



A Descriptive Study to Assess Knowledge and Attitude Regarding Clean India Programme of People Residing In Selected Areas of Ahmedabad, Gujarat

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ABSTRACT

A comparative study was conducted to assess the knowledge regarding ECG among second year and third year B.Sc. Nursing students attending classroom teaching method with those attending video assisted teaching method in Apollo institute of nursing. A quantitative approach with comparative study design with quasi experimental approach was used to achieve the objectives of the study. The samples consisted of 60 students from second and third year of Apollo Institute of Nursing, Bhat, Gandhinagar. Simple random sampling technique was used to collect the sample. A structured questionnaire was used to assess the knowledge regarding ECG among the students. The tool was validated by the experts. Cronbach alpha was used to establish the reliability of the tools. The tool was found to be valid and reliable. Data gathered was analyzed and interpreted using both descriptive and inferential statistic. The study shows that the majority (100%) were in the age group of 18-20 years in both groups I and II. In group I, 1% was male and 99% were females and in group II, majority (100%) was females. In classroom teaching method majority (60%) of the students had average knowledge and in the video assisted teaching method majority (100%) of the students had good knowledge on ECG. The post test mean score of group I was 28 ± 2.46 with the mean percentage of 66.67% after the classroom teaching and the post test mean score group II were 39.23 ± 1.41 with the mean percentage of 93.41% after the video assisted teaching method. The calculated t-value was higher than the table value ($t_{59}=2.00$, $p<0.05$), hence the null hypothesis was rejected. So it is inferred that in the present study, there was significant difference between the post test score after classroom teaching method and video assisted teaching method on ECG among second and third year BSc. Nursing students. Therefore, it can be concluded that the video assisted teaching method was effective. Based on the finding the following recommendations were proposed for future research: Similar study can be replicated on a large sample with similar baseline characteristics. A similar study can be replicated in more than one college of Nursing.

KEYWORDS

ECG, Marital, Teaching

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge, attitude regarding clean India program among of people residing in selected areas of Ahmedabad, Gujarat
2. To find out the association with socio demographic variable regarding clean

India program among of people residing in selected areas of Ahmedabad, Gujarat

Description of tool

Section-A

Consist of 4 question related to demographic data and 34 information related question to assess the knowledge regarding clean India program.



Section-B

Consist of 8 questions on information regarding the attitude of community people which were in the form of liker scale.

After preparation of tool, content validity and reliability was established. To ensure content validity of tool it was submitted to five experts and was validated by them. Experts were masters in nursing.

A self-structured questionnaire was developed to assess the knowledge and attitude regarding clean India Program among the people residing in selected area of Ahmedabad, Gujarat.

MAJOR FINDINGS OF THE STUDY

The collected data were analyzed and interpreted for demographic data and knowledge and attitude of clean India program. In this research 50% of sample were in the age group of 20-30 yrs, 29 % of sample were 31 to 40 yrs, and 21 % were in the age group of 40 yrs. Among the sample 9% were illiterate, 44% were 10th pass and 47% were 12th pass and above. Regarding marital status 68% of the people were married, 27% were unmarried and 5% were widow/widower. Regarding income of the people 60% of people earns

50000-10,000 /mnt, about 24% people earns 10,000-25,000 / mnt, and about 16 % of people earn 25,000 / mnt.

The study revealed that about 0% of people had poor knowledge, about 10% of people had average and 90 % of people had good knowledge regarding clean India program. Regarding attitude level- 0% of people have poor attitude, 2% have good and 75% have excellent attitude regarding clean India program.

BACKGROUND OF THE STUDY

Clean India program was launched by Indian Prime Minister Mr. Narendra Modi on 2nd Oct. 2014 at Rajghat , New Delhi with the aim to make India clean. The main aim of this program was to provide sanitation facilities every family, including toilets, solid and liquid waste disposal, systems, environmental cleanliness and safe and adequate drinking water supply by 2nd October 2019.

Cleanliness is one of the most important practices for a clean and healthy environment. It is essential for everyone to learn about cleanliness hygiene, sanitation and about various disease that are caused due to poor maintenance of hygiene.



NEED FOR STUDY

A United Nations report in May 2014 had said that nearly 60 % of India, population practice opens defecation which puts them at risk of disease like cholera, diarrhea, typhoid etc. India loses at least 1000 children per day due to diarrheal and dysentery and the reason for these are open field defecation and lack of proper sanitation. Lack of toilet also expose one third of the country's women to the risk of rape or sexual assault.

OPERATIONAL DEFINITIONS

Descriptive study:

A study that is aimed to describe about level of knowledge and attitude of people residing in Ahmedabad about clean India Program

ASSESS

According to this study ‘evaluate the concept of clean India program

KNOWLEDGE

‘Level of understanding regarding clean India Program’

ATTITUDE

According to this study ‘Fixed belief and concept of people regarding Clean India Program.

PEOPLE

People with socio demographic variable which include age, occupation, religion, and educational status and who are residing at Ahmedabad.

CLEAN INDIA PROGRAMME

It is the program held by Indian government to make India clean.

DATA COLLECTION

The investigator first introduced him to subjects and written consent was obtained after explaining the purpose of the study. Confidentiality of the response was assured. The existing knowledge and attitude was assessed and everyone was asked to fill it. Each sample required 40 minutes to complete self-structured questionnaire. After the data collection investigator thanked the entire study sample as well as the authorities for their cooperation.

SECTION: I

Analysis of data for demographic data, data about clean India program. And clean India Program. in terms of frequency and percentages.

Table 1.1 Distribution of sample according to their characteristics in terms of frequency and percentages
N=100

Characteristics	Frequency	Percentage
Age		
20-30 years	50	50 %
31-40 years	29	29%
Greater than 40 years	21	21%

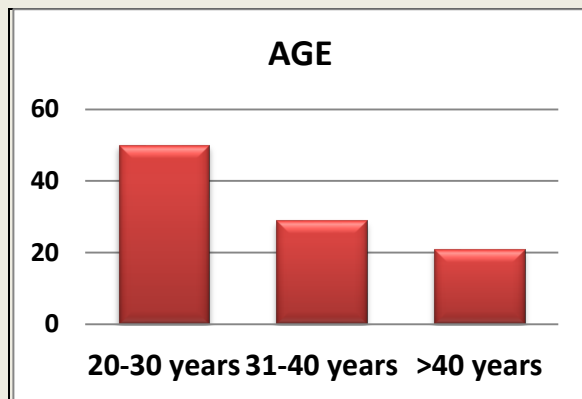


Figure 1.1 Column Diagram showing Description of demographic variable of samples according to age of people

Table 1.2 Distribution of samples according to education of people

N=100

Sr. No	Demographic Variable	Categories	Frequency	Percentage
1	Education of people	Illiterate	9	9%
2		10 th pass	44	44%
3		12 th pass and above	47	47%

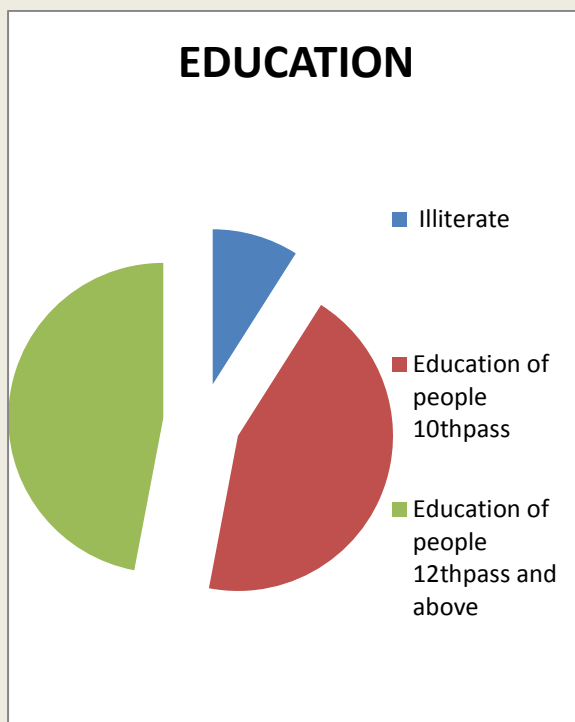


Figure 1.2 Pie Diagram showing Distribution of samples according to education of people

Table 1.3 Distribution of sample according to marital status.

N=100

Sr. No	Demographic Variable	Categories	Frequency	Percentage
1	Marital Status of the people	Married	68	68%
2		Unmarried	27	27%
3		Widow/Widower	5	5%

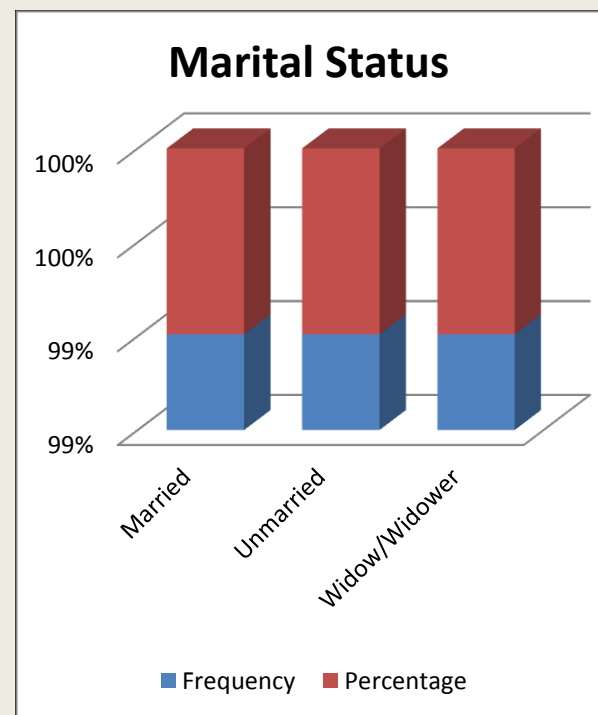


Figure 1.3 Column Diagram showing Distribution of sample according to marital status.

Table 1.4 Distribution of sample according to income.

N=100

Sr. No	Demographic Variable	Categories	Frequency	Percentage
1	Income of people	5000-10,000	60	60%
2		10,000-25,000	24	24%
3		25,000 & above	16	16%

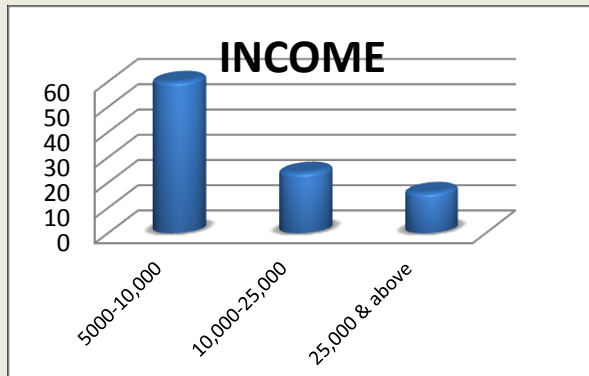


Figure 1.4 Column Diagram showing Distribution of sample according to income.

Table 1.5 Area wise knowledge score of samples regarding Clean India Program
N=100

Areas	Mean	Mean Percentage (%)
Introduction	5.17	17%
Effectiveness	4.43	17%
Environmental Sanitation	2.49	14%
Water sanitation	7.31	20%
Personal hygiene	1.82	14%
Waste Disposal	4.72	18%

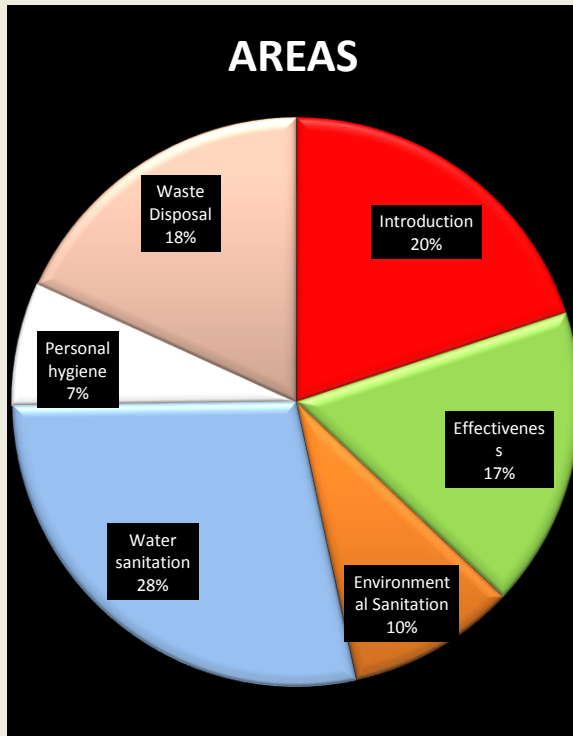


Figure 1.5 Area wise knowledge score of samples regarding Clean India Program

Table1.6 Analysis of knowledge of people regarding Clean India Program
N=100

Marks	Grade	Frequency	Percentage
1-11	Poor	00	0%
12-22	Average	10	10%
22-34	Good	90	90%

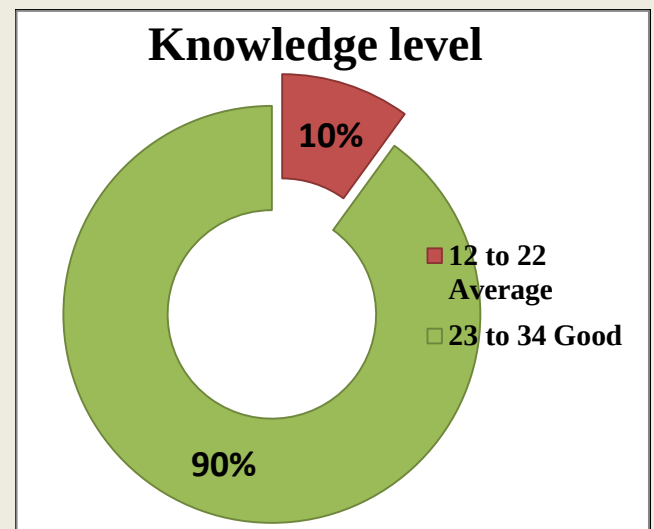


Figure 1.6 Doughnut Diagram showing knowledge levels of people regarding Clean India Program.

Table1.7 Analysis of attitude level among people regarding Clean India Program
N=100

Marks	Grade	Frequency	Percentage
0-10	Poor	0	0%
11-20	Average	2	2%
21-30	Good	23	23%
31-40	Excellent	75	75%

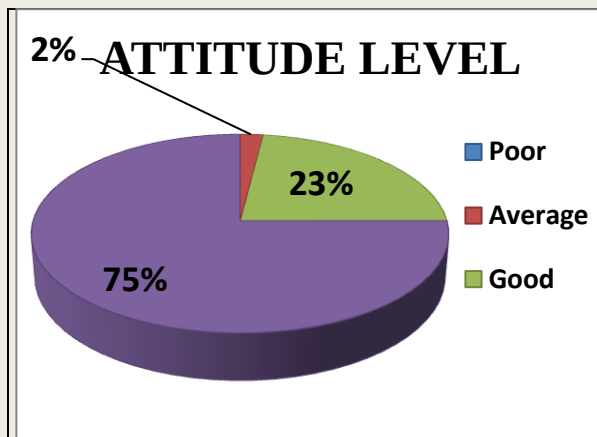


Figure 1.7 Pie Diagram showing analysis of attitude of people about Clean India Program

CONCLUSION

The study was conducted to assess knowledge and attitude regarding Clean India Programme of people residing in selected areas of Ahmedabad, Gujarat. The following conclusions were drawn from the findings of the present study:

The study showed that the majority of people had a good knowledge regarding clean India program that is 90% and people positive attitude regarding clean India program that is 98%.



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