Assessment of Knowledge on Disaster Preparedness among Adult in a Selected Rural Community at Kanchipuram District Tamil Nadu, India

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Abstract

“Assessment of knowledge on Disaster preparedness among Adults”. The objectives of this study are to assess the level of knowledge on disaster preparedness among adults and associate the knowledge on disaster preparedness among adults with selected demographic variables. The sampling technique used was simple random sampling technique with the samples of 100 adults. The study assessed the knowledge on disaster preparedness among adults. The data collection tool was validated by nursing experts. The collected data was tabulated and analyzed. That based on the age of adults 69(69%) of adults were in between 20-40 years, 26(26%) were in between 41-59 years, 5(5%) were above 60 years. According to the sex distribution 52(52%) were male and 48(48%) were female. According to the educational status 72(72%) were studied up to primary and middle school, 23(23%) were studied upto secondary and higher secondary education school and 5(5%) were under graduate. Regarding the type of disaster 68 were experienced flood, 72 were experienced cyclone, 20 were experienced earthquake and 1 were experienced draught. Regarding the sources of knowledge subjects gained knowledge from newspaper 16(16.4%), from television 82(84.4%), from phone 3(3.09%), from Panchayat 1(1.03%) and from pamphlet 1(1.03%). Regarding previous disaster status 42(42%) were experienced disaster once, 36(36%) were experienced disaster twice and 22(22%) were experienced disaster more than thrice. To create the awareness among public and to reduce the Impact of disaster.

Keywords: Knowledge, Disaster preparedness, Adult.

Introduction

Preparedness for disasters is critical for households, businesses and communities, but many remain unprepared. As recent disasters serve to highlight the need for individual responsibility, local coordination and continuity plans to ensure the ability to respond to and recover that everyone responds and recover from major events, the federal government has prioritized national preparedness as a goal without developing a system to achieve and maintain it. Further more, the, public organization have been charged with assesing their state of readingness and identifying their strengths and weakness as a requirement for receiving federal funding and Homeland security grants.

This research will be useful for groups responsible for public education campaigns, business continuity programs and emergency responders, as well as those who have an interest in developing a standardized index to measure disaster preparedness. This report describes concepts and measures that social scientists and practitioners employ in assessing preparedness activities carried out by households, public agencies, private sector entities and communities. It also review on guidance on how to enhance preparedness efforts

Need for the Study:

Selby D, kagawa F(2011) In 2011 population statistics says, that 3.6 million people living in dwelling are India. They accounted for approximately 2.8% of all home in a risk of facing disaster between 1990 and 2000 there was housing boom characterized by some
authors as “Tsunami” that drastically increased the pool of housing in India. A day after cyclone gaja pummeled several central and coasts districts of Tamil Nadu. They confirmed the death of many people including men, women and children so far in the storm.

Smith K, (2015) In early, the internal displacement monitoring center published a report entitled “risk of disaster induced displacement in south Asia” in which they attempted to assess the risk of displacement due to natural disaster in eight countries of south Asia in the report, India was ranked as the country with the highest quantity of potentially displaced people over the next ten years as consequence of natural hazards. The research indicated that in India disaster induced displacement is a problem relevant for both urban and rural areas and the large numbers of people without access to adequate housing, water, health and sanitation.

Mahayana. B. (2010), pointed out that in the absence of a suitable infrastructure that might be transformed temporarily as relief to each house holds of Flood Victims, community based approach helps to keep lesson with the local and/or district level administration and thus to enhance local level capacity to facilitate floods management, community people helps to shift marooned people into flood shelter (S) and/or to flood campus in the relocation process no problem government or relief can be effective as the community people themselves.

Three days after cyclone gaja Made is landfall between Tamil Nadu coastal districts of nagapattinam and vadaranyam, the damage to lives and livelihoods and the ruin that left in its wake is vast. The official estimate of 2,49,083 people was evacuated.

A disaster plan this not equal complete preparedness (kaji and Lewis 2006); however, a comprehensive disaster plan is consistent preparedness one important aspects of comprehensive disaster plan all hazards approach, which refers to the consideration of any incident or event that could pose a threat to human life, property or environmental (ASTM 2009). An all hazards approach does not literally mean being prepared for any and all hazards that might manifest in a particular community including a hospital. Instead, it means that there are common needs and responses that are required in disasters, such as need for the treatment and triage of victims that can be addressed in a general plan; this type of plan can provide the basis for responders to prepare for these types of unexpected events.

The plan provides a basic framework for responding to various types of disaster; however, planners typically only address the kinds of disasters that might be expected to occur (Waugh, 2005). Another disaster plan is to consider all phases of the disaster management cycle.

Mulyasari F, atakeuchi Y, Shaw R, (2016) The disaster for Hospital administrator must first have a clear and complete understanding of the types of disaster that can affect their facilities, specially that magnitude and probability of occurrence give these exposure, they must identify the vulnerable areas of the hospital complex, particularly those parts that provide essential support to the facility: namely, the electrical rooms air, handling equipment, fire protection system, medical gasses and communications. Finally, once exposure and vulnerability are identified, they hospital disaster. on the basis of the findings of the study the following suggestions for giving disaster preparedness.

Objectives of Study: To assess the level of knowledge on disaster preparedness among adults.

To associate the knowledge on disaster preparedness among adults with select demographic variable.

Operational Definition:
• The potential for physical harm and social disruption to societies and their larger subsystems associated with hazards and disasters. Generally there are two types of vulnerability one is physical vulnerability and other social vulnerability.
• Physical vulnerability represents threats to physical structures and infrastructures, the natural environment and related economic losses. The well-being of human populations is under threat due to social vulnerability and related economic losses. The response for disaster is immediate protection of life and property, reestablishing control and minimizing the effects of a disaster.

Methodology

Research Approach: Descriptive research approach was used for this study.

Research Design:: Descriptive research design was used for this study.

Research Setting: The study was conducted at Kokilamedu at Kanchipuram District.
**RESEARCH POPULATION:**

Adults age between 20-59 years, residing at selected village in the Kanchipuram District, Tamil Nadu.

**Sampling Criteria:**

**Inclusion Criteria:**
- People who are available at the time of data collection.
- People who can read or speak Tamil/English

**Exclusion Criteria:**
- People who are not willing to participate.
- People with deaf and dumb

**Sample Size:**

Sample size $n = DEF \times Np(1-p)1/(d2/z22\times(N-)+p(1-p)$

Sample size $n=100$

**Sample Technique:** The participants of this study was selected by convenient sampling technique.

**Data Collection Procedure:**

- Development of Tool → Informed Consent from subject → Obtaining data from study subjects → Data Analysis & Interpretation

**Data Analysis:** Descriptive statistics like frequency distribution, percentage was used to assess the knowledge on disaster preparedness, Chi-square test was used to find out the association between knowledge of disaster preparedness with selected demographic variables.

**Result and Discussion**

It shows that the age of 69(69%) of adults are in between (20-40) years, 26(26%) are in between the (41-59) years, 5(5%) are above 60 years. According to the sex distribution 52(52%) are and 48(48%) are female. According to the educational status 72(72%) are primary and middle, 23(23%) are secondary and high school and 5(5%) are under graduate. Regarding the type of disaster it shows 68(109.4%) experienced flood, 72(115.9%) experienced cyclone, 20(32.2%) experienced earthquake and 1(1.6%) experienced drought. Regarding the sources of knowledge it shows 16(16.4%) from newspaper,
82(84.4%) from television, 3(3.09%) from phone, 1(1.03%) from panchayat and 1(1.03%) from pamphlet. Regarding previous disaster status it shows 42(42%) experienced disaster once, 36(36%) experienced disaster twice and 22(22%) experienced disaster more than thrice.

**Conclusion**

Each year natural disaster kills thousands of people and inflict billions of dollars in economic losses. No community is immune to their damage. In 1989, two disasters, area earthquake, caused direct losses of billion and indirect losses. As a result of these two events ninety people were killed and more than a year later, thousands remained homeless. This study will help community to reduce the impact of disasters among human being, environmnet animals, etc. It can be used as basic research to improve community preparedness along with government and non government agencies.

**Source of Funding:** Self

**Conflict Of Interest:** Nil

**Ethical Clearance:** Obtained

**Reference**


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