like role-playing, video demonstrations, and peer-led instruction to make learning more engaging and practical.

"If we had practiced CPR in school, I wouldn't be feeling so confused right now. "It should be mandatory, similar to sports or physical education."

- one of the respondents 20-year-old female Student from Kerala University

Another idea, particularly from students, was to involve NGOs, volunteers, or health professionals to carry out outreach sessions. Some participants suggested using mobile apps or gamified online platforms, as long as the content is medically verified and features visual, step-by-step guides.

Some participants pointed out that requiring first aid for graduation or certificates, like the mandate for environmental studies, could really emphasise its importance and encourage more people to get involved.

The main point from the responses was obvious: young people in cities want to feel more ready, but they require organised, easy-to-access, and relevant training to enhance their understanding and tackle their doubts. They highlighted that these programs need to cover legal awareness, like the Good Samaritan Law, to ensure that young people know their rights and protections when helping others in emergencies. This theme highlights how important it is to make first aid training accessible and inclusive for young people. It's really important to be open to learning, especially in places like Thiruvananthapuram, where young people often see accidents or medical emergencies firsthand.

Table 1

Themes, Descriptions, and Key Insights on First Aid Perceptions Among Urban Youth



Themes	Description	Key Insights/Quotes
Insufficient conceptual understand of first aid,	Most participants seemed to have just a simple or vague understanding of what first aid involves, usually focussing on things like treating small cuts or dealing with fainting. CPR and emergency protocols were not well understood.	<i>"We studied a chapter about health and hygiene in class. There was some information about first aid, but we never really learnt how to apply it."</i> <i>"I witnessed someone performing CPR on a guy who had collapsed close to the IFFK Venue. People were yelling at him, telling him not to touch the body until the police arrived. I was really scared to even give it a shot."</i>
Dependence on informal and digital information sources,	Mostly the participants relied a lot on social media, films, and what they heard from others instead of on confirmed, organised training. This resulted in a lack of consistency and, at times, an incorrect understanding.	<i>"I haven't been to a real first aid class before. I've watched CPR videos on YouTube and Instagram reels—it seems really helpful, but I'm not confident that I would do it correctly as I never got any practical lessons"</i>
Uncertainty regarding emergency response (willingness vs hesitation),	Fear of hurting others, lack of self-assurance, and legal or societal worries frequently caused the	<i>"I once saw an accident. I stopped my bike but didn't go near. I was afraid people would think I caused it,"</i>



	participants to hesitate or do nothing, even though they really wanted to help.
Need for structured first aid education and training from early stages.	Participants highlighted the importance of practical training in schools or colleges and proposed different formats to enhance readiness and reduce uncertainty. <i>"First aid needs to be included in our classes, with real practice sessions—similar to how we do fire drills,"</i>

Conclusion

This study investigated how urban youth in Thiruvananthapuram perceive, understand, and feel about first aid, highlighting important gaps in their knowledge, confidence, and readiness. Even though there was a strong desire to help in emergencies, most people didn't have practical training and depended a lot on informal or online sources, many of which were incomplete or not verified. CPR was not really understood well, and many participants were not familiar with legal frameworks like the Good Samaritan Law, which led to some hesitation and fear about getting involved.

The study also uncovered that there is a strong and consistent interest among young people for formal, hands-on first aid education. Participants saw how important it is to learn these life-saving skills and showed interest in having organised classes included in schools, colleges, and community programs. The findings highlight the important need for first aid interventions that are tailored to local cultures and go beyond just theory, aiming to build real-world confidence and skills.

Considering the frequent road accidents, sports injuries, and big events happening in Thiruvananthapuram, it's really important for young people to learn first aid skills. This knowledge is not only relevant but crucial. By turning this understanding into action with training that is easy to access, trustworthy, and focused on real-world practice, those in charge, like policy-makers, educators, and health authorities, can help create a generation of young people who are not only willing but also prepared to respond effectively in emergencies.



The study finds that there is an urgent need to establish structured, contextually relevant first aid training through educational institutions and community activities. Considering that young individuals often serve as first responders in public and domestic emergencies, providing them with accurate knowledge and practical skills is not only advantageous—it is imperative. Customised formal training, aligned with the unique social, cultural, and infrastructural environment of urban Kerala, can address knowledge deficiencies, mitigate indecision during crucial instances, and enable youth to engage with assurance and proficiency. Incorporating first aid education into school curricula, university orientation programs, and community outreach activities could cultivate a generation that is both knowledgeable about emergency procedures and equipped to intervene effectively. This method has the potential to substantially bolster grassroots emergency response capacities and improve public health resilience in Kerala's metropolitan areas.

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