

SUMMARY.

Eye sight is the most valuable of the five senses of human beings. Loss of sight lowers the quality of life and creates dependance on others both economically and socially. The school population is a sizeable segment of the total population of this country. The quality of education will be severely affected if eye defects and disorders are not corrected in time. Though there is a school health service available to school children, the quality and coverage of the school health services are grossly inadequate.

There was no previous study done on this subject. This study was carried out in the 33 schools of the Kamburupitiya Divisional Director of Health Services area. The study had basically two components -

1. Clinical component of the study included the assessment of the Eye, Adnexa and visual acuity of the study population.

2. Knowledge attitudes and practices survey of Parents in 20 clusters using cluster sample techniques and teachers and year VII students of all the schools of the study area using systematic sampling methods.

The study population was the children who belonged to years I, IV and VII of all the 33 schools. The

total number examined was 3288. Coverage was 100%. The entire study population was examined by the Principal Investigator. Those who needed specialists' opinion for diagnoses, were referred to the Diplomate in Ophthalmology of Base Hospital Matara, and to the Ophthalmic Technologist attached to Eye clinic, Base Hospital Matara. They examined all the referred children in 3 different sites of the study area. Again the coverage was 100 %.

Parents, Teachers and Year VII students of the study area were interviewed using a common interviewer administered Questionnaire. There were 1280 parents; 125 teachers and 113 year VII students in the study population giving a total of 1518.

The total number of children with Eye disorders and defects was 348. The prevalence of morbidity related to Eye adnexa and vision was 10.58%.

The percentage of children who had Vitamin A deficiency Eye diseases was 40.5% giving a prevalence rate of 4.29%. Males were more affected than the females. The prevalence among males was 1.94 times higher than in females. It is a significant public health problem in the study population. Vitamin A deficiency eye diseases had a significant correlation

to nutritional status of the affected children and also to the income level of the family. It had no correlation to maternal education. The phenomenon of clustering was observed.

The second important problem was refractory errors and disorders of accommodation. 30.7% had this problem giving a prevalence rate of 3.25%. Prevalence of Refractory errors alone was 2.7%. Of the refractory errors the commonest was astigmatism, and the highest prevalence of refractory errors was seen in 8-11 year age group. 10.3% had visual disturbances; 4% had inflammation of the Eye lids; 3.2% had congenital abnormalities of the eyes, while 2.9% had disorders of the conjunctiva, 2.6% had unilateral blindness and low vision; 2.0% had corneal ulceration and other disorders of cornea. Strabisms and other disorders of Binocular vision were seen in 1.7% cases. The rest of the conditions had very low prevalences.

The knowledge score of the study population about eye care was reasonably good and the overall mean score was 56.66. There was no significant difference in the knowledge between males and females of the study population. However, the knowledge among the various categories by educational attainments had a significant difference. On the other hand when teachers and parents (who had passed GCE or more) are compared there

was a significant difference in the knowledge by gender differences too.

The knowledge component of the low educated group was poor. Knowledge of Eye care in the year VII students was not satisfactory.

There is an urgent need to implement a short term therapeutic programme to those who are at risk. Prophylactic periodic dosing with Vitamin A seems to be necessary in the identified clusters. Fortification of coconut oil with Vitamin A is highly recommended. Provision of a glass of milk (300 ml.) in lieu of school mid day meal provides the Vitamin A requirements and other nutrients and calories of growing children.

In the light of this study it is very essential to give priority to examine eye adnexa and visual acuity of children in a more methodical manner in order to improve the quality of school health services of the study area.