

Short communication

Knowledge about Eye Diseases and Eye Care Needs in School going Children among Teachers and Children of a City located in Western India

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Abstract:

Background: Knowledge about eye diseases in school children is important as six percent to seven percent (6-7%) children aged 10-14 years have problems with their eyesight affecting their learning in India.

Methods: The objective was; to determine the knowledge of teachers and students about eye diseases in school children. Current study utilized "Focus Group Discussion" (FGD) with students of sixth (6th) and seventh (7th) standard and with teachers as a method of enquiry. Ten schools were randomly selected and five FGDs with students of sixth and seventh standard and another five FGDs with teachers were conducted depending on availability of the study participants in the school selected. A semi-structured guideline was developed purposively. The content analysis of focus group discussions was done to identify key concepts relating to; Knowledge and Practice.

Results: FGDs with teachers suggest that pain, redness and swelling of eyes are more easily perceived as problems as compared to visual acuity. FGDs with students suggest inability to read on the black board as the most known symptom.

Conclusions: It is concluded that students can be helped by regular eye check up, for most conditions are easily treatable if not fully preventable. Besides, programme also need to consider a range of issues related to teachers' and students' perceptions.

Key words: Knowledge, Practice, Focus Group Discussions (FGDs), Eye problems in School children.

Introduction:

In India, several studies have been carried out on the health status of school age children. These have largely been quantitative and have reported morbidity as, malnutrition (10.0-98.0%), dental ailments (4.0-70.0%), worm infestation (2.0-30.0%), skin diseases

(5.0-10.0%), eye diseases (4.0-8.0%) and anemia (4.0-15.05%).¹

Pediatric ophthalmology is not yet well established as a separate subspecialty in India in most eye care programmes. Six to seven percent (6-7%) children aged 10-14 years, in India, have problems with eyesight affecting their learning and the major cause of which is refractive error (81.7 percent).^{2, 3} Studies have reported 16.3 to 37 percent of preventable & avoidable blindness in children in India.^{2, 4}

Revised strategies under National Programme for Control of Visual Impairment and Blindness include and emphasize strengthening services for corneal blindness and refractive errors in school going children. Gujarat is committed to reduce the burden of avoidable blindness by the year 2020 by adopting strategies that are advocated in VISION 2020.⁵ Developing eye care program targeting children is different from program targeting adults, as the primary decision- maker in the case of children with eye problem is often not the subject with the problem, hence, knowledge regarding eye diseases among teachers, students and parents is important in this context.

A formative study using qualitative methodology tool, the Focus Group Discussion (FGD) was carried out among school children studying in sixth and seventh standard and their teachers from urban schools of a city located in western India, as a method of inquiry. The objective was: to determine the knowledge of teachers and students about eye diseases in school children.

Material and Methods:

This study was conducted during 2008 in primary schools of a city in Gujarat, run by Municipal Corporation where children belong to lower and middle socio-economic groups. A ward wise list of primary schools was obtained from the Municipal Corporation. Then, one school was randomly selected to carry out Focus Group Discussion (FGD) with students

and teachers separately as a method of inquiry. Focus Group Discussion permits free and focused participation to explore the issues at hand. Both, the moderator and note-keeper who conducted the FGDs were trained in qualitative research methodology.

Five FGDs with students of sixth and seventh standard and another five FGDs with teachers were conducted depending on availability of the study participants (students or teachers) in the school selected at the time of interview. Each group had six to eight participants and of both gender. In all, we studied 40 male (18 teachers/22 students) and 32 female (15 teachers/17) participants.

A semi-structured guideline was developed purposively for the discussion. The content analysis of focus group discussions was to identify key concepts relating to Knowledge and Practice.

The discussion was conducted in local language and transcribed in English. At the beginning of the FGD, the participants were explained the purpose of the discussion and a verbal consent was taken. They were explained that they had the liberty to refuse to answer any question that they did not like. There were no disturbances and almost all could remain present throughout the discussion. No audio-tape was used. The discussion lasted for one and half hours and the notes were expanded within 24 hrs of the discussion.

Data Collection and Statistical Analysis: Transcripts of FGD were prepared by two separate investigators, revised and analyzed for content and key concepts as mentioned earlier.

Ethical Issues: To tackle ethical issues prior informed verbal consent was taken from Administrative Officer, Municipal School Board after explaining the study to the participants.

Results:

The study findings showed that few teachers and students (30% teachers/8% students) had the knowledge and practice (16% teachers/ 6% students) about eye problems of school children.

FGDs with teachers suggest that pain, redness, and swelling of eye are more easily perceived as problems as compared to visual acuity. Infection is perceived as the most common cause of these problems, other causes

mentioned were watching Television from near distance and Vitamin A deficiency. Most of them knew that eating green leafy vegetables is good for the eyes (a teacher said, “*Leela shak bhaji ankh mate saru hoi*”). But leafy vegetables are rich source of Vitamin A, a protective nutrient which was known to very few (2%) of them.

FGDs with students suggest that inability to read on the black board (a student said, “*Shala ma agal besvu pade*) as the most known symptom while, working/reading in dim light, and watching TV (a student said, “*Vadhare padtu TV jova thie*”) for long or from a short distance are most commonly perceived causes. Most important eye problems /diseases identified by them were watering, dimness of vision, redness of eye, swelling of eye, and far and near vision difficulty. Students also did not know about the national Vitamin A programme, or Vitamin A but they could name a few rich sources of Vitamin A in the green leafy vegetables. A few mentioned that to treat eye problems one should consult a doctor, wear spectacles, eat green leafy vegetables and walk on green grass.

Some of the teachers suggested that there is need for public awareness and expected parents to take interest in regular eye check-up of their wards.

Conclusion:

The study findings showed that few teachers and students had the correct knowledge and practice about eye problems in children. This reinforces the necessity for the teachers and students to be made aware of eye diseases in children and the manifestations of common eye problems so that they could make informed decisions on bringing their wards in for treatment.

Developing eye care programme targeting children is different from programme targeting adults as mentioned earlier; our study brings out several challenges that eye care programme need to address for better program outcomes. Simple vision testing in primary school children at least at the commencement of school, so as to detect visual problems in early stage of life. Besides this, programme also needs to consider a range of issues related to teachers’ and students’ perceptions. Information- education- communication

material should be based on them and be directed to their perceived needs.

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"In our hectic, fast-paced, consumer-driven society, it's common to feel overwhelmed, isolated and alone. Many are re-discovering the healing and empowering role that community can bring to our lives. The sense of belonging we feel when we make the time to take an active role in our communities can give us a deeper sense of meaning and purpose. "

Robert Alan Silverstein

"There is no power for change greater than a community discovering what it cares about.

Relationships are all there is. Everything in the universe only exists because it is in relationship to everything else. Nothing exists in isolation. We have to stop pretending we are individuals that can go it alone "

-- Margaret J. Wheatley