KNOWLEDGE REGARDING EYE FLU AMONG STUDENTS OF SELECTED SCHOOL OF BAGMATI PROVINCE, NEPAL.

A Research report Submitted in the Partial Fulfillment of Requirement for Bachelor of Science Degree of Nursing in Purbanchal University

BY

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DECLERATION

I hereby declare the research report on title "**Knowledge regarding Eye Flu among Students of Selected School of Bagmati Province, Nepal."** has been prepared by me under the guidance and supervision of Ms. Samiksha Sharma as a partial fulfillment of regulations for the award of the degree of Post Basic Bachelor Of Nursing from Purbanchal University, Norvic College of Health Sciences and Technologies, Maharajgunj, Kathmandu and has not been submitted previously for the award of any diploma or degree from any institution or university.

Date……..

Venue: Maharajgunj, Kathmandu

…….

Ms. Kabita Mahar

(Student researcher)

APPROVAL SHEET

Research report entitled title "**Knowledge regarding Eye Flu among Students of Selected School of Bagmati Province, Nepal."**is prepared and submitted by Ms. Kabita Mahar in partial fulfilment of the requirement for the Degree of Post Basic Bachelor in Nursing Science (PBNS) has been examined and is recommended for acceptance and approval.

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ABSTRACT

Background: Eye flu, medically as conjunctivitis is an inflammation of conjunctiva presenting as red eye. It is highly contagious, spreads easily in crowded settings like schools. Frequent school absenteeism has immediate and long-term negative effects on academic performance. Eye flu knowledge is low especially in school students.

Objective: The main objective of this study was to find out knowledge regarding eye flu among students of secondary school in Bagmati Province, Nepal.

Methods: A descriptive cross-sectional study design with quantitative approach was used to assess the level of Knowledge among 76 school students of grade 9 and 10 of Swati Sadan school and College Balaju, Kathmandu, Nepal. Data was collected using self-constructed self- administered semi structured questionnaire. Data was analyzed using SPSS version 20 which are descriptive presented in mean, frequency and percentage in different table. Inferential in chi- square.

Result: More than half of the respondents (68.4%) had adequate knowledge regarding eye flu and one third of the respondents (31.6%) had moderate knowledge. There is significantly association of level of knowledge regarding eye flu with the grade (p= 0.001) and father's occupation (p=0.031).

Conclusion: Majority of the respondents have adequate knowledge regarding eye flu. However, prevalence of eye flu varies depending on factors such as the organism, season and age. School based education and awareness programs can be conducted and information education and communication (IEC) material like leaflets, poster can be developed regarding eye flu.

Keywords: Eye flu, Knowledge, School students.

ABBREVIATION

WHO	**World Health Organization**
NCHST	**Norvic College of Health Science and Technology**
NIH-IRC	**Norvic International Hospital-Institutional Review Committee**
IEC	**Information Education Communication**
SPSS	**Statistical Package for Social Science**

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Ms. Kabita Mahar

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INTRODUCTION

1.1 Background

Eye flu, medically known as conjunctivitis, is an infection of the eyes commonly known as “pink eye." Conjunctivitis is a common problem worldwide. The World Health Organization (WHO) estimates that globally there are 3–5 million cases of severe illness. Annually estimated 6 million new cases of viral conjunctivitis occur in the United States 2023.[1]

In Tamil Nandu the incidence of viral conjunctivitis around 80-100 people on an average were getting affected by this disease in the capital and 4,500 people across the state daily. Since the onset of the monsoon, 1.5 lakh people have been treated for conjunctivitis in 2020.[2]

The incidence of viral conjunctivitis caused by adenoviruses approximately ranges from 65,000 to 90,000 cases per 100,000 cases of viral conjunctivitis. As of September 2023, Punjab had reported a total of 86,133 cases of eye flu within 24 hours.[3]

In Nepal, around 495 people came to the hospital for an eye examination, and 295 people were diagnosed with viral conjunctivitis. Adenovirus is highly contagious and may occasionally spread in classrooms or offices. Children are the most affected by conjunctivitis. Among the infected, most are children under the age of 15 and elderly people. Most schools were closed down for at least a week to avoid the spread of the flu in schools. It can be acute or chronic. Acute conjunctivitis refers to a symptom duration of 3 to 4 weeks from presentation (usually only lasting 1 to 2 weeks), whereas chronic is defined as lasting more than four weeks. Apart from being caused by various infective agents.[4,5]

Overall, the rates of conjunctivitis diagnosed are slightly higher in women than in men. Seasonality is also a factor in the presentation and, thus, the diagnosis of conjunctivitis. most commonly in spring and summer. Bacterial conjunctivitis rates are highest from December to April. [6]

Bacteria, viruses and allergen are commonly caused conjunctivitis. Virus is usually spread through the use of contaminated ophthalmic instruments and eye solutions, hand-to-eye contact with infected personnel, swimming pools, or fomites in close-contact situation. Its symptoms include excessive watering and itching, sudden onset of foreign body sensations, red eyes, itching, light sensitivity, burning.[6,7]

The infection usually lasts for a week, but if not treated in time, further infection may occur and damage parts of the eyes permanently. Preschoolers and school-age children have it most often and can spread it to people taking care of them or to each other. Both viral and bacterial conjunctivitis are spread by contact with discharge from the eye. [5,8]

1.2 Statement of the problem

Eye flu is contagious disease that can easily spread from person to person through direct or indirect contact with infected individuals or contaminated objects. Potential problem for students with eye flu in school during study include absenteeism. This can lead to missed classes and falling behind on coursework, social isolation and this sense of being left out from classroom activities and interactions with peers, sometimes temporary closure of schools in the affected region. There is a limited understanding of the eye flu.[6]

1.3 Rationale of the study

The eyes are the most sensitive organ of our body, but eye health is often neglected in today's fast-paced world. One such problem is "eye flu," known as viral conjunctivitis As of September 2023, Punjab had reported a total of 86,133 cases of eye flu within 24-hours. [6]Around 200 to 300 patients infected with conjunctivitis have been visiting the hospital daily in Nepal. Children are the most affected by conjunctivitis. Among the infected, most are children under the age of 15 and elderly people. Most schools are were closed down few at least a weeks to avoid the spread of eye flu in schools.[3]

Eye flu is contagious disease with high chance of transmission in crowed places such as schools. Appropriate precautionary measures can decrease the transmission of eye

flu. Also, limited studies have been carried out and very few studies have been published in this title. Hence the researcher is interested to carry out study to find out the knowledge regarding eye flu among the school students.

1.4 Significance of the study

This study finding will be helpful to plan appropriate programs to concerned authorities regarding eye flu.
The study finding will be helpful to provide baseline data to future researchers regarding eye flu in similar setting.

1.5 Objectives of the study

1.5.1 General Objective

To find out knowledge regarding eye flu among students of secondary school in Bagmati Province, Nepal.

1.5.2 Specific Objectives

To assess the socio-demographic information of respondents.
To identify the level of knowledge regarding eye flu among respondents.
To measure the association of level of knowledge regarding eye flu with selected socio-demographic variables.

1.6 Research Questions

What is the level of knowledge regarding eye flu among students of selected school of Bagmati Province, Nepal?

1.7 Study Variables

1.7.1Independent Variables

Socio-demographic variables

Age

Sex

Ethnicity

Religion

Class/ Grade

Area of Residence

Education of father/mother

Occupation of father/mother

Sources of information

Mass Media: Radio, Television, Newspaper, Internet

Family / Friends

Teacher,

Health personnel

Curriculum

1.7.2 Dependent Variable

Knowledge regarding eye flu

1.8 Conceptual Framework

A conceptual framework is a diagrammatic representation of variables and linking of concept to have meaningful information which consists of variables and relationship among variables. The conceptual framework is the foundation on which the entire research is based.

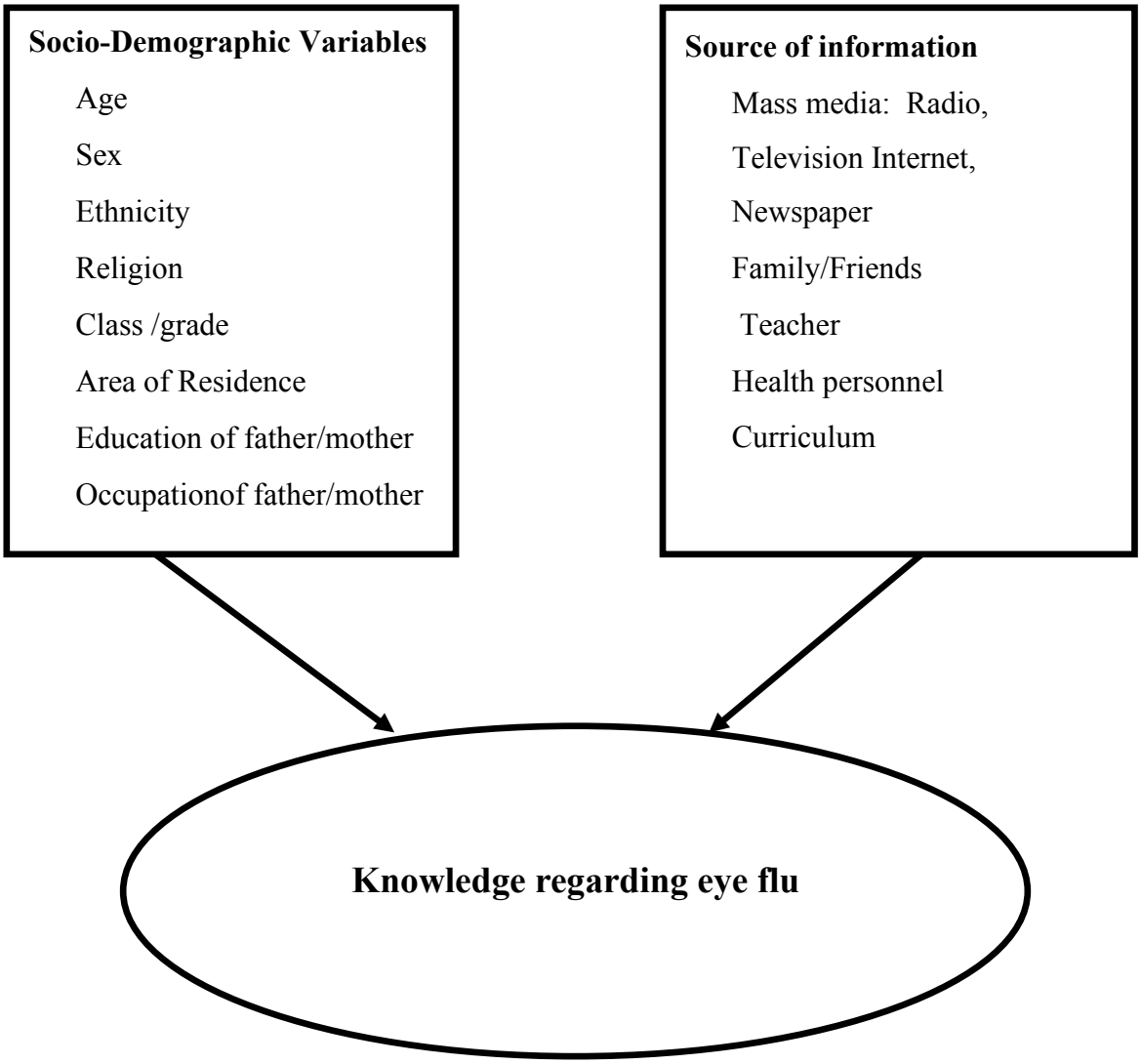

Figure 1: Conceptual framework on knowledge eye flu among students of selected school

1.9 Operational Definition of the Variables

Knowledge: Knowledge refers to the understanding of eye flu in terms of sign and symptom, prevention, treatment and management.

Level of knowledge: The level of knowledge on eye flu was categorized based on scores obtained from the questionnaire developed by researcher. The total score of knowledge was 100% and categorized as below:[1]

Adequate Knowledge: >75%

Moderate Knowledge: 50-75%

Inadequate Knowledge: <50%

School Students: It refers to the respondents who are studying at grade 9 and 10 of selected school.

CHAPTER II

LITERATURE REVIEW

2.1 Introduction

A literature review is a type of academic writing that helps to gain and understand the existing knowledge relevant to a particular topic or area of study and to present that knowledge in the form of a written report. A literature review discusses and analyzes published information in a particular subject area. This chapter reviews studies pertinent to knowledge eye flu among students of selected schools. The purpose of literature review is to extend comprehensive knowledge on the phenomena being studied. Literature were searched through both electronic and manual sources such as books, articles and journals, Google Scholar and PubMed. Similarly key words that used to search the literature were knowledge of eye flu, conjunctivitis school student etc. The reviewed literature was summarized, paraphrased and organized and included in this section.

2.2 Review of literature

A school based cross sectional study was conducted on the title Knowledge of conjunctivitis among high school students in Pokhara valley of Western Nepal. Six government schools were randomly selected among the list of 35 schools of Pokhara. A total of 523 students were included in the study. The study concluded that secondary school students in Western Nepal have poor knowledge of conjunctivitis.[4]

A cross-sectional descriptive study was conducted on knowledge regarding Conjunctivitis among school students in Dehradun India. A total of 51 students were included this study. The students' ages ranged from six to thirteen years old, Majority of respondents (80.0%) answered redness and watery of eye as the most common as the symptoms of the conjunctivitis. This study concluded that school students have adequate knowledge of conjunctivitis.[4]

A cross-sectional descriptive study was conducted to assessing Students' Knowledge and Awareness Regarding Conjunctivitis Among University Of Balochistan Quetta, Pakistan. Self-develop questionnaire was used, study was conducted from march 2016 to October 2016. Total 420 students were selected as participants. knowledge and awareness was assessed by using pre validate questionnaire. University students have sufficient knowledge and awareness about conjunctivitis.[9]

A descriptive cross-sectional survey was conducted among 1000 students from three selected public universities in Ghana. Out of the 1000 students, 347 (34.7 %) were aware of ocular allergy. Majority of the students had their source of information about ocular allergy from the media and the internet. There was statistical significant association among awareness of ocular allergy, sources of information and programme of study ($p < 0.001$). Level of awareness among university students is generally low.[10]

A cross-sectional descriptive study was conducted in school and Umm Al-Qura University students in the western region of Saudi Arabia on Awareness and knowledge of conjunctivitis among students. One third of the respondents (31%) said eye flu is inflammation of conjunctiva. The current finding shows a poor level of knowledge towards conjunctivitis, basic knowledge showed more than 50% as good correct responses among students (61.3%, 52.9%, respectively). The majority of participants were not aware about conjunctivitis term 60.76%, compared with those aware of it 39.24%.[11]the correlation between students age and educational level were significantly positive (p- values: 0.000, 0.000 respectively).[11]

A descriptive research non experimental design was conducted on assess the knowledge and perception regarding Conjunctivitis among adults of Pune city. The non-probability convenient sampling technique was used. Data collection was done using self-structured questionnaire. Data analysis was done mainly using inferential and descriptive statistics. Only 4 (4% of respondents) had adequate understanding about conjunctivitis, compared to 54 (54%) who had inadequate knowledge, 42 (42%) who had moderate knowledge. The average adults conjunctivitis knowledge score is 5.24 ± 1.7. The majority of adults, 60 (60%) have an average perception of conjunctivitis, 32 (32%) have a poor perception of it, and only 8 (8%), have a good perception

regarding conjunctivitis. Adults' average impression scores of conjunctivitis are 5.82± 1.4. [12]

A cross-sectional survey using standardized questionnaires was sent used social media platform on Knowledge of ocular infections among the university students in India. The study concluded that university students have sufficient knowledge about ocular infection. [3]

A descriptive study was done on knowledge regarding common eye problem among secondary students in Udaipur, Nepal. All the students of class 8, 9 and 10 were involved in the study who came on the day of the exhibition. The data collection tool was a self-administered questionnaire, which was pre-tested and modified. Overall knowledge before intervention was 44% which was low and was increased to 71% after intervention. This study concluded that school student have low knowledge about eye problem.[5]

2.3 Summary of reviewed literature

Every year, millions of people worldwide are affected by the common illness known as "Eye flu." It is also known as viral conjunctivitis and is brought on by a number of viruses, is an infection that results in redness, itching, and irritation of the eyes. It is a common eye condition that affects people of all ages, it is affecting children more than adults. It has four main underlying causes: viruses, bacteria allergens and irritants. It is highly contagious, spreads easily in crowded settings. Frequent school absenteeism has immediate and long-term negative effects on academic performance. Eye flu knowledge is low especially in school students

CHAPTER III

RESEARCH METHODOLOGY

This chapter deals with the design of the study, population and study setting, sampling technique, research instrument, inclusion and exclusion criteria, data collection procedure to establish validity and pre testing data analysis, ethical consideration, and other detail plan of the research activities.

3.1 Research Design

A descriptive-cross sectional study design with quantitative approach was used for this study.

3.2 Study Area/Setting

This study was conducted in Swati Sadan secondary school. It is situated at Balaju-16 Kathmandu. It was established in 2008 A.D. It is private organization. The school runs classes from nursery to grade 12. The total number of students in the school is 600.

3.3 Target Population

The target population of this study was all students studying in grade 9 and 10 of Nepal.

3.4 Study Population

The study population was the students studying in grade 9 and 10 of Swati Sadan Secondary School. The total number of students in grade 9 and 10 is76.

3.5 Sampling Technique

Non-probability convenience sampling technique was used for setting and total enumeration sampling were used to select the sample.

3.6 Sample Size

The total sample size was 76
Grade 9: Girls (12) and Boys (23) =35
Garde 10: Girls (20) and Boys (21) =41

3.7 Inclusion Criteria

Students who were willing to participate in the research.
Students who were present at the time of data collection.

3.8 Research Instruments / Tools

A semi-structured, self-administered questionnaire was developed as a research tool which was constructed by the researchers herself after extensive review of literature and consultation with the research advisor. The questionnaire was divided into two parts:

Part I: Questionnaire related to the Socio-demographic variables.
Part II: Questionnaire related to knowledge regarding Eye flu

Questions included 14 semi structured self-administered questionnaires. Out of 14 questionnaires, 6 were multiple response questions and 8 were correct response questions related to eye flu. Each question carries 1 mark but in the case of multiple responses each. correct response consists of 1 mark. The total score of knowledge was 100% and categorized as below:[4]

Adequate Knowledge: >75%
Moderate Knowledge: 50-75%
Inadequate Knowledge: <50%

3.9 Validity and Pre-testing of Tools

Validity of the instrument was established by consulting with research guides, subject experts, review of literature and faculty members for clarity, relevance, comprehensiveness, understandability and ease of administration. The instrument was maintained by pre-testing the questionnaire in the on 10% (=8) of students studying in Scholars Home Academy School. which is located in Sama Khushi, Kathmandu. After pretesting, the instrument was reviewed and no modification was made.

3.10 Ethical consideration

The study was conducted after getting the approval of the research proposal from Research Committee of Norvic College of Health Sciences and Technologies.

Ethical approval was taken (Ref.No.04-081/82) from NIH-IRC.

Formal letters requesting data collection was taken from the administration of the Norvic College of Health sciences and Technologies.

Before data collection, written permission was obtained from the authority of Swati Sadan Secondary School.

Informed written consent was obtained from all the guardian of each participant prior to data collection.

Informed written assent was taken from each participants prior to data collection.

The objectives of the study was explained clearly.

The respondent's dignity and autonomy was maintained by providing right to reject or discontinue from the research anytime.

Confidentiality and privacy of the information was maintained by coding and keeping data ona computer that was accessible to researcher only.

Participants personal information was not disclosed, and the obtained information was used for the study purpose only.

A class on eye flu was conducted after data collection.

3.11 Data Collection Procedure

The study was conducted after getting the approval of the research proposal from Research Committee of Norvic College of Health Sciences and Technologies.

Ethical approval was taken (Ref.No.04-081/82) from NIH-IRC.

It was submitted to the Scholars Home Academy School.

Formal written permission was taken from the concerned authority of the school by submitting an official letter from the college.

Informed written consent was obtained from the guardian of each participant prior to data collection.

Informed written assent was taken from each participant prior to data collection.

The objectives of the study and the duration of time taken was explained to the respondents.

The researcher collected data by distributing semi structured self-administered questionnaire in English language to the participant into their own class, which took about 15-20 minutes.

Confidentiality of the collected information was maintained by keeping the filled questionnaire safely, maintaining non- disclosure and using information for research purposes only.

Data was collected in leisure period without hampering the regular classes.

Data was collected within two weeks.

After completion, respondents were thanked for their participation.

3.12 Data Processing and Analysis

Questionnaires was kept in a locked cupboard and data was restored in a computer that was accessible to researcher only. The collected data was overviewed and verified for its completeness and was entered in statistical Package for the Social Sciences (SSPS) version 25. Descriptive statistical analysis (frequency, percentage, mean, median, range and standard deviation) method used to describe the data. Inferential statistics (chi square) was used to measure the association between dependent and independent variables. After analysis of the data, the findings were presented in the form of tables.

3.13 Dissemination

The researcher disseminated the research report to:

The research advisor,

Library Norvic College of Health Sciences and Technologies

Swati Sadan Secondary School

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter is mainly concerned with the analysis and interpretation of data collected from the participants. The data obtained from 76 participants. After collecting the data, all the questionnaires were checked, code, classified, and analysed by using SPSS version 20 which is presented in frequency and percentage in different tables as per following parts:

Part-I: Socio- demographic Characteristics of the Respondents (It includes 4 tables which are presented in table no.1.1-1.4.)

Part-II: Knowledge regarding Eye Flu (It include 4 tables which are presented in table number 2.1-2.4)

Part-III: Level of knowledge regarding Eye Flu (it include 1 table)

Part-IV: Association between level of Knowledge and Socio-demographic variables (which are table no. 4.1-4.2)

Part I

It consists of socio-demographic information of respondents. It includes 4 tables which are presented in table no.1.1-1.4.

Tables 1.1: Socio-demographic Characteristics of Respondents.

n=76

Variables	Frequency (f)	Percentage (%)
Age (in years)		
≤ 15	44	57.9
>15	32	42.1
Sex		
Male	44	57.9
Female	32	42.1
Ethnicity		
Brahmin /Chhetri	31	40.8
Dalit	2	2.6
Muslim	1	1.3
Madhesi	1	1.3
Janajati	41	53.9
Religion		
Hindu	56	73.7
Buddhist	14	18.4
Muslim	2	2.6
Christian	4	5.3

Tables 1.1 shows that more than half of the respondents (57.9%) were less than or equal to 15 years of age, whereas almost half (42.1%) of respondent were more than 15 years of age. More than half of the respondents (57.9%) were male and less than half of the respondents (42.1%) were female. More than half of the respondents (53.9%) were Janajati, less than half of the respondents (40.8%) were Brahmin/Chhetri, approximately three percentages were Dalit and one percentage of the respondents belonged to Muslim and Madhesi ethnicity. majority of the respondents (73.7%) were Hindu by religion, one fifth (18.4%) of respondents were Buddhist, minority of the respondents five percentage were Christian and three percent of respondents were Muslim. that majority of the respondents (73.7%) were Hindu by religion, one fifth

(18.4%) of respondents were Buddhist, minority of the respondents five percentage were Christian and three percent of respondents were Muslim.

Table 1.2 Socio Demographic Characteristic of Respondents

n=76

Variable	Frequency (f)	Percentage (%)
Grade		
Nine	35	46.1
Ten	41	53.9
Mother's education		
Can not read and write	10	13.2
Can read and write	12	15.8
Basic education (1-8)	15	19.7
Secondary education (9-12)	25	32.9
Higher education (bachelor and above)	14	18.4
Father's Education		
Can not read and write	3	3.9
Can read and write	9	11.8
Basic education (1-8)	14	18.4
Secondary education (9-12)	29	38.2
Higher education (bachelor and above)	21	27.6

Table 1.2 shows that more than half of the respondents (53.9%) were studying in grade 10 and less than half of the respondents (46.1%) were studying in grade 9. More than one third (32.9%) of the respondents 'mothers were educated up to secondary level, whereas less than one fifth of the respondents (13.2%) mothers could not read and write. less than half of the respondent's fathers (38.2%) were educated up to secondary level, whereas approximately four percentage of the respondents' fathers could not read and write

Table 1.3 Socio Demographic Characteristic of Respondents

n=76

Variables	Frequency (f)	Percentage (%)
Mother's Occupation		
Service holder	5	6.6
Businesswomen	24	31.6
Homemaker	34	44.7
Agriculture	4	5.3
Others specify	9	11.8
Father's Occupation		
Service holder	10	13.2
Businessmen	40	52.6
Homemaker	1	1.3
Agriculture	3	3.9
Daily wage worker	4	5.3
Others specify	18	23.7
Area of residence		
Rural	9	11.8
Urban	67	88.2

Table 1.3 shows that Less than half of the respondents' mothers were homemaker (44.7%), whereas few five percentage were involved in agriculture. More than half of the respondents' fathers were businessman by occupation (52.6%), whereas one percentage were homemaker. shows that majority (88.2%) of respondents live in urban area, whereas one fifth (11.8%) of respondents live in rural area

Table 1.4 Socio Demographics Characteristic of Respondents

n=76

Variables	Frequency (f)	Percentage (%)
Source of information #		
Mass media	51	67.1
Family/friends	59	77.6
Self- learning	33	43.4
Health personnel	19	25.0
School curriculum	41	53.9
Teachers	47	61.8
Others	3	3.9

#Multiple response question

Table 1.4 shows that majority (77.6%) of respondents got information about eye flu from family and friends, more than half of them (67.1%) got information from mass media and more than half of the respondents (61.8%) got information from teachers. More than half of the respondents (53.9%) got information from school curriculum, less than half (43.4%) got information from self -learning, one fourth (25.0%) got information from heath personnel.

Part II- Knowledge regarding Eye Flu

This section deals with the information related to knowledge regarding eye flu. It include 4 tables which are presented in table number 2.1-2.4

Table 2.1 Knowledge regarding Eye Flu

n=76

Variables	Frequency (f)	Percentage (%)
Meaning of eye flu		
Inflammation of conjunctiva *	21	27.6
Infection of eye	53	69.7
Infection of sclera	1	1.3
Inflammation eyelid	1	1.3
Eye flu genetic		
Genetic	72	94.7
Non genetic*	4	5.3
Is eye flu communicable		
Communicable*	76	100.0
Causative agent of eye flu #		
Organisms (virus &bacteria) *	66	86.8
Allergic *	50	65.8

#Multiple response question *Correct answer

Table 2.1shows that one third of the respondents (27.6%) correctly responded to meaning of eye flu, whereas majority of the respondents (69.7%) told that eye flu is infection of eye and very few one percentage of the respondents told that it is the infection of sclera and eyelid. Almost all respondents (94.7%) told that eye flu is genetic whereas remaining five percentage of the respondents correctly mentioned it as a non-genetic. All of the respondents (100%) mentioned that eye flu is communicable. Majority (86.8%) of the respondents mentioned that organisms (virus &bacteria) as the causative agent of eye flu and more than half of the respondents (65.8%) mentioned it is allergic.

Table 2.2 Knowledge regarding Eye Flu

n=76

Variable	Frequency (f)	Percentage (%)
Who are at risk of getting eye flu#		
Children *	69	90.0
Elderly people*	54	71.1
Students *	66	86.8
Symptoms of eye flu #		
Watery eye *	68	89.5
Redness of eye *	74	97.4
Foreign body sensation*	43	56.6
Fever	43	56.6
Mode of transmission #		
Contact with infected person *	71	93.4
During mass gathering *	47	61.8
Share makeup products *	42	55.3
Sharing personal items handkerchief and goggles *	42	89.5
Can precaution needed to prevent eye flu		
Yes *	75	98.7
No	1	1.3

 # Multiple response question*Correct answer

Table 2.2 shows that almost all respondents (90.0%) told that children are at risk of getting eye flu whereas majority of the respondents (71.1%) mentioned elderly people. Almost all respondents (97.4%) responded redness of eye, majority of the respondents (89.5%) mentioned watery eye and more than half (56.6%) of respondents mentioned foreign body sensation and fever as sign and symptoms of eye flu. Majority of the respondents (93.4%) believed that eye flu is transmitted through contact with infected person whereas more than half of the respondents (61.8%) responded that eye flu is transmitted during mass gathering and almost half of the respondents (55.3%) responded that eye flu is transmitted through share makeup products. Almost all respondents (98.7%) correctly mentioned that precautions are needed to prevent eye flu.

Table 2.3 Knowledge regarding Eye Flu

n =76

Variables	Frequency (f)	Percentage (%)
Prevention of eye flu #		
Frequently hand wash *	62	81.6
Vaccination against eye flu	3	3.9
Use goggles *	68	89.5
Isolation *	49	64.5
Place of treatment		
Home	33	43.4
Hospital *	43	56.6
When should the person with worse eye flu symptoms seek medical care		
Within a day *	25	32.9
Within 2 days	20	26.3
Within 6 days	31	40.8
How do person get eye flu		
By eating contaminated food	2	2.6
By touching eye with contaminated objects *	72	94.7
By inhaling infected particles	2	2.6

 # Multiple response question * Correct answer

Table 2.3 shows that Majority of the respondents (89.5%) think that eye flu can be prevented through use of goggles. More than half of the respondents (56.6%) mentioned that eye flu is treated at hospital while approximately half of the respondents (43.4%) mentioned it as home. One third of the respondents (32.9%) correctly mentioned that person with eye flu should seek medical care within a day. Less than half of the respondents (40.8%) mentioned it to be within 6 days. Almost all respondents (94.7%) think that people get eye flu by touching eye with contaminated objects and approximately three percentage of the respondents mentioned that eye flu can be transmitted by eating contaminated food and by inhaling infected particles.

Table 2.4 Knowledge regarding Eye Flu

n=76

Variables	Frequency (f)	Percentage (%)
Prevention the spread eye flu #		
Take rest *	61	80.3
Maintain hygiene *	68	89.5
Avoid eye makeup products *	57	75.0
How many days the person should remain be isolated		
As long as symptoms remain *	66	86.6
4 days	4	5.3
8 days	6	7.9

 # Multiple response question* Correct answer

Table 2.4 shows that almost all respondents (89.5%) told that eye flu is prevented through maintaining hygiene and majority (75.0%) of respondents responded that it can be prevented by avoiding eye makeup products. Majority of the respondents (86.6%) reported that infected person must be isolated as long as symptoms remain.

Part III: Level of Knowledge regarding Eye flu

Table 3: Level of Knowledge regarding Eye Flu

n= 76

Knowledge level	Frequency (f)	Percentage (%)
Adequate	52	68.4
Moderate	24	31.6
Inadequate	0	0.0

Table no. 3 shows that among 76 respondent's majority of the respondents (68.4%) have adequate knowledge regarding eye flu where as one third of the respondents (31.6%) have moderate knowledge regarding eye flu.

Part IV: Association between Level of Knowledge and Socio-demographic Variables.

This section deals with Association between level of knowledge and Socio-demographic variables which is presented in 2 tables which are table no. 4.1-4.2.

Table 4.1 Association between Level of Knowledge and Socio-demographic Variables

Variables	Knowledge level		P-value
	Moderate	Adequate	
Age (in years)			
≤15	10	34	0.052
>15	14	18	
Sex			
Male	17	27	0.121
Female	7	25	
Ethnicity			
Janajati	17	24	0.121
Others	7	28	
Religion			
Hindu	16	40	0.121
Others	8	12	
Grade			
Nine	1	34	**0.001**
Ten	23	18	
Mothers education			
Up to basic level	12	25	0.876
Secondary to above	12	27	

Table 4.1 reveals that level of knowledge regarding eye flu was not found to be significantly association with respondents age, sex, ethnicity and religion. Grade of respondents was found to be significantly associated with level of knowledge regarding eye flu (p=0.001). However, mother's education and father's education were not found to be significantly associated with level of knowledge regarding eye flu.

Table 4.2Association between Level of Knowledge and Socio-demographic Variables

n=76

Variables	Knowledge level		P -value
	Moderate	Adequate	
Father's education			
Up to basic level	9	17	0.681
Secondary to above	15	35	
Mother's occupation			
Homemaker	12	22	0.531
Others	12	30	
Father's occupation			
Businessmen	17	23	**0.031**
Others	7	29	
Area of residence			
Rural	4	5	0.377
Urban	20	47	

Table 4.2 reveals that father's occupation was found to be significantly associated with level of knowledge regarding eye flu (p=0.031). However, area of residence and mother's occupation was not found to be significantly associated with level of knowledge regarding eye flu.

CHAPTER V

DISCUSSION, CONCLUSION AND RCOMMENDATION

This chapter addresses the discussion, conclusion, and recommendations of the study. The discussion section presents the study's findings and compares them with those from other studies identified through the literature review. The recommendation section offers suggestions for further improvement of the study.

5.1 Discussion

Socio- demographic information

A study was done among 76 school students of grade 9 and 10 of Swati Sadan school and college Balaju, Kathmandu. A descriptive cross-sectional study design with quantitative approach was used to assess the level of knowledge among school students in Bagmati Province, Nepal.

The socio-demographic information of this study showed that more than half of the respondents (57.9%) were less than or equal to 15 years. Similar result was found in a study conducted in western Nepal[4]where the mean age of the students was 14.7 ± 1.2 years. More than half of the respondents (57.9%) were male in this study. A similar result was found in a study conducted in Tamil Nadu[3]where more than half of the respondents (55%) were male.

Regarding the source of information the study revealed that Majority (77.6%) of respondents got information about eye flu from family and friends, more than half of them (67.1%) got information from mass media and more than half of the respondents (61.8%) got information from teachers. More than half of the respondents (53.9%) got information from school curriculum, less than half (43.4%) got information from self - learning, one fourth (25.0%) got information from heath personnel.

Level of Knowledge regarding eye flu

In this study, approximately one third of the respondents (27.6%) correctly identified that eye flu is inflammation of conjunctiva. In a similar study done in Saudi Arabia.[13] one

third of the respondents (31%) of the respondents said eye flu is inflammation of conjunctiva.

In this study almost all respondents (100%) mentioned that eye flu is communicable. In a similar study done in western Nepal[4] (87.4%) of the students mentioned that conjunctivitis is communicable. Majority (86.8%) of the respondents mentioned organisms (bacteria & virus) as the causative agent of eye flu and more than half (65.8%) of respondents mentioned allergic. In a similar study done in western Nepal, almost of the students (80.3%) mentioned organism as the cause of conjunctivitis[4]

In this study almost all respondents (90.8%) told that children are at risk of getting eye flu. A similar result was revealed by a study conducted in India[14] where almost all respondents (97.0%) reported children are at risk of getting eye flu. In this study almost all respondents (97.0%) stated redness and majority of respondents (89.0%) reported watery eye as signs and symptoms of eye flu. A similar study conducted in Dehradun[15] found that majority of respondents (80.0%) answered redness and watery of eye as the most common as the symptoms of the conjunctivitis.
In this study majority of the respondents (89.5%) correctly believed that eye flu is transmitted through sharing personal items like handkerchief and goggles. Similar finding was found in western Nepal[4] where majority of the students (78.0%) answered the mode of transmission of eye flu is by sharing personal items.

In this study more than half of the respondents (56.6%) mentioned that eye flu is treated in hospital and by washing hand frequently. A similar study conducted in western, Nepal[4] found that almost all (98.3%) of the students mentioned that one should go to the hospital or clean eyes with cold water and by washing hand frequently to treat eye flu.

This study found that more than half of the respondents (68.4%) had adequate knowledge regarding eye flu and one third of the respondents (31.6%) had moderate knowledge. Similar finding was found in Dehradun[14] where more than half of the respondents (54.0%) had adequate knowledge and one fourth of the respondents (27. 6%) had moderate knowledge regarding eye flu. A similar study conducted in Western Nepal[4] found that more than half of the respondent's (56.6%) had poor knowledge of

conjunctivitis. The finding might be inconsistent with the study of Western Nepal as the study was conducted among government schools students.

Association of level of knowledge with selected sociodemographic variables

The present study shows there is significant association with level of knowledge regarding eye flu with the grade i.e. (p= 0.001). This finding is supported by another study which showed that there is association of level of knowledge with grade i.e. (p=0.03).[14]

5.2 Conclusion

The study concludes that majority of the respondents have adequate knowledge regarding eye flu where as one third of the respondents have moderate knowledge regarding eye flu. Grade of students and fathers occupation was found to be significantly associated with level of knowledge regarding eye flu.

5.3 Limitation of the study

The finding of the study cannot be generalized because it is limited only to a single setting.

5.4 Recommendation

Similar study can be conducted in large scale to validate and generalize the finding of study.

School based education and awareness programs can be conducted and information education and communication (IEC) material like leaflets, poster can be developed regarding eye flu. Selecting the most appropriate IEC material, the children should be made aware to learn self- help and self-care skills to support good hygiene practice.

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APPENDIX I

Informed Consent Form

Namaskar! **Code No**

My name is Kabita Mahar a student of Post Basic bachelor's in nursing science (PBNS) 3rd Year from Purbanchal University, Norvic College of Health Science and Technologies. I am here to collect the information about the **"Knowledge regarding eye flu among Students of Selected School of Bagmati Province, Nepal."** Your valuable participation in this study helps to understand the knowledge regarding eye flu among students.

I would like to inform you that your participation in this study is voluntary, and you have the right to withdraw at any time if you want, without fear and without any reason. The study involves no risk and harm to you. If you agree to participate, it will take 15-20 minutes and the information that you have provided will be used for research purposes only. Your personnel identity will not be disclosed.

You are humbly requested to provide your answer. Your participation plays an important role in the completion of the study. If you are willing to participate, please sign the following written consent.

Consent: I am signing this consent form. I state that I have read this consent completely and understand its consent and purpose. I hereby give my consent to take part in the above study willingly.

Participant's Signature/Fingerprints: _____

Investigator's Signature: _____

Date: _____

Right	**Left**

INFORMED CONSENT FORM TO PARENT IN NEPALI

पूर्वाञ्चल विश्वविद्यालयमा मा

नर्भिक कलेज अफ हेल्थ साइन्सेज एण्ड टेक्नोलोजिज

महाराजगञ्ज, काठमाडौ

अध्ययनको शीर्षक:विध्यालयका विद्यार्थीमा आईफ्लूको ज्ञान”

नमस्कार!

म कबिता महर,

नर्भिक कलेज अफ हेल्थ साइन्सेज एण्ड टेक्नोलोजिजमा स्नातकतहको तेस्रो वर्षमा अध्ययनरत विद्यार्थी हुँ। यस अध्ययनको उद्देश विध्यालयका विद्यार्थीमा “आईफ्लू बारेमा ज्ञानको” जानकारी लिनु हो। तसर्थ तपाईंको बच्चालाई यस अध्ययनमा सहभागी हुनका लागि अनुमति दिनहुन अनुरोध गर्दछु। यदि तपाईंको बच्चाले यस अनुसन्धानमा भाग लिनुभयो भने अन्दाजी१५-२० मिनेट उहाँले प्रश्न पत्रको उत्तरहरु दिन लाग्नेछ| म तपाईंलाई जानकारी गराउन चाहन्छु कि यस अध्ययनमा तपाईंको बच्चाको सहभागीता स्वैच्छिक हुनेछ र तपाइँको बच्चाले कुनैपनी समय बिना कुनै स्पष्टीकरण यस अध्ययनलाई छोड्न सक्नु हुनेछ। तपाईंको बच्चाद्वारा प्रदान गरिएका सबै जानकारी गोप्य राखिनेछ र यो अध्ययन उद्देशको लागि मात्र प्रयोग हुनेछ। यो अध्ययनले सहयोग गर्नेछ। तसर्थ आफ्नो बच्चालाई यस अध्ययनमा सहभागी हुनका लागि अनुमति दिनुहुन्छ भन्ने आशा राखेकी छु।

यो सहमति फारममा हस्ताक्षर गर्दा म भन्छु कि मैले यो कागजात पुर्ण रुपमा पढेको छु र यस अध्ययनको उदेश्य बुझ्छु र म मेरो बच्चालाई यस अध्ययनमा भाग म लिन अनुमति दिन तयार छु।

अभिभावककोसही: .....

मिति: .....

NORVIC COLLEGE OF HEALTH SCIENCES AND TECHNOLOGIES
MAHARAJGUNJ, KATHMANDU

ASSENT FORM

Code No:……

I have read and understood the research project. I have been informed that this research intends to assess the knowledge regarding eye flu among students. Anything that wasn't clear to me was explained so I could understand it. If I have any other questions later, I can have these answered too. I understand that I don't have to help with the project even if my parent or guardians say that it is all right. Even if I decide to participate in this study, I can change my mind later and that will be ok.

I am signing this assent form. I state that I have read this assent completely and understand the objective of the study. I hereby give assent to take part in the above study willingly.

Signature: _____

Date: _____

APPENDIX II

NORVIC COLLEGE OF HEALTH SCIENCES AND TECHNOLOGES
MAHARAJGUNG, KATHMANDU, NEPAL

Questionnaire

Research Title: "Knowledge regarding Eye Flu among Secondary School Students of selected school of Bagmati, province, Nepal."

This questionnaire is prepared purely and absolutely for the purpose in preparing research paper of bachelor's in nursing science. You are kindly requested to answer questions honestly and freely. Your participation in this study will be kept confidential, and it will be highly appreciated for your time and concern in this manner.

Instruction: Please tick (✓) which you find the most relevant.

Part I: Questionnaire related to the socio-demographic variables of respondent.

1. **Age …… (in completed years)**
2. **Sex:**
   a. Male
   b. Female
3. **Ethnicity:**
   a. Brahmin/ Chhetri
   b. Dalit
   c. Muslim
   d. Madhesi
   e. Janajati
   f. Others (specify)……...
4. **Religion**
   a. Hinduism
   b. Buddhism
   c. Muslim
   d. Christian
   e. Other specify
5. **Grade**
   a. Grade 9
   b. Grade 10
6. **Mothers' education:**
   a. Cannot read and write
   b. Can read and write
   c. Basic education (1-8)
   d. Secondary education (9-12)
   e. Higher education (bachelor and above
7. **Father's education:**

a. Cannot read and write
b. Can read and write
c. Basic education (1-8)
d. Secondary education (9-12)
e. Higher education (bachelor and above)

8. Mother's occupation:

a. Service holder
b. Businesswoman
c. Homemaker
d. Agriculture
e. Daily wage worker
f. Others (specify)…….

9. Father's occupation:

a. Service holder
b. Businessman
c. Homemaker
d. Agriculture
e. Daily wage worker
f. Others (specify)…….

10. Where do you live?

a. Rural b. Urban

PART II: Questionnaire related to knowledge regarding eye flu,

1. what do you mean by eye flu?

a. Inflammation of conjunctiva
b. Infection of eye
c. Infection of sclera
d. Inflammation of eyelid

2. What type of disease is eye flu?

a. Genetic
b. Non genetic

3. Is eye flu?

a. Communicable
b. Non communicable

4. What is the causative agent of eye flu?

a. Organisms (Virus& Bacteria)
b. Allergic
c. a & b

5. who are at risk of getting eye flu? (choose all that apply)

a. Children
b. Elderly people
c. Students

6. What are the symptoms of eye flu? (choose all that apply)

a. Watery of eye
b. Redness of eye
c. foreign body sensation
d. fever
e. chest pain

7. How does eye flu transmission? (choose all that apply)

a. Contact with infected person
b. During mass gathering
c. Share makeup products
d. Sharing personal items handkerchief and goggles)
e. Eating together

8. Is precaution needed to prevent eye flu?

a. Yes b. No

9. What can you do to prevent eye flu? (Chose all that apply)

a. Frequently hand wash
b. Vaccination against eye flu
c. Use goggles
d. Isolation
e. Other specify

10. If anyone suspects symptoms of eye flu, where the treatment should be done?

a. Home treatment
b. Hospital
c. Nothing
d. Other specify

11. When should the person with worse eye flu symptoms seek medical care?

a. within a day

b. within 2 days

c. within 6 days

d. within 14 days

12. How do people get eye flu?

a. By eating contaminated food

b. By touching eye with contaminated objects

c. By inhaling infected particles

d. Mosquito bite

13. What should you do prevent the spread of eye flu (choose all that apply

a. Take rest

b. Maintain hygiene

c. Rub the eye

d. Avoid makeup products

14. If person get eye flu, how many days should the person with eye flu ?

a. 4 days

b. 8 days

c. 14 days

d. As long symptoms remain

15. From which source did you receive information that you answered above? (Choose all that apply)

a. Mass media (Radio/Television/Newspaper/ Internet)

b. Family/friends

c. Self- learning

d. Health personnel

e. School curriculum

f. Other specify

Thank you for your time and cooperation.

SCORE KEY

Part	Question no.	Correct Answer	Score
II	1	a	1
	2	b	1
	3	a	1
	4	a, b	2
	5	a, b, c	3
	6	a, b, c, d	4
	7	a, c, d	3
	8	a	1
	9	a, c, d	3
	10	b	1
	11	a	1
	12	b	1
	13	a, b, d	3
	14	d	1
Total			26

APPENDIX III

WORK PLAN

SN	Activities	1st week	2nd week	3rd week	4th week	5th week	6th week	7th week	8th week
1	Literature knowledge regarding modes of transmission review	■	■	■	■	■	■		
2	Research selection and presentation		■						
3	Proposal; development and presentation			■	■				
4	Tool development and finalization			■	■				
5	Tool presenting and data collection					■	■		
6	Data analysis and submission							■	
7	Research presentation								■
8	Final report preparation and submission								■

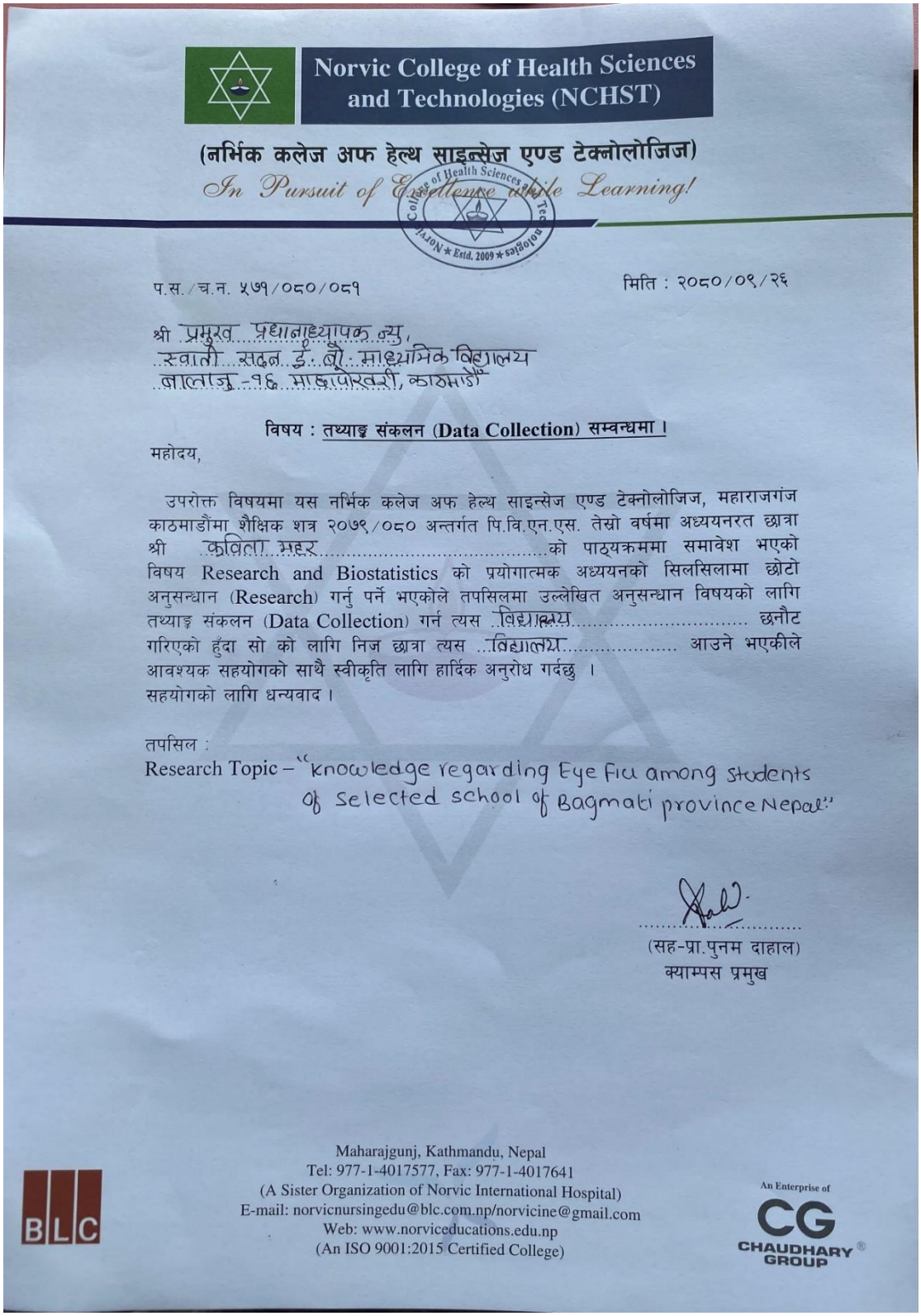
APPENDIX IV

BUDGET PLAN

S.N	Activity	Amount
1	stationeries	4000
2	transportation	3000
3	printing	3000
4	photocopy	3000
5	refreshment	2000
6	Reporting binding	2000
7	miscellaneous	1500
	Total	**18,500**

APPENDIX V

Approval Letter



Norvic College of Health Sciences and Technologies (NCHST)

(नर्भिक कलेज अफ हेल्थ साइन्सेज एण्ड टेक्नोलोजिज)

In Pursuit of Excellence while Learning!

प.स./च.न. ५७१/०८०/०८१ मिति : २०८०/०९/२६

श्री प्रमुख प्रधानाध्यापक ज्यु,
स्वाती सदन इ. ली. माध्यमिक विद्यालय
लालाजु -१६ मालपोखरी, काठमाडौं

विषय : तथ्याङ्क संकलन (Data Collection) सम्बन्धमा ।

महोदय,

उपरोक्त विषयमा यस नर्भिक कलेज अफ हेल्थ साइन्सेज एण्ड टेक्नोलोजिज, महाराजगंज काठमाडौंमा शैक्षिक शत्र २०७९/०८० अन्तर्गत पि.वि.एन.एस. तेस्रो वर्षमा अध्ययनरत छात्रा श्री कविता महर को पाठ्यक्रममा समावेश भएको विषय Research and Biostatistics को प्रयोगात्मक अध्ययनको सिलसिलामा छोटो अनुसन्धान (Research) गर्नु पर्ने भएकोले तपसिलमा उल्लेखित अनुसन्धान विषयको लागि तथ्याङ्क संकलन (Data Collection) गर्न त्यस विद्यालय छनौट गरिएको हुँदा सो को लागि निज छात्रा त्यस विद्यालय आउने भएकीले आवश्यक सहयोगको साथै स्वीकृति लागि हार्दिक अनुरोध गर्दछु ।
सहयोगको लागि धन्यवाद ।

तपसिल :
Research Topic – "knowledge regarding Eye Flu among students of selected school of Bagmati province Nepal."

(सह-प्रा.पुनम दाहाल)
क्याम्पस प्रमुख

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(An ISO 9001:2015 Certified College)

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Swati Sadan E.B. Secondary School

Estd. 1996

Ref. No.
2080/081/344

मिति :
Date: 14th Jan, 2024

TO WHOM MAY CONCERN

This is to inform that **Ms. Kabita Mahar** PBNS (Post Bachelors in Nursing Science)3rd year student of Norvic College of Health Sciences and Technologies, Maharajgunj, Kathmandu is given permission for collecting data among the students this academic on the research topic **"Knowledge regarding Eye Flu among students of selected School of Bagmati Province, Nepal."**

Rajendra Kumar Sharma
Vice Principal
Mobile: 00977- 9841393020
Email:bittuchaps@gmail.com

Norvic International Hospital & Medical College Ltd
Research and Institutional Review Committee (IRC)

Ref. No.: 02 – 081/082
Date: 25th February 2024

Letter of Approval of Research Proposal

The following mentioned research proposal has been reviewed by this Institutional Review Committee (IRC) and has been approved technically as well as ethically to conduct the proposed research work. The study period for the following research as mentioned in the proposal is from March 2024 to May 2024.

Title of the Research Proposal:
Knowledge regarding Eye flu among students of selected school of Bagmati Province, Nepal.

Investigator:

n	*Name of investigator*	*Type*	*Designation/Institution*
1	Kabita Mahar	**PI**	Student/Norvic Institute of Nursing Education

Note:

1. *Investigators are requested to conduct the work and publication ethically. If found, otherwise, this approval may be withdrawn*
2. *Investigators are advised to submit a copy of the research paper published in peer reviewed indexed professional journal.*

With best wishes,

.....
Dr. Abirodh Ranabhat
Member Secretary
NIH – IRC

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