International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2022): 7.942

A Study to Assess the Effectiveness of Structured Teaching Programme (STP) on Knowledge Regarding Cataract among Adults (30-60 years) in a Selected Rural Area Mashobra Distt. Shimla (HP)

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Abstract: ***Introduction: A natural lens is present inside our eyes that reflects the rays of light coming into the eyes and helps us see the clear images. Cataract is a disease in which this lens becomes opaque that makes the images look blurred, hazy, and less colorful. It causes increased light sensitivity, blurred vision, decreased vision at night, seeing double images and leads to total blindness. Surgery is the only treatment of the cataract. Some dietary modification may help to prevent the cataract. So structural teaching programme was developed and administered to improve the knowledge of general population regarding cataract. Material and methods: A pre experimental study was conducted in January 2021 in rural area Mashobara Distt. Shimla (HP).60 samples were selected by using convenient sampling technique. Pre-test was conducted. Structural teaching programme regarding cataract was provided to the samples. Then after seven days post-test was taken. Data was collected by using self structural questionnaire related to cataract. The gathered data was analysed by calculating mean, median, mean percentage, mean difference, standard deviation, paired t-test to evaluate the effectiveness of structure teaching programme and chi square test to find association of knowledge with selected socio-demographic variables. Result: The study finding showed that the post-test mean knowledge score regarding cataract has statistically improved from 14.1±3.63 in pre-test to 20.75±2.814 in post-test. Conclusion: The structural teaching programme has improved the post interventional knowledge score of adults (30-60 years) in a selected rural area Mashobra Distt. Shimla (HP).***

Keywords: Cataract, Structural teaching programme, knowledge

1. Introduction

A cataract is a lens opacity or cloudiness. Cataract rank behind only Arthritis and Heart Diseases as a leading cause of disability in older adults.1 Cataracts develop slowly to cause loss of vision, and can render the person completely blind if it is left untreated.2 According to WHO, cataract is the leading cause of blindness in the world.1 The most common cataract are age related or senile type. Senile cataract usually begin around the age of 50 year and other consist of cortical, nuclear, or posterior sub-capsular opacities.3 Several risk factors have been identified to influence cataract development and most common factors include, sunlight (UV) exposure, trauma, smoking, steroid use and genetics.4 Other less common causes of cataract are injury, other eye diseases (uveitis) and diabetes.2 Symptoms of cataract include blurred/reduced vision, cloudy vision, glare, seeing haloes around light and inability to see in dim light.4 The sense of vision is very important to every single person in this world. Vision allows the individual to do the basic things such as reading and writing.5 Several previous studies revealed that there was a gap in knowledge regarding cataract in developing and some developed countries. The studies also considered age, literacy, residency, marital status, previous exposure for eye care services, and other socio-economic variable as determinant for knowledge concerning to cataract.6

2. Need for the study

Cataract remains the leading cause of blindness. According to the latest assessment, cataract is responsible for 51% of world blindness, which represents about 20 million people. As people in the world live longer, the number of people with cataract is anticipated to grow.7 In India cataract has been reported to be responsible for 50-80% of the bilaterally blind in the country.8 The prevalence of cataract is high in developing countries. It is mainly due to less awareness of cataract among people. Majority of people don't know or believe that cataract is generally curable. The one who is aware about cataract and its surgical intervention were not willing to undergo surgery due to reason such as fear, cost of surgery, lack of felt needs, family attitude towards them and religious practice among those who are willing for surgery. Only a few percentages of them get operated, while the rest are unable to have access for or not knowing where to go for surgery.4 This shows that significant factor of blindness is their ignorance about health. This ignorance level of people can be solved by creating awareness among them. Hence there is a need for health education among peoples to increase their level of awareness and knowledge of blindness. Such awareness and knowledge could lead to better understanding and acceptance of the importance of routine eye examinations for the early detection and treatment of cataract and thereby reducing the visual impairments among the target population.9

3. Research Methodology

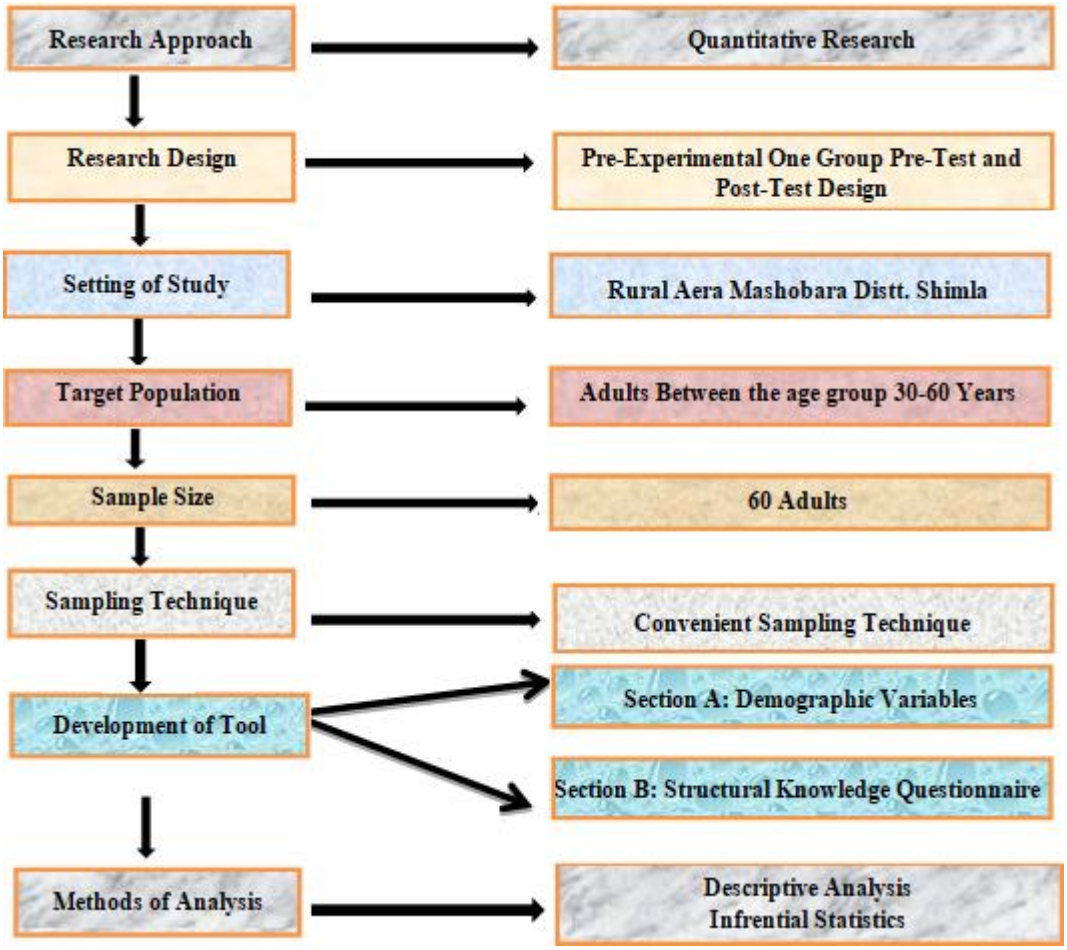

Figure I: Schematic Representation of Research Methodology

4. Results

The study revealed that in pre-test knowledge score, 7 (11.7%) of the study samples fall in poor knowledge category.46 (76.7%) study samples had average knowledge and 7 (11.7%) study samples had good knowledge about cataract. In post-test knowledge score. None of the samples falls in poor knowledge category.27 (45%) had average knowledge score and 33 (55%) samples w had good knowledge score. by using paired t-test, it was found that there is significant change in post-test knowledge score of samples. The pre-test and post-test mean score for knowledge regarding cataract were 14.1 and 20.75 respectively. Standard deviation for pre-test and post-test was 3.63 and 2.814 respectively. Range for pre-test was 8-22 and for post-test, it was 14-27. Mean difference was 6.650. Paired t-test value was 23.918 and table value was 2.00 significance level ≤0.05. The calculated t-test value was more then table value which shows significance. Hence it was revealed that structural teaching programme was effective in increasing the knowledge.

5. Discussion

Findings of the present study were consistent with the study finding of **Mr Ghule Balasaheb Laxman (2014)** which showed that the mean as well as the standard deviation of the knowledge on awareness of cataract during the pre-test is 7.96 and 2.18 and during the post-test it is 17.42 and 1.94. The "t" value is 44.162. The P-value is <0.001 which shows that it is statistically highly significant.2

Another similar study was conducted by **Arun Kumar VN (2014)** which showed that mean as well as standard deviation of the pre-test was 8.05 and 3.73 and in post-test the mean as well as standard deviation was 22.15 and 3.56 which was more than pre-test value. This showed that structural teaching programme was effective.9

6. Conclusion

The main focus of the study was to assess the effectiveness of structural teaching programme regarding cataract among adults (30-60 years) in a selected rural area Mashobra Distt. Shimla (HP). As cataract is the first leading cause of blindness in the world. So greater attention should be paid to increase the knowledge of community people. There was a significant difference in the level of knowledge score between pre-test and post-test score after administering STP. The mean knowledge score in the pre-test was 14.1 which was increase in the post-test to 20.75 after implementation of structural teaching programme. Hence, the study finding concluded that the administration of structural teaching programme had significantly improve the knowledge of adults (30-60 years) in a selected rural area Mashobra Distt. Shimla (HP).

Source of Funding: self-funding

Internal Conflict: Nil

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