Effect of Health Education on Eye Health Among Schools Children at Selected Government Schools of Maharashtra

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Abstract—**A pre experimental one group pretest posttest design was used to find out effect of health education on eye health among school children at selected government school of Maharashtra To collect data demographic variable & eye health effect of health education on eye health among schools children before and after intervention after a pretest the health education was used among 126 schools children However, after one week, the post test was conducted among schools children to assess the effect of health education on eye health From the findings, it was observed that the pre-intervention demographic variables of schools children had similar characteristics. It was observed that the percentages of knowledge (52%) on eye health among schools' children were more or less similar before intervention. However, after an intervention, the percentage of knowledge (70%) on eye health was significantly increased There was a significant difference (p0.05) was found between knowledge on eye health age, gender, standard, occupation of head of family and income of head of family any medical or surgical past history of eye illness of school's children. But significant association ($p<0.05$) was found between knowledge of eye health. Findings of study revealed that on effect of health education on eye health was effective among schools' children**

Index Terms—**Eye Health, Health Education Among School Children Government School of Maharashtra.**

I. INTRODUCTION

Health is a multifaceted concept. It is not simply the condition of being well or unwell. Health can be a personal perspective which is affected by society and social conditions. Health is affected by genetic factors lifestyle
factors environmental, factors culture, socioeconomic conditions health care services and programs[1]
Health of children is a top priority that is why preventive care services- such as physical exams, immunizations, and routine screenings-can help our children avoid serious health problems and allow early detection and proper management of common medical conditions[2]
Eyes are an important part of health. Most people really depend on their eyes to see and make sense of the world around them. But some eye diseases can lead to vision loss, so it is important to identify and treat eye diseases as early as possible[3]
Screening children's vision at a young age is recommended to detect signs of potential disorders such as amblyopia, strabismus and refractive error, which can affect the child's visual development.[4]
Development of the visual system begins prenatally and continues after birth. However, owing to how personal and subjective a person's sight is, children may not realise they have a vision problem. Sight problems in infants can cause developmental delays, therefore, early detection and management are essential in ensuring children have the opportunity to develop the visual abilities they need to learn. Pharmacists and healthcare professionals should be aware of the stages of vision development, as well as common eye conditions that present in childhood, in order to best support, advise and refer patients when necessary.[5]

II. BACKGROUND OF STUDY

Eye health awareness is important for community people. Eye health education is an integral part of any comprehensive eye care system. The objective of the study was to find out the knowledge level about eye health among school students[6] More than 1 billion people worldwide have vision impairment or blindness from potentially preventable or correctable causes. Quality of life, an important measure of physical, emotional, and social well-being, appears to be negatively associated with vision impairment, and increasingly, ophthalmic interventions are being assessed for their association with quality of life[7]

The causes of eye diseases are diverse and depend on the specific condition. Genetic factors, such as inherited conditions like macular degeneration or glaucoma, can play a significant role. Ageing is also a major factor, with conditions like cataracts and presbyopia becoming more common as we grow older. Infections and inflammation, caused by bacterial, viral, or fungal infections, can lead to conditions like conjunctivitis or keratitis. Lifestyle factors, including prolonged screen time, poor diet, smoking, and lack of eye protection against UV rays, can also contribute to eye diseases.[8]

III. OBJECTIVES

To find out the effect of health education on eye health among schools' children at selected government schools of Maharashtra

IV. MATERIALS AND METHODS

A quantitative research approach was adopted and one group pre-test posttest pre-experimental design was used for this study. The study was carried out in the selected at government school of Maharashtra. The period of data collection was three weeks. has obtained formal permission from authorities concerned selected government schools of Maharashtra to conduct research study. Purposive sampling technique was used to select the health education on eye health among schools' children Written consent was obtained from the samples and pretest has been assessed for all the 126 school children of government school using demographic and Structured interview schedule for assessing knowledge. Then the health education was given for school's children government schools to whom the pre-test was conducted. After 7 days, the posttest was taken and the data was analyzed.

Statistical Analysis The data was analyzed by descriptive and inferential statistics. Demographic data was analyzed using frequency and percentage, data from the questionnaire before and after health education administered was also analyzed using frequency, percentage and 't' test. The association between knowledge findings and demographic variables was found by using t test and one way ANOVA.

V. RESULTS

Table 1: Percentage wise distribution of school's children according to their demographic characteristics n=126

Demographic Variables	Schools' children	Percentage (%)
Age(yrs) frequency		
11-12	74	37.3
13-14	21	16.7
15-16	46	36.5
16 and above	12	9.5
Gender frequency		
Male	31	24.6
Female	95	75.4
Standard frequency		
5th Class	50	39.7
6th Class	17	13.5
7th Class	27	21.4
8th Class	32	25.

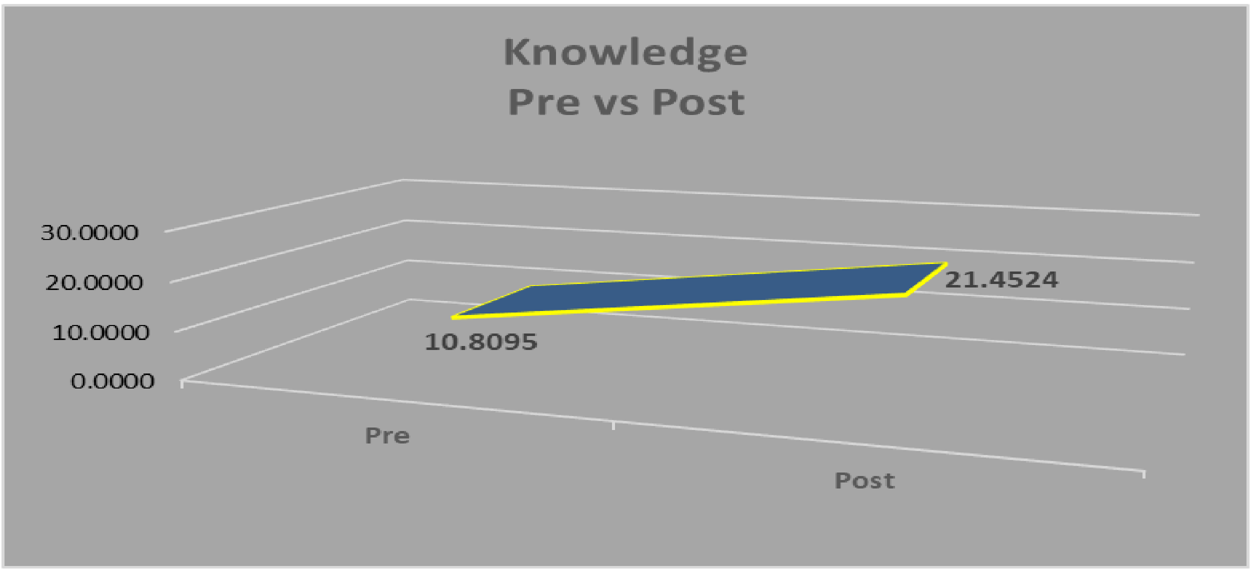
Occupation of family	Frequency	Percentage (%)
Health Worker	61	48.4
Government Sector	57	45.2
Private Sector	4	3.2
Others	4	3.2
Family income		
Upto Rs.10,000	32	25.5
Rs.10,001- 15,000	12	9.4
Rs.15,001- 25,000	29	23.0
Rs.25,000 and above	53	42.1

Table 2: Overall Mean & Standard deviation of between pre-test and post-test knowledge scores of Heath education on eye health among school children at selected Government schools of Maharashtra in Post-test

		Mean	N	Std. Deviation	Std. Error Mean	df	T-test	P-value
Knowledge	Pre	10.8095	126	1.70980	0.15232	125	-50.814	<0.001
	Post	21.4524	126	1.68099	0.14975			

The table presents the results of a paired t-test conducted to compare the pre-test and post-test knowledge scores of 126 participants regarding eye health. The mean pre-test knowledge score was 10.8095 (SD = 1.70980), while the mean post-test knowledge score significantly increased to 21.4524 (SD = 1.68099). The t-value was -50.814 with 125 degrees of freedom (df = 125), and the p-value was <0.001, indicating a highly statistically significant improvement in knowledge after the intervention. The results confirm that the health education intervention had a significant positive effect on participants' knowledge.

Fig. 2.1 Figure: Graphical Representation of Comparative assessment of Knowledge Score (Pre vs Post)



VI. DISCUSSION

A study was conducted to assess the knowledge of This section presents the discussion of finding against the main objectives of the investigator behind the study that was undertaken to effect of health education on eye health among schools' children in selected government schools of Maharashtra. Eye health among school children in Maharashtra. The study found that before the educational intervention, 17.5% of the children had poor knowledge, 27.8% had average knowledge, and 54.8% had good knowledge. However, after the intervention, the children showed significant improvement, with 77% of them having good knowledge. The study concluded that health education has a strong positive impact on improving school children's knowledge about eye health. Before Intervention:17.5% poor knowledge 27.8% average knowledge- 54.8% good knowledge After Intervention: 13.5% poor knowledge- 9.5% average knowledge- 77% good knowledge the study highlights the importance of health education in improving knowledge about eye health among school children.

VII. CONCLUSION

This study aimed to assess the effectiveness of health education on eye health among school children in selected government schools of Maharashtra. The analysis revealed a significant improvement in knowledge scores after the intervention, with the majority of participants (77%) demonstrating good knowledge. The study found associations between knowledge scores and demographic variables such as age, occupation, and family income. However, no significant association was found between knowledge scores and gender, standard, or any medical surgical history of eye illness. The findings suggest that health education can be an effective tool in promoting eye health awareness among school children, and that demographic factors such as age, occupation, and family income may influence knowledge levels. The study recommends implementing health education programs in schools to promote eye health awareness and prevent eye-related problems.

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REFERENCES

[1] The University of Queensland Library. Introduction to health. In: Health Information and Research Essentials. University of Queensland;

[2] Research gate.net publication /328638257 The Prevalence of Eye and Vision Problems among Rural Egyptians Preschooler

[3] Researchgate.researchgate.net/publication/340 349626Visua Health and_AcademicPerformance in School Aged Children

[4] Cassetti V, Sanders T, Bruce A. Challenges of eye health care in children and strategies to improve treatment uptake: A qualitative study from the perspective of eye care professional sintheUK.

[5] Coles R. Vision and eye health in children. The Pharmaceutical Journal. 2018 pharmaceutical-journal.com/article/ld/vision-and-eye-health-in children