



"A STUDY TO ASSESS THE AWARENESS REGARDING DELHI STATE GOVERNMENT SCHEME "FARISTE DILLI KE" AMONG GENERAL PUBLIC OF SELECTED COMMUNITY IN NEW DELHI"

Nursing

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ABSTRACT

FARISHTE DILLI KE scheme was launched by the state government of Delhi Chief Minister "Arvind Kejriwal" in November 2019 as a pilot project. Under this scheme, a new initiative aimed at a felicitating citizen who takes an accident victim to the hospital. The Government of Delhi bears all the expenses related to road accidents. FARISHTE DILLI KE scheme, also rewards of Rs 2,000 and a certificate to a good Samaritan for taking the accident victim to a hospital. They will also not be liable for any questions by the police.[1]. In a majority of road accident cases, people don't come forward to help. Not because they're apathetic to the victim's plight many don't help because they're afraid of getting into legal tangles, or scared that if they accompany the victim to the hospital, they might be asked to pay the charges. The fears are not unfounded there are enough instances of hospitals refusing to admit victims even in an emergency until someone pays up. There are also several cases where people who try to help have been forced to go to court multiple times to give testimony.[2] So, in this concern a quantitative and descriptive research was conducted with the aim to assess the awareness regarding State government Scheme "FARISTE DILLI KE" among general public of a selected community in New Delhi. Sample selected was 180 general community public of New Delhi using convenient sampling technique. A tool was designed to evaluate the general public awareness towards state government scheme "FARISTE DILLI KE" to collect data and it was shared with the general community public. The study findings were revealed in terms of the objective for the study that majority of the public was having average level of awareness regarding this scheme (62.2%) and there is no statistical association between knowledge regarding State government scheme "FARISTE DILLI KE" and the demographic data (gender, education, family history of road traffic accident, history of helping road traffic accident victims and what do you do if you witness any road traffic accident).

KEYWORDS

State Government Scheme, General public Awareness, Community Nursing

1. INTRODUCTION

"IF THERE IS ONE THING WE CAN DO, EVEN ONE LIFE WE CAN SAVE WE HAVE AN OBLIGATION TO TRY"

~BARACK OBAMA

In today's world, road and transport have become an integral part of every human being. Everyone is a road user in one way or the other. The current transport system has minimized the distances but it has on the other hand increased the life risk. Every year road crashes result in the loss of lakhs of lives and serious injuries to crores of people all around the world. In India itself, about 80,000 people are killed in road crashes every year which is 13% of the total fatality all over the world. Men behind the wheel play an important role in most crashes. In most of the cases, crashes occur either due to carelessness or due to a lack of road safety awareness of the road user. Hence, road safety education is as essential as any other basic skill of survival.^[3]

Worldwide an estimated 3,247 people are killed every day and it is the second leading cause of death among people aged 5–29 years. Road traffic accident injures or disables between 20 million and 50 million people a year. Road traffic accident ranks as the 11th leading cause of death and accounts for 2.1% of all deaths globally. 90% of the Road traffic accident deaths occur in the low income and middle-income countries. More than half of all Road traffic accident deaths among young adults between 15 and 44 years of age and 73% of all the RTA fatalities are males. The most vulnerable road users are pedestrians, cyclists, two-wheeler riders, and passengers on public transport. Road traffic accident injuries are becoming the third largest contributor to the global burden of diseases by 2020. Road traffic accident deaths are predicted to increase by 83% in developing countries and to decrease by 27% in the developed countries. It is estimated that every year road traffic accident costs billions of rupees globally and nationally. A road traffic accident injury puts significant strain on health care budgets.^[4]

As per the statistics compiled by the Research Wing of the Ministry of Road Transport and Highways in its report titled 'Road Accidents in India 2016', Delhi had the highest number of deaths due to road accidents that counted up to 1,591. Worldwide an estimated 3247 people are killed every day and it is the second leading cause of death among people aged 5–29 years. Road traffic accident injures or disables between 20 million and 50 million people a year. Road traffic accident ranks as the 11th leading cause of death and accounts for 2.1% of all deaths globally. 90% of the Road traffic accident deaths occur in the low income and middle-income countries. More than half of all Road traffic accident deaths among young adults between 15 and 44 years of age and 73% of all the RTA fatalities are males. The most vulnerable road users are pedestrians, cyclists, two-wheeler riders, and passengers on public

transport. Road traffic accident injuries are becoming the third largest contributor to the global burden of diseases by 2020. Road traffic accident deaths are predicted to increase by 83% in developing countries and to decrease by 27% in the developed countries. It is estimated that every year road traffic accident costs billions of rupees globally and nationally. A road traffic accident injury puts significant strain on health care budgets.^[6]

In a majority of road accident cases, people don't come forward to help. Not because they're apathetic to the victim's plight many don't help because they're afraid of getting into legal tangles, or scared that if they accompany the victim to the hospital, they might be asked to pay the bill. The fears are not unfounded there are enough instances of hospitals refusing to admit victims even in an emergency until someone pays up. There are also several cases where people who try to help have been forced to go to court multiple times to give testimony.^[7]

Global Scenario:

According to the Global status report on road safety 2015:

Reflecting information from 180 countries, indicates that worldwide the total number of road traffic deaths has plateaued at 1.25 million per year, with the highest road traffic fatality rates in low-income countries. In the last three years, 17 countries have aligned at least one of their laws with best practices on seat-belts, drink-driving, speed, motorcycle helmets, or child restraints. While there has been progress toward improving road safety legislation and making vehicles safer, the report shows that the pace of change is too slow. The average rate was 17.4 per 100,000 people. Low-income countries now have the highest annual road traffic fatality rates, at 24.1 per 100,000, while the rate in high-income countries is the lowest, at 9.2 per 100,000.

Indian Scenario:

According to the national crime records bureau 2016:

Report states there were 496,762 roads, railways and railway crossing-related traffic collisions in 2015 of these, road collisions accounted for 464,674 collisions which caused 148,707 traffic-related deaths in India. The three highest total numbers of fatalities were reported in Uttar Pradesh, Maharashtra, and Tamil Nadu, and together they accounted for about 33% of total Indian traffic fatalities in 2015. Adjusted for 182.45 million vehicles and its 1.31 billion population, India reported a traffic collision rate of about 0.8 per 1000 vehicles in 2015 compared to 0.9 per 1000 vehicles in 2012, and an 11.35 fatality rate per 100,000 people in 2015.

State Scenario:

According to the Times of India 2022:

Delhi has the highest number of fatal accidents among all cities across the country, with five deaths per day. The share of fatal road accidents has increased phenomenally as Indian cities are giving more importance to high-speed roads for vehicles – and not to ensuring safe access for all. Violation of rules - signal jumps, drunken driving, over speeding. Delhi has gone up to 8,623 in 2014, which was steadily coming down to 8,085 in 2015. Followed by 7,375 in 2016 claiming the death of 1,671 people. Experts attributed the lowering numbers to a proportional increase in vehicular congestion in the Capital.^[9]

I. MATERIAL AND METHODS

The study was conducted in April 2022. The research approach and design were quantitative and descriptive. The population was general public of a selected community in new delhi of which 180 general community public were selected by using convenient sampling. A structured questionnaire was used to assess the awareness regarding state government scheme “farishte dilli ke” among general public of a selected community in new delhi and was comprised of 10 items. Each item has one correct response. The maximum and minimum marks awarded for each item were 1&0 respectively. Structured questionnaire was shared with the general community people to collect the responses. Permission from the Principal, Health officer of PHC and ethical clearance from Organizational Review Board was taken before starting the study. Before the questionnaire was given to the participants, consent was taken, aims and objectives were explained to them.

II. RESULT

The data was analyzed by using descriptive in term of frequencies, percentage, mean, median and chi-square.

Table No. 1: Frequency and Percentage Distribution of Background Information of General Public. (N = 180)

S.no.	Content	Frequency (f)	Percentage (%)
1.	Age		
	a)18-30 Years	65	36.11%
	b)30-40 Years	63	35.00%
	c)40-50 Years	38	21.11%
	d)>50 Years	14	7.78%
2.	Gender		
	a) Male	88	48.88%
	b) Female	92	51.11%
	c) Do not wish to specify	0	0%
3.	Education		
	a) Illiteracy / Uneducated	31	17.22%
	b) Upto class V	45	25%
	c) Class VI – X	55	30.56%
	d) Class XI – XII	30	16.60%
	e) Diploma / Degree / Above (Post – Graduate/ Doctorate)	19	10.56%
4.	Occupation		
	a) Private Job	41	22.78%
	b) Government Job	36	20%
	c) Business /Self employed	51	28.33%
	d) Unemployed / Home maker / Retired	52	28.89%
5.	Have you or any of your family members had road traffic accident?		
	a) Yes	106	58.88%
	b) No	74	41.12%
6.	Have you ever taken any road traffic accident victim to hospital?		
	a) Yes	52	28.89%
	b) No	128	71.11%
7.	Do you know any type of scheme launched for helping road traffic accident victims?		
	a) Yes	36	20%
	b) No	138	76.67%
	C) If yes, specify	6	3.33%
8.	What do you do if you witness any road traffic accident?		
	a) Call police / Ambulance	86	47.78%
	b) Shift victim to the nearest hospital or clinic	78	43.33%

c) Do not bother / Avoid stopping at the situation	16	8.89%
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Table no. 1 reveals that most of the community people were of the age 18-30 years (36.11%). More than half of the community people were female (51.11%). Majority of the community people are Class VI – X pass out (30.50%). Most of the community people are Unemployed / Home maker / Retired (28.80%). Majority of the family members had road traffic accident (58.88%). Less people have witnessed the road traffic victim to the hospital (28.80%). Majority of the community people don't know about any type of scheme launched for helping road traffic accident victims (76.60%). Most of the community people Called police/ Ambulance after witnessing road traffic accident (47.77%).

Table no. 2: Mean, Media, And Standard Deviation (N=180)

MEAN	MEDIAN	STANDARD DEVIATION
4.76	5	1.64

Table no. 2 showed that: mean of the collected data is 4.76 median is 5, and standard deviation is 1.64

Table no. 3: Frequency (f) and Percentage (%) Distribution of Awareness Level. (N=180)

S.No	Awareness Level	Score	Freq.(F)	Percentage (%)
1.	Good	7-10	41	22.8
2.	Average	4-6	112	62.2
3.	Poor	0-3	27	15

Data represented in table no. 3 showed that majority of the public are scored average level (62.2%)

Table no.4 Association between the general community public awareness and the demographic data. (N=180)

DEMOGRAPHIC DATA	AWARENESS SCORE		CHI-SQUARE E (χ^2)	TABULAR CHI-SQUARE VALUE (χ^2)	df (at level of 0.05)	Significance Status
	ABOVE MEDIA N	BELOW MEDIA N				
1. GENDER						
a) Male	45	43	0.76	5.99	2	Not Significant
b) Female	53	39				
c) Do not wish to specify	0	0				
2. EDUCATION						
a) Illiteracy/ Uneducated	17	14	1.09	9.49	4	Not Significant
b) Upto class V	22	23				
c) Class VI – XI	31	24				
d) Class XI-XII	18	12				
e) Diploma/ Degree/ Above (Post-Graduate/ Doctorate)	11	8				
3. FAMILY HISTORY OF ROAD TRAFFIC ACCIDENT						
a) Yes	62	44	2.21	3.84	1	Not Significant
b) No	35	39				
4. HISTORY OF HELPING ROAD TRAFFIC ACCIDENT VICTIM						
a) Yes	25	27	1.405	3.84	1	Not Significant
b) No	74	54				
5. WHAT DO YOU DO IF YOU WITNESS ANY ROAD TRAFFIC ACCIDENT?						
a) Call police/ Ambulance	50	36	0.92	5.99	2	Not Significant

b) Shift victim to the nearest hospital or clinic	51	27				
c) Do not bother/ Avoid stopping at the situation	10	6				

(df=1, $\chi^2=3.84$; df=2, $\chi^2=5.99$; df=3, $\chi^2=7.82$; df=4, $\chi^2=9.49$)

The above table no.4 represents that the computer Chi-square value to establish the association between the awareness scores and gender (0.76), education (1.09), family history of road traffic accident (2.21), history of helping road traffic accident victims (1.405) and what do you do if you witness any road traffic accident (0.92) was not statistically significant at 0.05 level of significance for degree of freedom 2,4,1,1 and 2 respectively. This shows that there is no association between the general community public and gender.

IV. DISCUSSION

The findings of the present study were in agreement with similar study conducted by “Palak thakur and Sharif qamar” (2020) Delhi in November among 220 lakh daily trips were made in Delhi, out of which, 70% is assumed to be work trips about 154 lakh and on the based on estimated sample size is 384 trips of travel pattern to find out the impact of Odd-Even scheme on travel pattern in Delhi. The analysis showed that Odd-Even scheme brought significant impact in the travel, cost, travel time and model shift. About 90% of people agreed that there was a reduction in traffic during Odd-Even scheme. More than two-thirds of survey respondents agreed with the reduction in travel time.^[5]

The findings of the study were in agreement with the similar study conducted by “Ramadass Sathiyamoorthy and Mani Kalaivani” (2019) Delhi in March among 931 elderly persons to find out the awareness and utilization of social welfare schemes by elderly persons residing in an urban resettlement colony of Delhi. The results of the study shows that 809 (86.9%) participants were aware of at least one social welfare scheme. Participants utilizing any of the social welfare schemes were 393 (42.2%). Females utilized the social welfare schemes almost twice as compared to males (AOR = 1.7, 95% CI: 1.1–2.6). Participants aged 75 years and above had four times higher utilization of social welfare schemes compared to 60–64 years age group (AOR = 3.9, 95% CI: 2.4–6.4).^[6]

V. CONCLUSION

Every year road crashes result in the loss of lakhs of lives and serious injuries to crores of people all around the world. In India itself, about eighty thousand people are killed in road crashes every year which is thirteen percent of the total fatality all over the world. Indian Government has taken many steps to control road traffic accidents. In this regard FARISHTE DILLI KE scheme was launched by the state government of Delhi Chief Minister “Arvind Kejriwal” in November 2019 as a pilot project. Under this scheme, a new initiative aimed at a felicitating citizen who takes an accident victim to the hospital. The Government of Delhi bears all the expenses related to road accidents. FARISHTE DILLI KE scheme, also rewards of Rs 2000 and a certificate to a good Samaritan for taking the accident victim to a hospital. They will also not be liable for any questions by the police. So, in this regard study was conducted to assess the knowledge of general community public and create awareness about this scheme.

Recommendation

The following recommendation were offered for the further

- A similar study can be conducted on people living in rural area
- A comparative study can be conducted between rural and urban area.

Nursing Implication

The finding of the study has several implications on nursing education, nursing research, and public health.

Nursing Education

- Newly launched schemes and programs can be included in community health nursing teaching.

Nursing Research

- Many more researches should be done to find out the awareness of

the other newly launched governmental health schemes and their utilization by the general public.

Public Health

- Awareness and utilization of governmental health schemes should be considered while planning for health facilities for general public.

REFERENCES

1. <https://www.indiatoday.in/mail-today/story/delhi-cm-launches-farishte-dilli-ke-1607108-2019-10-08>
2. <https://www.thenewsminute.com/article/afraid-helping-accident-victim-heres-why-you-shouldnt-be-56514>
3. <https://morth.nic.in/about-road-safety>
4. <https://timesofindia.indiatimes.com/topic/road-accidents-in-Delhi>
5. Thakur, Palak, Qamar, Sharif Impact of Odd-Even Scheme on Travel Pattern in Delhi Journal of Resources, Energy and Development2020.vol.17:27-38,(PDF) Impact of Odd-Even Scheme on Travel Pattern in Delhi (researchgate.net)
6. Goswami AK, Ramadas S, Kalaivani M, Nongkynrih B, Kant S, Gupta SK Awareness and utilization of social welfare schemes by elderly persons residing in an urban resettlement colony of Delhi, J Fami Med Prim Care 2019;8,960-5,(PDF) Awareness and utilization of social welfare schemes by elderly persons residing in an urban resettlement colony of Delhi (researchgate.net)
7. <https://www.grsroadsafety.org/just-published-global-status-report-on-road-safety-2015/>
8. https://www.wikiwand.com/en/Traffic_collisions_in_India
9. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893966/>
10. Chauhan, T. (2017). A Study to assess the Awareness level about Government recognized health Insurance Schemes among the Urban Unorganized sector in East Delhi. *Imperial journal of interdisciplinary research*,3 <https://www.semanticscholar.org/paper/A-Study-to-assess-the-Awareness-level-about-health-Chauhan/2d4a82a3b4010d10434e94ee8481dd2a21775d7c>