Original Research Article

A comparative study to assess the knowledge and attitude regarding Swachh Bharat Mission among community people in selected urban and rural area of Bhopal, (M.P.)

Sheetal Das1,*

1 Dept. of Community Health Nursing, People’s College of Nursing & Research Centre, Bhopal, Madhya Pradesh, India

ABSTRACT

Open defecation and contamination of drinking and bathing water has been an endemic sanitarily problem in India in 2014 India was the country with the highest number of people practicing open defecation around 530 million people. Swachh Bharat mission campaign launched on 2 October 2014. on birth anniversary of Mahatma Gandhi aim to eradicated open defecation by 2 October 2019. The 150th anniversary of the birth of Mahatma Gandhi by constructing 90 million toilets in rural India. At projected cost of 1.96 lack crore (us$2). The national campaign spanned 4,041statutory cities and town. Conceived in March 2014 a sanitation conference organized but UNICEF India and the Indian institute of technology. As part the laager totals sanitation campaign which the Indian government launched in 1999.

This is an Open Access (OA) journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

1. Introduction

Swachh Bharat Mission has gained quite a moment the past two year The NDA (National democratic alliance) Government flagship campaign aim sat Covering1.04crore householdproviding25000, Community toilets 260,000public toilet Solid waste management facility in a each town Covering 4,401 town over a period of 5 year. The Mission main objective have been eliminated of Open defecation, Conversion of unsanitary Toilet stop or flush toileted abdication of Manual scavenging municipal solid waste Management and bringing about behavioral Change in People regarding health sanitation Practice in order to encourage cities to be a Part of the clean India initiative the Swachh Survekshan was launched in2015. Under the Survekshan 2016,73 cities were evaluated and measured was ranked on top followed by Chandigarh in a bid to scale up the coverage to The ranking exercise the

Swachh Survekshan 2017 has been launched the survey which will Rank 500 cities/Town with a population of 100,000 and above will be conducted. In January 2017 poor sanitation cost India 5.2% of its GDP and Causes disability and deathly disease through the contamination of drinking water sources. 1

1.1. Need of the study “Cleanliness is next to godliness

A UN report in May had said that currently nearly 60% of India population practice open affrication which pub than at risk of disease like cholera Diarrheal, Typhoid etc. Not only this India also few economic laws because of poor hygiene and sanitation in 2006 said the India losses 6.4% of GDP of ore mentioned reason report says that India is a gold medal list in open and nearly 80% of India population clear their burls in the open this 60% is roughly 58% of the people who practice open defecation all over the world India losses at least 1000 children a day to Diarrheal death and the reason for these death in open defecation. If proper hygiene and
sanitation will not become a practice in our country then no one will be able to save the country from the health and hazard and losses that will loom are the India population in near future so let’s makes Swachh Bharat a mars movement and save our country from all dangera standout amongst the most socially defamed illnesses known today. Social disgrace is related for the most part pervasive fantasies like its innate and infectious nature, divine cure alongside the physical distortions caused. The influenced individuals confront physical hindrance endure mental repercussion group’s.2-4

2. Objectives

2.1. Objective of the study

1. To assess the knowledge regarding Swachh Bharat Mission among community people in selected urban and rural area of Bhopal.
2. To compare the knowledge attitude regarding Swachh Bharat Mission among community people in selected urban and rural area of Bhopal.
3. To correlate and attitude with selected socio-demographic variables

2.2. Hypothesis

"A hypothesis is a statement of the research’s expectation about relationship between variables under study."

H0:- There is no significant association between knowledge & attitude with selected socio-demographic.
H1:- There is a significant association between knowledge and attitude regarding Swachh Bharat Mission.
H2:- There is a signification between the knowledge and attitude regarding Swachh Bharat Mission. socio-demographic variables.

2.2.1. Assumptions

Swachh Bharat Mission is necessary for the development of Nation.

1. The people of urban or rural area will have good knowledge on Swachh Bharat Mission.
2. The people of urban or rural area will have positive attitude towards Swachh Bharat Mission.

2.2.2. Delimitations

The study is limited to:

1. The family residing in labour colony of Indrapuri urban area of Bhopal (M.P).
2. The family residing in village Ratua rural area Bhopal (M.P)

2.3. Methodology

The sample was selected by using convenient sampling. Data collection was done.

The data was collected from 60 people 30 from rural and 30 from urban area regarding Swachh Bharat Mission.

Formal written permission from Principal of the college was taken & permission from HOD of community medicine of PCMS was obtained prior to data collection process.

Data was collected by close ended questionnaire. Person Chi-square test was utilized for statistical analysis

3. Results

3.1. Analysis of the demographic data of the sample

Frequency and percentage distributing of sample according to their age shows that majority (30%) of them were in the age group of 20-25 years in urban (45%) and in rural area that is of them were in the age group of 25-30 years in urban (35%) and in rural area that is (20%) of them were in the age group of 30-35 years in urban(25%) and in rural area that is (25%) them were in the age group of more than 35-40 years in urban (10%) and (10%) in rural area.

Frequency and percentage of sample according to gender show that (40%) of male in urban area and (45%) male in rural area same as the female (60%) in urban area and (55%) in rural area.

Frequency & percentage distributing according to their family type revealed that (10%) nuclear family and (20%) joint family in urban area and (36.67%) nuclear Family in rural area (80%) and of extended family (10%)and in rural area (70%) was joint family and (10%) extended family.

Frequency and percentage of sample according to education status shows that (00%) of them were from illiterate in urban area and (15%) of rural area, (15%) of them were from high secondary in urban area and (55%) of rural area, (55%) of them were from higher secondary in urban area and (50%) of rural area, (30%) of them were graduate in urban area and (35%) of rural area.

Frequency and percentage distribution of sample according to their occupation shows that (40%) labour in urban area (10%) and rural area (30%) private job in urban (55%) and in rural area (5%) government job in urban (10%) and in rural area (25%) businessmen in both urban and rural area.

Frequency & percentage distribution of sample according to residential area (100%) urban and (100%) in rural area.

3.1.1. Section - A

Description of demographic variables of respondents

Section - A frequency and percentage distribution according to age
### Table 1: Distribution of Age according to frequency and percentage

| Age     | Frequency | Percent | Age     | Frequency | Percent |
|---------|-----------|---------|---------|-----------|---------|
| 20-25   | 6         | 30.0    | 20-25   | 6         | 30.0    |
| 25-30   | 7         | 35.0    | 25-30   | 7         | 35.0    |
| 30-35   | 5         | 25.0    | 30-35   | 5         | 25.0    |
| 35-40   | 2         | 10.0    | 35-40   | 2         | 10.0    |
| Total   | 20        | 100.0   | Total   | 20        | 100.0   |

### Table 2: Distribution of Attitude score according to attitude

| Attitude score | Urban   | Percent | Rural   | Percent |
|----------------|---------|---------|---------|---------|
| Strongly Disagree | 0       | 0       | 0       | 0       |
| Disagree | 0       | 0       | 0       | 0       |
| Not decided | 2       | 10.0    | 2       | 10.0    |
| Agree | 18      | 90.0    | 6       | 30.0    |
| Strongly Agree | 0       | 0       | 12      | 60.0    |
| Total | 20      | 100.0   | 20      | 100.0   |

### Table 3: Mean and Standard Deviation of Knowledge and Attitude score

| Urban | Knowledge score | Std. Deviation | t value | df | P value |
|-------|----------------|----------------|---------|----|---------|
| Urban | 7.100          | 1.99737        | 3.472   | 38 | .003*   |
| Rural | 9.000          | 1.48678        |         |    |         |
| Urban | 27.100         | 2.97180        | 5.107   | 38 | .000*   |
| Rural | 31.600         | 4.86015        |         |    |         |

### Table 2: Association of socio demographic data with Attitude scale

| Urban | Strongly Disagree | Disagree | Not decided | Agree | Strongly Agree | Total | Chi square value | Df | P value | Significance |
|-------|------------------|----------|-------------|-------|----------------|-------|-----------------|----|---------|--------------|
| Age   |          |          |            |       |                |       |                 |    |         |              |
| 20-25 | 0       | 0        | 2           | 4     | 6              | 6     | 5.185           | 3  | .159   | NS           |
| 25-30 | 0       | 0        | 0           | 7     | 7              | 7     |                 |    |         |              |
| 30-35 | 0       | 0        | 0           | 5     | 5              | 5     | 1.818           | 2  | .403   | NS           |
| 35-40 | 0       | 0        | 0           | 2     | 2              | 2     |                 |    |         |              |
| Gender |        |          |            |       |                |       |                 |    |         |              |
| Male  | 1       | 7        | 8           |       |                |       |                 |    |         |              |
| Female | 1      | 11       | 12          |       |                |       |                 |    |         |              |
| Transgender |        |          |            |       |                |       |                 |    |         |              |
| Illiterate | 0    | 0        | 0           | 3     | 3              | 3     | 1.818           | 2  | .403   | NS           |
| High school | 0  | 0        | 0           | 2     | 9              | 11    |                 |    |         |              |
| Graduate and above | 0 | 0       | 0           | 6     | 6              | 6     |                 |    |         |              |
| Occupation |        |          |            |       |                |       |                 |    |         |              |
| Labour | 0      | 8        | 8           |       |                |       |                 |    |         |              |
| Private job | 2  | 4        | 6           |       |                |       |                 |    |         |              |
| Government job | 0 | 1       | 1           |       |                |       |                 |    |         |              |
| Business | 0      | 5        | 5           |       |                |       |                 |    |         |              |
| Residential area |       |          |            |       |                |       |                 |    |         |              |
| Urban area |        |          |            |       |                |       |                 |    |         |              |
| Rural area | 2  | 18       | 20          |       |                |       |                 |    |         | NS           |
| Type of family |        |          |            |       |                |       |                 |    |         |              |
| Nuclear family | 0  | 2        | 2           |       |                |       |                 |    |         |              |
| Joint family | 2  | 14       | 16          |       |                |       |                 |    | .556   | NS           |
| Extended family | 0  | 2        | 2           |       |                |       |                 |    | .757   | NS           |
### Analysis of data related to knowledge regarding Swachh Bharat Mission among community people.

Frequency & percentage distribution of sample according to knowledge regarding Swachh Bharat Mission shows that (5%) poor, (80%) average, (15%) good having knowledge of urban and (0%) poor, (75%) average, (25%) good having knowledge of rural area.
3.3. Analysis the data to find association between knowledge and attitude with their socio-demographic variables

In order to find out the association between knowledge and attitude of Swachh Bharat Mission with their socio-demographic variables, chi-square test was used. The findings revealed that religion is significant and age, gender, education status, is non-significant.

4. Conclusion

The detailed study, leads to the following conclusion. According to result of the majority the knowledge of guardian regarding Swachh Bharat Mission in selected urban and rural area of Bhopal (M.P). Result shows (5.0%) poor, (80.0%) average, (15.0%) good in people having knowledge of urban and (0%) poor, (75.0%) average, (25.0%) good in people having knowledge of rural area.

5. Conflict of Interest

The authors declare that there are no conflicts of interest in this paper.

6. Source of Funding

None.

References

1. Fawcet. Research and professionalism of nursing form. 1988;19(3):10–8.
2. Nirmala V, Edition JS, Sinus M. Research methodology in nursing. New Delhi: JP Brother medical publisher Pvt.Limited; 2011. p. 32–44.
3. Goerge JB. Nursing theory: the basic of professional nursing practice.
   In: 4th Edn. United States: Appleton and Lange; 1995.
4. Bečk C. Essential of nursing research: method, appraisal and utilisation.
   In: 6th Edn. Philadelphia: Lippincott Williams and Wilkins; 2006.

Author biography

Sheetal Das, Associate Professor