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Knowledge of and Prevention of Aged-related Eye Diseases among Staff of Faculty of Education, Nnamdi Azikiwe University, Awka, Nigeria

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Abstract

Introduction: The study seeks to identify the knowledge of and prevention of age-related eye diseases among academic staff of the faculty of education Nnamdi Azikiwe University, Awka Anambra State Nigeria.

Method: The study used a descriptive survey research design. The sample of the study was 146 staff from the faculty of education Nnamdi Azikiwe University, Awka.

Results: The result of the study indicated that all the staff in the faculty used for the study had good knowledge of age related eye diseases; also female staff of the faculty used for the study had high level of knowledge of the prevention of age related eye diseases (57.5%) and also staff of the faculty with Bachelors degree had high level of knowledge of the prevention of age related eye diseases more than other staff of other education levels.

Conclusion: Conclusion was made and recommendation among others that health education should be continuously provided to sustain the high level of knowledge while education on new age-related eye problems provided to help update their knowledge.

Keywords: Knowledge, prevention, aged- related eye diseases

1. Introduction

The time to prepare for successful ageing is now. There are great Chances for one to experience both the joy and the frustration of old age. Ageing is an unavoidable fact of life and with it comes some few challenges. Many people begin to notice vision changes in their forties. In Nigeria, it was estimated that about 1.13 million individuals age 40 years are currently blind, 2.7 million adults aged 40 years are estimated to have moderate visual impairment and an additional 400,000 adults are severely visually impaired. Also 4.25 million adults aged 40 years in Nigeria are visually impaired or blind¹

The eye is an organ for sight and vision system. The sight is one of the most important sense organ needed for anyone to live happily² Our sight might start having some age-related changes and disturbances in performance as we age particularly as we reach the age of 60 and beyond³ Some of the age- related eye diseases that have greater potential for affecting our quality of life and productivity as we grow older are glaucoma, macular degeneration and diabetic retinopathy³. Just as the body ages, so will the eye sight begin to change and age too visual acuity might also get affected. This change could be caused by heredity, environment, behaviour, weather and even the kind of work we do while we are young. The good thing is that nearly all age- related eye diseases can be treated with either medicine, out-patient surgery, diet and behaviour modification. Other age-related eye diseases are cataracts, presbyopia, dry eyes, floaters, and dystrophy, drooping eyelids, etc.

Many changes are normal and common as one age therefore, all that is needed is proper management and early detection. These changes includes losing focus that is making it harder to focus, vision up close, declining contrast and colour sensitivity making it harder to distinguish between colours such as blue from black, or where an object ends and its background begin, needing more light to see well and more time to adjust to changing levels of light. One might need light when going from a room that is dark to one that is brightly lit and while reading, driving all doing some daily activities

needing the eye⁴ These common problems can often be corrected with glasses, contact lenses or improved lighting and even diet. As one gets older, one is at an increased risk of developing age-related eye diseases and conditions that can lead to vision loss or blindness.

Age related eye diseases are eye diseases or defects associated with old age. To prevent vision loss and support rehabilitative services for people with low vision, it is imperative for the public health community to address the issue through surveillance, public education and coordination of screening examination and treatment. The leading cause of blindness and low vision are primarily age-related eye diseases such as age-related macular degeneration, cataracts, diabetic retinopathy, glaucoma, presbyopia, floaters, dry eyes, tearing, retinal disorders, retinal detachment, conjunctivitis, corneal diseases, eyelid problem and temporal arteritis. The eye being the organ for sight has many components including cornea, iris, pupil, retina, macula, optic nerve, choroid, and vitreous. All these parts need to be understood and well taken care of to avoid various age-related eye problems which could lead to death or discomfort and ultimately blindness. It is also important to raise awareness and knowledge of people concerning age related eye diseases and various preventive measures. In order to achieve this purpose, one need to determine the people's knowledge of the prevention of age-related eye diseases so as to determine areas of intervention.

2. Purpose of the study

The purpose of this study is to determine the knowledge of and prevention of age-related eye diseases among staff of Nnamdi Azikiwe University, Awka Anambra State Nigeria also moderator variables of gender and level of education were used in the study. The study would benefit the various staff of Nnamdi Azikiwe University, Awka Nigeria and other health personnel.

3. Research Questions

- What is the knowledge of age-related eye diseases among staff of the faculty of education NAU?
- What is the level of knowledge of the prevention of age-related eye diseases among staff of faculty of education NAU based on their gender?
- What is the level of knowledge of the prevention of age-related eye diseases among staff of the faculty of education NAU based on their level of education?

4. Method

A descriptive survey research design was used for the study and the area of the study was Nnamdi Azikiwe University, Awka Anambra State Nigeria. The population of the study was 292 staff both academic and non-academic staff of Nnamdi Azikiwe University Awka, Anambra State Nigeria. The sample of the study was 146 staff of the faculty of education which was drawn using proportionate sampling technique and this number cut across all the departments in the faculty. Validation and reliability questionnaire were done given a co-efficient of 0.76.

5. Method of Data Collection

The data was collected using a knowledge test item and data was analyzed using frequency and percentage.

6. Presentation and Data Analysis

6.1. Research Question 1

What is the knowledge of age-related eye diseases among staff of the Faculty of Education, Nnamdi Azikiwe University, Awka?

Table I showed that the staff of the Faculty of Education has good knowledge of Age related Macular degeneration (67.1%), Cataracts (75.3%), Conjunctivitis (64.4%), Glaucoma (69.9%) and Retinal Tear and detachment (64.4%) but has poor knowledge of Dry eye (52.0%), Floaters (64.4%) and Uveitis (75.3%).

6.2. Research Question 2

What is the level of knowledge of the prevention of age-related eye diseases among staff of Faculty of Education Nnamdi Azikiwe University Awka Anambra State Nigeria based on their gender?

Table 2 showed that female staff had high level of knowledge (57.3%) of the prevention of age-related eye diseases more than the male with (38.4%).

6.3. Research Question 3

What is the level of knowledge of the prevention of age-related eye diseases among staff of Faculty of Education Nnamdi Azikiwe University Awka Anambra State Nigeria based on their level of education?

The table showed that the staff with B.Sc. has a high level of knowledge with (43.2%) while the postgraduate diploma has (15.8%), Masters has (24.7%) and the Doctorate degree has (12.3%). Generally, they all showed a high level of knowledge for the prevention of age-related eye diseases.

7. Discussion

The result in Table 1 showed that the staff of the Faculty of Education Nnamdi Azikiwe University Awka Anambra State Nigeria has a good knowledge of age-related eye diseases and poor knowledge in some which included dry eye,

floaters and uveitis. The environment being an educational system might have led to the increase in knowledge of the age-related eye diseases. Also, the fact that some of them are exposed to full information about aged related eye diseases because they have experienced or might be experiencing any of the aged related eye diseases. Also, some of them know that the use of eye glass is simplest and safest way of preventing age related eye diseases.

The result in table 2 showed that female staff of Faculty of Education Nnamdi Azikiwe University, Awka has high level of knowledge of the prevention of age-related eye diseases than the male staff. This is because majority of the staff are female who either are working on a computer or lecturing. They do most of their daily activities by stressing the eye; this might predispose them to seeking medical care in relation to the eye. Also, women being people with multiple activities both at home and the work place takes care of their eye in order to enable them work properly.

The result in table 3 showed that the staff of Faculty of Education Nnamdi Azikiwe University, Awka with Bachelors degree has high level of knowledge of the prevention of age-related eye diseases followed by post graduate diploma, Master's and doctorate degree. Education is a very important factor when it comes to learning people who has at least basic education of bachelors' degree must have read wide in order to increase their knowledge. Their level of education, has given them the advantage to have enough knowledge. Also, activities done with the eye like reading, research and other academic activities might have exposed any of them to eye problem and that can also increase their knowledge.

8. Conclusion

The study was designed to determine the knowledge of and prevention of age-related eye diseases among staff of the Faculty of Education Nnamdi Azikiwe University Awka Anambra State Nigeria. The findings showed that the staff of the faculty had good knowledge of age-related eye diseases. The result also indicted that staff with Bachelor's degree has high level of knowledge of the prevention of age-related eye diseases than others in other levels of education. Also, female staff of the faculty has high level of knowledge of the prevention of age-related eye diseases. This implies that there is need for continuous health education on the various ways of preventing age related eye diseases and also newly discovered eye diseases should be discussed so that people would be aware of them and also their method of prevention should be discussed.

9. Recommendations

Based on the findings of the study, the following recommendations were made:

1. University management should at intervals organize seminars for all the university staff in issues related to the eye because of its sensitive nature
2. Health education on aged- related eye disease should be made available so as to start early preventions.
3. Staff who show signs of any eye problem show be encourage to seek for medical care early enough to enable prevention of worse cases.

10. References

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Appendix

S/N	Age Related Eye Diseases	Yes	No
1	Age related Macular Degeneration	98 (67.1%)	48 (32.9%)
2	Cataracts	110 (75.3%)	36 (24.7%)
3	Conjunctivitis	94 (64.4%)	54 (35.6%)
4	Diabetic Eye disease	78 (53.4%)	68 (46.6%)
5	Dry Eye	70 (48.0%)	76 (52.0%)
6	Floaters	52 (35.6%)	94 (64.4%)
7	Glaucoma	102 (69.9%)	44 (30.1%)
8	Retinal Tear and Detachment	94 (64.4%)	52 (35.6%)
9	Uveitis	36 (24.7%)	110 (75.3%)

Table I: Respondents Percentage Responses on the Knowledge of Age-Related Eye Diseases

Gender	n	High level	Moderate level	Low level
Male	60	56 (38.4%)	4 (2.7%)	0
Female	86	84 (57.5%)	2 (1.4%)	0

Table 2: Respondents Level of Knowledge of the Prevention of Age-Related Eye Diseases Based on their Gender

S/N	Level of Education	n	High Level	Moderate Level	Low Level
1.	Bachelor's degree (B.Sc.)	67	63 (43.2%)	4(2.7%)	0%
2.	Post Graduate diploma	25	23 (15.8%)	2 (1.4%)	0%
3.	Master's degree	36	36 (24.7%)	0%	0%
4.	Doctorate degree	18	18 (12.3%)	0%	0%

Table 3: Respondents Percentage Responses on the Knowledge of Age-Related Eye Diseases Based on the Level of Education