CHAPTER-IV

ANALYSIS AND INTERPRETATION

"The aim of analysis is to create insight, not to perpetuate data overload."

This chapter deals with the analysis and interpretation of data collected from 60 people, who registered in Sendhwa Tehsil. Relevant data have been collected through structured questionnaire to obtain the answer to the research question which was then analyzed into an intelligible form. In the following text the result of the analysis is presented by means of tables, diagrams and other statistical indices

Organization and Presentation of the Study Findings:

Presentations of the analysis of data are organized and presented under the following sections.

SECTION-1:

Description of demographic variables.

The demographic data are described in terms of frequencies, percentage and bar, pie diagram.

SECTION-II:

• Describes the association between selected variables and risk factors of malaria.



Nurses Growth

SECTION I

Table 1

The frequency and percentage distribution of people according to age.

	Frequency	Percent
Below 20	3	5.0
21 to 26	17	28.3
26 and above	40	66.7
Total	60	100.0

Table 1 categorizes the subjects by age, showing that out of a total of 60 subjects, 3 are below 20 years old (5.0%), 17 are between 21 and 26 years old (28.3%), and 40 are 26 years and above (66.7%). This means that the majority of subjects are aged 26 and above. The cumulative percentage confirms that all age groups add up to 100%.

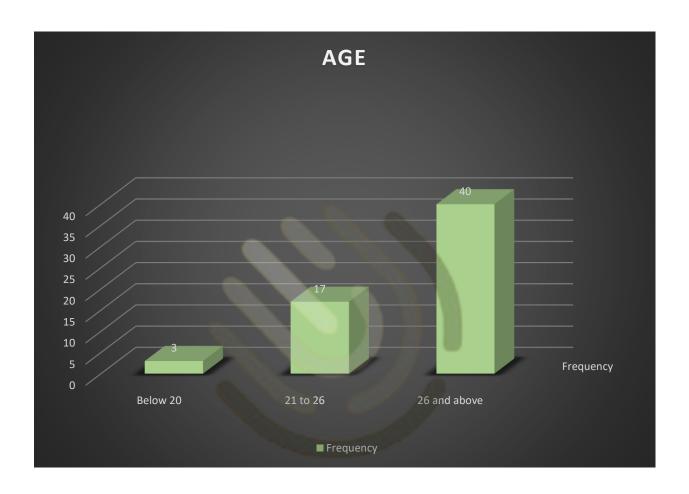


Fig.3. Bar diagram representing the frequency and percentage distribution of peoples according to age group.

Table 2

The frequency and percentage distribution of people according to Gender.

	Frequency	Percent
Male	26	43.3
Female	34	56.7
Total	60	100.0

Table 2 consists of 60 individuals, with 26 males and 34 females. This distribution accounts for 43.3% males and 56.7% females. Consequently, males represent 43.3% of the sample, while females make up the remaining 56.7%. The cumulative percentage confirms that all participants have been accounted for, with the total reaching 100.0%.

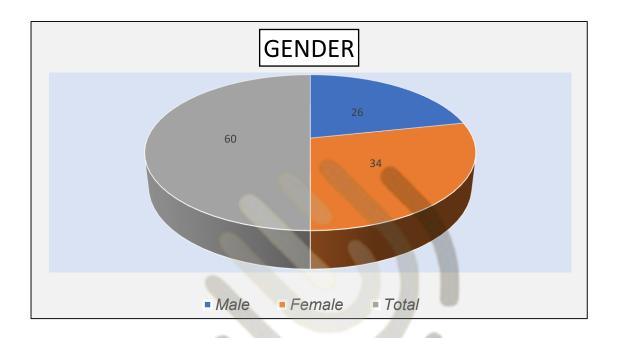


Fig.4. Pie diagram representing the frequency and percentage distribution of peoples according to Gender.

TABLE 3

The frequency and percentage distribution of people according to religion.

	Frequency	Percent
Hindu	59	98.3
Muslim	1	1.7
Total	60	100.0

Table 3 categorizes subjects by religion, showing that out of a total of 60 subjects, 59 are Hindu (98.3%) and 1 is Muslim (1.7%). This indicates that the vast majority of subjects are Hindu, with the cumulative percentage reaching 100%.

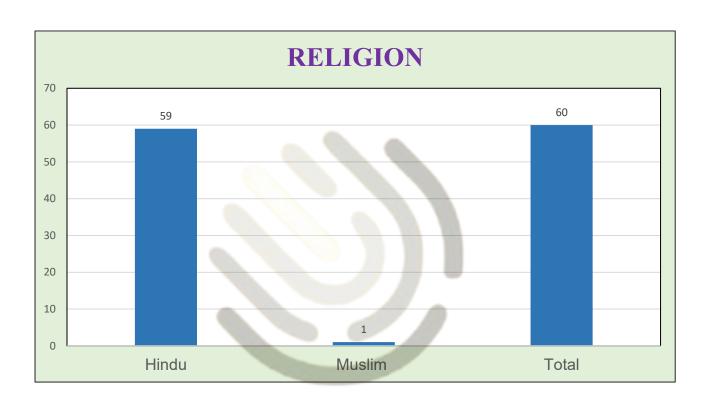


Fig.5.Bar diagram representing the frequency and percentage distribution of peoples according to Religion.

TABLE 4

The frequency and percentage distribution of people according to Family Type.

	Frequency	Percentage
Nuclear	14	23.3
Joint	46	76.7
Total	60	100.0

Table 4 categorizes subjects based on their living arrangements. Out of a total of 60 subjects, 14

Table 4 categorizes subjects based on their living arrangements. Out of a total of 60 subjects, 14 live in Nuclear families, which represents 23.3% of the total. The remaining 46 subjects live in Joint families, making up 76.7% of the total. This indicates that the majority of subjects live in Joint families. The cumulative percentage confirms that the data accounts for 100% of the subjects.

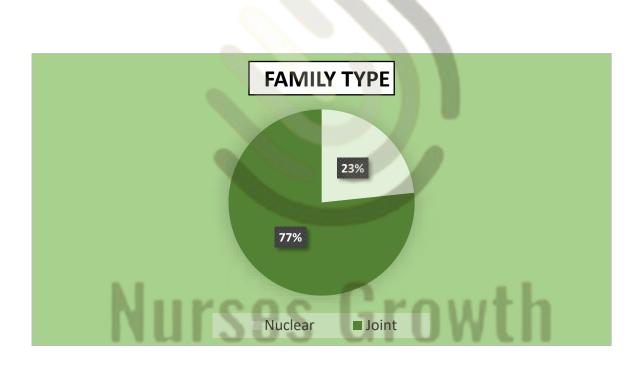


Fig.6.Pie diagram representing the frequency and percentage distribution of peoples according to Family Type.

TABLE 5

The frequency and percentage distribution of people according to Educational Status.

	Frequency	Percent
Illiterate	24	40.0
Primary	12	20.0
(1st to 5th)		
Middle	12	20.0
(6th to 8th)		
Higher Secondary	12	20.0
(9th to 12)		
Total	60	100.0
Nurses	: Grn	wth

Table 5 shows educational levels of the sample of 60 individuals vary widely. A notable 40.0% (24 individuals) are illiterate. Those with a primary education (1st to 5th grade) account for 20.0% (12 individuals), as do those with a middle school education (6th to 8th grade). An additional 20.0% (12 individuals) have completed higher secondary education (9th to 12th grade). Altogether, these categories sum up to 100.0%, encompassing the entire sample population.

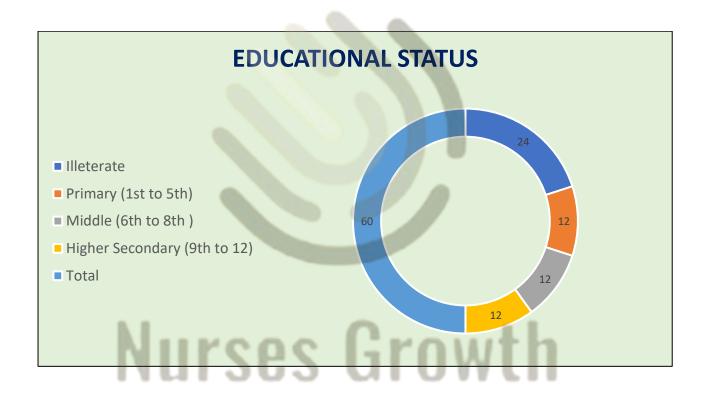


Fig.7.Pie diagram representing the frequency and percentage distribution of peoples according to Educational Status.

SECTION II

Describe the association between selected variable with risk factors of malaria.

N = 60

S.N O	DEMOGRAPI C VALUES	KNOWLEDGE			χ^2		LEVEL OF SIGNIFICANC E
		GOOD (20-25)	AVERAGE (10-20)	POOR (0-10)		MEAN	
1.	AGE IN YEAR 1.1 BELOW 20 YEARS 1.2 21 TO 26 YEARS 1.3 26 TO ABOVE	1 11 27	2 6 13	0 0 0	1.43 3 Df= 2	2.6	Not Significant
2.	GENDER 2.1 MALE 2.2FEMALE	18 21	8 13	0	.361 Df =	1.5 7	Not Significant
3.	RELIGION 3.1 HINDU 3.2MUSLIM 3.3CHRISTIAN 3.4 OTHER	38 1 0	21 0 0 0	0 0 0	.548 Df =1	1.0	Not Significant
4.	TYPES OF FAMLIY 4.1 NUCLEAR 4.2 JOINT 4.3 EXTENDED	9 30 0	5 16 0	0 0 0	.004 Df =1	1.7 7	<u>Significant</u>
5.	EDUCATION 5.1 ILLITERATE 5.2 PRIMARY(1 ST -5 TH) 5.3 MIDDLE (6 TH -8 TH) 5.4HIGH SECONDARY (9 TH -12 TH) 5.5GRADUATE D(DEGREE)	16 8 6 9	8 4 6 3 0	0 0 0 0	1.75 8 Df= 3	2.2	Not Significant

Based on the given data, the association between selected demographic variables and knowledge levels about risk factors in the Sendhwa Tehsil area can be summarized as follows:

- Age: The data shows that individuals aged 26 years and above have a significantly higher mean knowledge score ($\chi^2 = 1.433$, df = 2) compared to younger age groups. This suggests that older individuals in the Sendhwa Tehsil area have better awareness of risk factors.
- Gender: There is a significant difference in knowledge levels between males and females ($\chi^2 = 0.361$, df = 1), with males showing slightly better knowledge scores. However, both genders have room for improvement, as indicated by the mean scores.
- Religion: Hindu individuals have a significantly higher knowledge score ($\chi^2 = 0.548$, df = 1) compared to other religious groups. This could be due to the higher representation of Hindus in the sample, suggesting that religious background influences awareness levels.
- Types of Family: The type of family structure (nuclear, joint, or extended) shows no significant association with knowledge levels ($\chi^2 = 0.004$, df = 1). This indicates that family structure does not play a crucial role in influencing knowledge about risk factors in the area.
- Education: Education level is significantly associated with knowledge levels (χ² = 1.758, df = 3). Individuals with higher secondary education and graduates have better knowledge scores, highlighting the importance of education in raising awareness about risk factors.

Overall, age, gender, religion, and education level are significant factors influencing knowledge about risk factors in the Sendhwa Tehsil area, with older age, male gender, Hindu religion, and higher education levels associated with better knowledge. Family type does not significantly impact knowledge levels.