



ASSESS THE KNOWLEDGE AMONG ADOLESCENT REGARDING PREVENTION OF CONJUNCTIVITIS AT A SELECTED RURAL AREAS IN BHOPAL, MADHYA PRADESH.

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Abstract

Background: Conjunctivitis is a common health issue in India; it is now viral. It is conjunctiva inflammation that manifests as red eye. It is a contagious eye illness. Students' health education and careful management can help the disease spread. Knowledge of conjunctivitis among adolescents will aid in illness prevention.

Objectives: To assess the knowledge of adolescent regarding prevention of conjunctivitis.

Method: 60 adolescent were selected convenience sampling technique. Cross sectional research designs were done. Data was gathered using a structured interviewing method. Information collected for the two portions, including socio-demographic data, a knowledge questionnaire regarding prevention of conjunctivitis.

Result: Showed that majority of adolescent 60% were average knowledge regarding prevention of conjunctivitis, 30% were poor knowledge regarding prevention of conjunctivitis and 10% were having good knowledge regarding prevention of conjunctivitis. Parents' education status significant with p value less than 0.05 level of significant.

Conclusion: The study demonstrated that the information is necessary for adolescent regarding prevention of conjunctivitis

Keywords: Knowledge, conjunctivitis, Adolescents, rural area

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Introduction:

Conjunctivitis is a widespread condition all over the world. In the United States, an estimated 6 million new cases of viral conjunctivitis are diagnosed each year. It is conjunctival inflammation characterised by hyperemia and edoema of the conjunctiva, which is usually coupled with discharge.[1] It is viral, bacterial, fungal, parasitic, chlamydial, allergic, and poisonous.

Viral conjunctivitis is more prevalent than bacterial conjunctivitis, and its prevalence rises throughout the summer and rainy season. Infective conjunctivitis is a rather frequent, self-limiting disease. In the case of bacterial infection, a topical antibiotic may reduce symptoms by one to two days. Without therapy, the majority of cases would resolve within a week. Viral conjunctivitis usually clears up in two to three weeks.[2] Most causes of conjunctivitis are benign and self-limiting; however, depending on the patient's immunological condition and the aetiology, conjunctivitis can proceed to sight-threatening sequelae such as keratitis, uveitis, retinitis, optic neuritis, and extra-ocular muscular palsy[3].

Fingers, fomites, and aerosols were all infected. When one member of a family becomes unwell, the entire family is frequently infected. Similarly, if one student in class is harmed, the entire class is affected. Infected students should not attend school if their behaviour makes it impossible for them to avoid close contact with other students[4].

The greatest strategy to control the spread of the disease is to practise excellent hygiene. Unless complications emerge, treatment is symptomatic and supportive. Bacterial conjunctivitis typically resolves within three to four days of treatment, whereas viral conjunctivitis takes two weeks. In India, conjunctivitis is a prevalent health issue. It is a contagious eye illness. Students' health education on the sickness and correct management can help the disease spread. It is also frequent among schoolchildren. Knowledge creates excellent habits, and good habits last a person their entire life. In our case, no such studies have been conducted. As a result, the study was carried out with the goal of assessing teenage understanding of conjunctivitis [5].

Methodology

Study area and period

Study was conducted selected rural areas and study period one month.

Study design

Community based cross sectional study was conducted to attain the objectives of the study.

Population

Source and study population: All adolescents of living in community areas

Inclusion criteria and Exclusion criteria

Inclusion criteria:

- All adolescents who are staying at selected rural areas.
- All adolescents are living in the study areas at least for six months

Exclusion criteria:

- Those students who are absent during data collection period

Sample size: Convenience sampling technique selected 60 adolescents

Variables

Dependent variable: conjunctivitis

Independent variables:

Age, Religion, education, parents educational status, Parent's occupational status, residence area, family monthly income

Operational definition

- **conjunctivitis:** Defined as inflammation of eyes
- **Assess** - In this study, it refers to the out the knowledge of adolescent
- **Knowledge** - In this study, it refers to the correct response from the respondent regarding conjunctivitis as elicited through a questionnaire.
- **Prevention** - In this study it refers to maintaining preventive practices during conjunctivitis.
- **Adolescent** - In this study it refers to population between the age group 13-16years.
- **Rural** - In this study rural area is an open swath of land that has few homes or other buildings, and not very many people

Data quality control

The data collection questionnaires were pretested on 5% of the sample size one week before the actual data collection date and will be reviewed in areas other than the study area. Following the pretest, the tools will be edited and changed to meet the study's objectives. The consistency of the data was monitored during the collection process

by closely monitoring the data collectors and the collection method, as well as reviewing the collected data on a regular basis. Any items missing from the questionnaire that the data collectors misunderstood were immediately checked by the supervisors and corrected for the next day of data collection with the principal investigators.

Data processing and analysis

The collected data was washed, coded, and entered into the SPSS program before the actual study began. The data will be entered and analyzed using the statistical kit for social sciences (SPSS) version 25; the findings will be presented in a detailed description using frequencies, proportions, and cross tabs. Association between dependent and independent variables with a P-value less than 0.05 were considered statistically significant.

Result

Table:1: Socio-Demographic Characteristics of respondents

Characteristics		Frequency	Percentage (%)
Age	14-15 Years	31	51.7
	>16 Years	29	48.3
Religion	Hindu	37	61.7
	Muslim	16	26.7
	Christian	7	11.7
	Others	0	0
Father Education	No formal education	18	30.0
	Primary	17	28.3
	secondary	9	15.0
	Higher secondary	5	8.3
	Bachelor	6	10.0
	master and above	5	8.3
Mother Education	No formal education	13	21.7
	Primary	16	26.7
	secondary	15	25.0
	Higher secondary	6	10.0
	Bachelor	6	10.0
	master and above	4	6.7
Family Monthly Income	5000-10000	24	40.0
	10000-20000	18	30.0
	More than 20000	18	30.0
	5000-10000	24	40.0

As shown in the **Table (1)**, A total of 60 adolescents took part in the study, resulting in a 96% response rate. According to the study, 29 respondents (48.3%) and 31 (51.7%) of the respondents were between the ages of 14 and 16 respectively.

60 adolescents (100%) had completed the 10th grade. Regarding the fathers' educational backgrounds, 18 (30%) had no formal education, 17 (28.3%) had elementary education, 9 (15%) had secondary education, 5 (8.3%) had upper secondary education, a master's degree or higher, and 6 (10%) had a bachelor's degree or higher. 16 (26.7%) of the mothers had only had a primary education, 15 (25%) had completed a secondary education, 13 (21.7%) were no formal education, and 6 (10%) had completed both a higher

secondary and a bachelor's degree. 4 (6.7%) had a master's or above. (see **Table 1**).

Table:2: knowledge of adolescents regarding conjunctivitis

Characteristics	Conjunctivitis	
	F	Percentage
Poor knowledge	30	50%
Average knowledge	20	33.3%
Good knowledge	10	16.7%

According to Table 2, 10 (16.7%) adolescents had good knowledge about prevention of conjunctivitis, 30 (50%) had poor knowledge about prevention of conjunctivitis, and 20 (33.3%) had average knowledge about prevention of conjunctivitis.

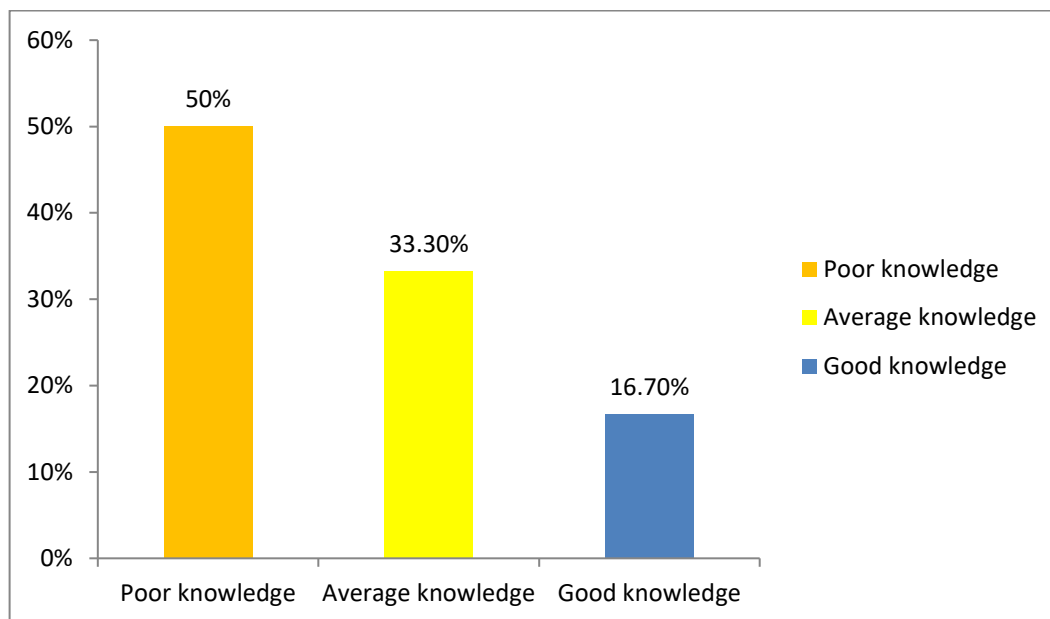


Fig.1: Knowledge status of Adolescents

Table III: Association between knowledge levels with demographic characteristics

Characteristics	Knowledge level				Chi-square	df	p-value
	Good	Average	Poor	Total			
Age group (Years)							
14-15	5	6	18	29	12.087 ^a	6	0.121
>16 Years	5	14	12	31			
Religion							
Hindu	6	13	14	33	6.096 ^a	4	0.192
Christian	2	6	6	14			
Muslim	2	1	10	13			
Father education							
No formal education	0	4	6	10	3.541 ^a	2	0.001
Primary	2	3	8	13			
secondary	3	6	8	17			
Higher secondary	2	3	4	9			
Bachelor	1	2	2	5			
master and above	2	2	1	5			
Mother education							
No formal education	0	4	6	9	0.074 ^a	2	0.963
Primary	2	3	8	12			
secondary	3	6	8	18			
Higher secondary	2	3	4	10			
Bachelor	1	2	2	5			
master and above	2	2	1	5			
Family monthly income							
5000-10000	0	9	12	21	2.550 ^a	6	0.200
10000-20000	6	6	6	18			
More than 20000	4	4	8	16			
5000-10000	0	1	4	5			

*p<0.05

Above table 4 showed that Assessment of the level of knowledge of adolescent regarding prevention of conjunctivitis with demographic characteristics. Educational status of Father significantly association with knowledge level of adolescents with p<0.05.

Discussion:

Conjunctivitis is a communicable disease. It occurs throughout the year but more cases are seen in summer and rainy season in our country. Infective conjunctivitis is highly contagious and can easily spread in schools and at home. An outbreak of any communicable disease can be prevented by

eliminating or reducing the source of infection, interrupting the transmission and protecting the person at risk

Similar study was conducted to assess the effectiveness of structured teaching program regarding eye disorders in terms of knowledge and practice among adolescent children in selected schools, Dharapuram, Tiruppur District. To assess the Pretest knowledge and practice regarding eye disorders among adolescent children. knowledge Information gained through experience or education. In this study it refers to the written response of understanding of adolescent children about eye disorders, which is measured by self administered knowledge questionnaire and its scores. practice It means way of doing something. In this study knowledge on practice refers to the written response of the activities performed by the children regarding eye disorders which is measured by Dichotomous questionnaire. Adolescents The period between puberty and attainment of complete growth and maturity. In this study it refers to the children studying in 9th standard between the ages of 14-16 years. [6].

Similar study was conducted to assess the Infectious conjunctivitis is no longer a common eye disease in cities and developed areas, but in remote mountainous regions of China where living conditions are relatively under-developed, the occurrence of infectious conjunctivitis remains a public health issue. Here, we evaluate the ratio of infectious conjunctivitis among primary school students in the rural areas of Xunhua, Huangyuan, and Huzhu Counties in the Qinghai province of China, and report the microorganisms involved in causing infection. Of the 765 eligible primary school students, 694 participated to this study (a response rate of 90.7%), 381 boys and 313 girls, with a mean age of 7.52 years (range 7–9 years). A clinical diagnosis of infectious conjunctivitis was returned for 238 of the 694 children examined. The ratio of infectious conjunctivitis in Xunhua County (46.64%) was higher compared to that in Huangyuan (26.67%; $P=0.03$) and Huzhu Counties (23.61%; $P=0.02$). The leading cause of conjunctivitis was bacterial, followed by chlamydial and viral. Our results show that there is a high ratio of infectious conjunctivitis among rural primary school students in Qinghai province. [7].

Conclusion:

Conjunctivitis is not well understood. To avoid the spread of infective conjunctivitis, adolescents should get appropriate eye health education. Early

referral to eye care centers for treatment should also be promoted..

References:

1. Adebayo A, Parikh JG, McCormick SA, Shah MK, Huerto RS, Yu G, et al. Shifting trends in in vitro antibiotic susceptibilities for common bacterial conjunctival isolates in the last decade at the New York Eye and Ear Infirmary. *Graefes Arch Clin Exp Ophthalmol*. 2011;249(1):111-9. 2.
2. Azari AA, Barney NP. Conjunctivitis A systematic review of diagnosis and treatment. *JAMA*. 2013; 310 (16):1721- 30.DOI:10.1001/jama.2013.280318 3.
3. Kumar R, Dabas P, Mehra M, Ingle GK, Saha R, Kamlesh R. Ocular morbidity amongst primary school children in Delhi. *Health Popul Perspect Issues*. 2007;30:222- 9. 4.
4. American Academy of Ophthalmology Cornea/ External Disease Preferred Practice Pattern Panel. *Conjunctivitis Preferred Practice Pattern*. San Francisco, CA: American Academy of Ophthalmology; 2018.
5. Sheikh A, Hurwitz B. Topical antibiotics for acute bacterial conjunctivitis: a systematic review. *Br J Gen Pract*. 2001;51:473-7
6. Pihos AM. Epidemic kerato conjunctivitis: a review of current concepts in management. *J Optom*. 2013;6(2):69–74. DOI: 10.1016/j.optom.2012.08.003
7. Qingfeng Liang, Xinxin Lu, Mei Wang, Lei Tian. Study of infectious conjunctivitis among children in rural areas of Qinghai province. 2002;66(9):1723-30