

Knowledge and Practices of Mothers regarding their Children with Eye Trauma

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Abstract

Background: Eye trauma is a serious worldwide public health problem that may cause blindness. Post-traumatic visual impairment to children can lead to significant handicap and psychological problems. **Aim of the study:** Was to assess the knowledge and practices of mothers regarding their children with eye trauma. **Research Design:** A descriptive research design was used in carrying out this study. **Setting:** The current study was carried out at Outpatient Clinics of the Specialist Centre for Ophthalmology in Benha University Hospital. **Sample:** A convenience sample of 75 of mothers who had children with eye trauma. **Tools of data collection:** A structured interviewing questionnaire was used and composed of four parts: Socio demographic data of studied sample, medical data of the disease, mother's knowledge about eye trauma, and mother's reported practices regarding eye trauma. **Results:** 50.7% of studied mothers had poor total knowledge score and 66.7% had unsatisfactory total practices score regarding eye trauma, there was highly statistically significant relation between mothers' total knowledges and their practices about eye trauma. **Conclusion:** More than half of studied mothers had poor total knowledge score regarding eye trauma, and minority of them had good knowledge. Almost two third of studied mothers had unsatisfactory total practices regarding eye trauma whenever, only one third of them had satisfactory practices regarding eye trauma. There was highly statistically significant relation between mothers' total knowledges scores and their total practices scores about eye trauma. **Recommendations:** Design and disseminate booklets or brochures to raise awareness of eye trauma and preventive measure at outpatients clinics.

Key words: Children, Eye trauma, Mothers' knowledge and practice.

Introduction:

Children are avital to the nation's current and its future. They are exposed to various epidemiological factors in the environment which affect present and future state of health. Children at a greater risk due to careless activities and inability in understanding the nature of dangerous objects. Eye trauma leading to visual impairment which have associated with children development. Eye

trauma is associated with a great amount of emotional stress as well as frequent hospital visits and increasing economic burden. Children who are visually impaired have lower quality of life scores compared with peers (Puodžiuvienė et al., 2018).

Eye trauma is one of the most common causes of visual disability and acquired blindness in children. It also had a negative effect on the psychological, social, and

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emotional development of children. Eye trauma in children still remains an important preventable cause of ocular morbidity. The visual outcome of ocular trauma depends on many factors including the etiology, severity and most importantly the duration from the trauma until reach hospital (**Pereira et al., 2021**).

Global estimates that eye trauma causes 3.9 million people to live with bilateral vision loss, and over 18 million to live with unilateral vision loss. The incidence of children eye trauma varies from 8.85 to 15.21 per 100,000 per year. Even after emergency surgery, many children are left with permanent visual impairment or blindness, which varying according to the severity of the trauma (**Hashemi, 2022**).

Many causes of eye trauma in children, eye trauma is usually accidental, with an increasing incidence in recent years, The most common cause of eye trauma in children was accidental blows and falls. Eye trauma with needle, knife, glass, wood, stone, bicycles and pen were or burns caused by chemical also common causes, eye trauma with writing instruments is higher in children comparison to adults. Toy guns are popular toys in children's play, Airsoft guns, also called pellet toy guns, resemble real guns the most common cause of eye trauma (**Qayum et al., 2018**).

Eye trauma is a significant cause of visual impairment in children. Eye trauma in children is common and can profoundly affect a child's development and adult life (**Iftikhar et al., 2019**). Eye trauma is the most common cause of acquired monocular blindness in children. Nearly one fifth of children had a very poor visual outcome after trauma. Ocular damage, such as iris prolapse, vitreous hemorrhage, lens damage, traumatic cataract,

iris laceration, vitreous prolapse, uveitis, corneal scar, corneal opacity, aphakia hyphema, secondary glaucoma and retinal edema were the most common complication of eye trauma (**Boret et al., 2020**).

Mothers as a primary caring of children suffering from eye trauma. Prevention and education for mothers on children's eye trauma should be underline, emphasize, and timely treatments after trauma can effectively reduce the visual damage. They must easily learn and follow treatment protocols. Mothers normally provide homecare based on high-teach healthcare which is generally challenging and invasive. Mothers get skilled to recognize and react to severe and distressing adverse effects of treatments. Mothers requiring to offer proper care which is usually painful and scary on children while at the same time wanting to explain, hold, nurture, comfort, protect, and also assist children stay away from suffering and discomfort (**Nicholson et al., 2018**).

Community Health Nurses (CHNs) play an important role in increasing mothers' awareness regarding eye trauma first aids and activities that are manipulated by mothers or referral of children with eye disease, eye medications as drops instillation, ointment applications, cold and hot applications and eye exercise. CHNs collaborate with mother to reduce and minimize fear and anxiety for child. CHN must teach mother to assess the risk and signs of infection like pain, discharge and fever, follow aseptic techniques during the procedure like administering injection, maintain in isolation when needed, and teach about importance of hand washing to the child and mother (**Qureshi et al., 2021**).

Significance of study:

Only few studies have been reported on eye trauma in Egypt especially in children. As

study conduct in Assuit university 2021 estimated that 72 children admitted to causality unit of Assiut University Hospital with ophthalmic trauma in the period from 1st January 2021 to 30th June 2021, all of the patients arrived at the hospital within 24 hours of their accident without evidence of previous ocular disease or trauma in either the injured or the other eye and recommended that the majority of eye trauma in children occurs in the home. Injuries range from eyelids edema to globe rupture. The majority of eye trauma in children can be avoided (**Abdellah et al., 2022**).

Aim of the Study:

The study aimed to assess the knowledge and practices of mothers regarding their children with eye trauma.

Research questions:

- 1-What are the mother's knowledge regarding eye trauma of children?
- 2-What are the mother's reported practices regarding eye trauma of children?
- 3-Is there relation between knowledge and reported practices of mothers regarding to eye trauma?

Subjects and methods:

A descriptive research design was used in carrying out this study.

Setting:

This study was conducted at Outpatient Clinics of the Specialist Centre for Ophthalmology in Benha University Hospital.

Sampling:

A convenience sample was taken from the mentioned setting for six months. The total sample size was 75 of mother.

Tools of data collection:

One tool was used for data collection as following:

First tool: A structured interviewing questionnaire: It was developed by the

investigator and reviewed by the supervisor's staff, based on reviewing of related literatures, and it was written in simple clear Arabic language. It comprised of four parts

Part (1): Was concerned with socio demographic data of studied sample.

a-Socio-demographic data of mother it included 7 items about age, marital status, educational level, occupation, residence, family type and income.

b- Personal data of the children included 4 items about gender, age, child order and education.

Part (2): Was include medical data of the disease which included 8 items about type of eye trauma, location of eye trauma...., etc.

Part (3): Mother's knowledge about eye trauma which included 11 questions that are meaning, causes, types, causes of eye abrasions, causes of eye hematoma, causes of eye burn, signs and symptoms, complications, treatment, prevention of eye trauma and source of knowledge.

Scoring system:

Scoring system of knowledge was calculated as follows 2 score for correct and complete answer, while 1 score for correct and in complete answer and 0 for don't know. For each question of knowledge, the score items were summed up and total divided by the number of items these score was converted into a percent score.

Total knowledge scores were classified as the following:

- Good: When the total score was (>75%) equal (>15 points).
- Average: When the total score was (50-75%) equal (10-15 points).
- Poor: When the total score was < (50%) equal (<10 points).

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Part (4): Mother's reported practices regarding eye trauma included 11 items about (first aids of eye abrasion, first aids of eye hematoma, first aids of penetrating objects, first aids of chemical burns, eye care practice after eye trauma, cold compresses, personal hygiene for eye trauma, rest and sleep, nutrition, preventive of complication measure and topical treatment and follow up).

Scoring system of reported practices:

The scoring system for mothers reported practices was as following: Each step has 2 level of answer done or not done these were recorded 1,0 respectively. The score of items were summed up and the total divided by the number of items. These scores were converted into percent score. As well as mothers practice regarding eye trauma was classified as the following:

The total practices score are 68 points.

- **Satisfactory:** When total score was ($\geq 80\%$). Equal (≥ 54 points).
- **Un satisfactory:** When total score was ($\leq 80\%$). Equal (≤ 54 points).

Tool validity

The tools were reviewed for comprehensiveness, appropriateness and legibility by five experts of Faculties Nursing Staff from the Community Specialties. The experts ascertained the face and content validity of the tools.

Tool reliability:

Reliability of tools was applied by investigator for testing the internal consistency of the tool, by administration of the tools to the same subjects under similar condition on one or more occasion answers from repeated testing were compared (Cronbach's coefficient alpha test reliability) equal 0.736 for knowledge, and 0.743 for mother practices.

Ethical consideration

Permission has been obtained orally from each mother conducted the interview and given a brief orientation to the study; subjects were given an opportunity to refuse the participation after explanation of the purpose of the study. Mothers and their children will have right to withdraw from study without any rational. Although they were reassured that all information gathered will be confidential and used only for the purpose of the study.

Pilot study:

The pilot study was carried out on 7 of mother who represented 10% of studied sample size of total number and chosen randomly before embarking on the data collection to test the tool feasibility according to the result obtained from data. The pilot study was aimed to assess the tool clarity and time needed to fill each sheet as well as to identify any possible obstacles that may hinder the data collection. No modification done in the pilot study sample so the pilot sample included in this study sample.

Field work:

The actual field work was carried out at 6 months from the beginning of January 2022 to the end of June 2022. The investigator visited Outpatient Clinics of the Specialist Centre for Ophthalmology at Benha University Hospital from 9 am to 12 pm, three days per week (Sundays, Tuesdays and Thursdays) to collect data from mother. The investigator met one mother per visit for data collection. Investigator visited the study setting, introduced herself to participants and explained the aim of the study briefly to mother who have child with eye trauma. Each sheet took about 15-20 minutes to answer from the mother.

Statistical analysis:

Data were verified prior to computerized entry. The Statistical Package for Social Sciences (SPSS) version 21 was used. Descriptive statistics were applied (e.g., mean, standard deviation, frequency and percentages). Test of significance chi square was applied to test the study hypotheses. P value is used to determine significant of results as follows.

- P value > 0.05 is non- statistically significant difference.
- P value ≤ 0.05 is statistically significant difference.
- P value ≤ 0.001 is highly statistically significant difference.

Results:

Table (1): Shows that 44.0% of studied mothers their age were 31<40 years old with mean was 34.32 ± 6.65 , 82.7 % of them were married, and 40.0% of them had secondary education. In addition, 34.7% of them were housewives, 54.7% of them lived in rural area. Concerning family type 70.7% of studied mother had nuclear family .49.3% of studied mothers had sufficient income.

Table (2): Shows that 85.3% of studied children were male and 52.0% of them aged from 4<6 years old with mean was 7.51 ± 3.36 . Concerning child's order 41.3% of studied children were the second child. 56.0% of studied children were at nursery education.

Table (3): Shows that 29.3% of studied children had eye hematoma, 36% of them had eye trauma at cornea, and 56% of them had the right eye was affected with eye trauma. 33.3% of studied children had eye trauma due to playing with sharp object, and 44% of them had the trauma at the street moreover, 57.3% of them revealed that the eye trauma affected their vision but all the children didn't have

eye deformity and 84% of them had not associated health problem.

Figure (1): Reveals that 50.7% of studied mothers had poor total knowledge level regarding eye trauma and only 5.3% of them had good total knowledge level regarding eye trauma.

Figure (2): Reveals that 66.7% of studied mothers had unsatisfactory total practices score regarding eye trauma and 33.3% of them had satisfactory total practices score regarding eye trauma.

Table (4): Clears that there was highly statistically significant relation between mothers' total knowledges score and their total practices score about eye trauma.

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Table (1): Frequency distribution of studied mothers regarding their socio -demographic data (n=75).

Socio-demographic data	No	%
Mothers age		
<20 years old	0	0
20< 30 years old	25	33.3
31<40 years old	33	44.0
41<50 years old	17	22.7
Mean ±SD	34.32±6.65	
Marital status		
Married	62	82.7
Widow	6	8.0
Divorced	7	9.3
Educational level		
Primary education	21	28.0
Secondary education	30	40.0
University education or higher	24	32.0
Occupation		
Employee	24	32.0
Free work	25	33.3
House wife	26	34.7
Place of Residence		
Urban	34	45.3
Rural	41	54.7
Family Type		
Nuclear family	53	70.7
Extended family	22	29.3
Income		
Sufficient and saving	16	21.3
Sufficient	37	49.3
Not sufficient	22	29.3

Table (2): Frequency distribution of studied children regarding their personal data (n=75).

Personal data	No	%
Gender		
Male	64	85.3
Female	11	14.7
Childs Age		
<2 years old	0	0
2<4 years old	26	34.7
4<6 years old	39	52.0
>6 years old	10	13.3
Mean \pm SD	7.51 \pm 3.36	
Child order		
First	28	37.3
Second	31	41.3
Third or more	16	21.4
Education		
Nursery education	42	56.0
Primary education	23	30.7
Preparatory education	10	13.3

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Table (3): Frequency distribution of medical data of studied children regarding eye trauma (n=75).

Medical data of studied children regarding eye trauma	No	%
Type of eye trauma		
Hematoma	22	29.3
Chemical burn	14	18.7
Abrasion	14	18.7
Injuries	6	8.0
Penetrating objects	19	25.3
Location of eye trauma		
Cornea	27	36.0
Iris	10	13.3
Conjunctivitis	12	16.0
Eyelid	26	34.7
Affected eye of trauma		
Right eye	42	56.0
Left eye	33	44.0
Causes of eye trauma		
Playing with sharp objects	25	33.3
During exercise	5	6.7
Falling from a high place	8	10.7
Playing fireworks	24	32.0
Quarrel with colleagues or siblings	7	9.3
Having an accident	6	8.0
Place of trauma		
Home	30	40.0
School	7	9.3
Club	5	6.7
Street	33	44
Child vision affected by trauma		
Yes	43	57.3
No	32	42.7
The trauma causes a deformity of the child's eye?		
No	75	100.0
Health problems that the child suffer from		
Visual problems	12	16.0
No associated health problems	63	84.0

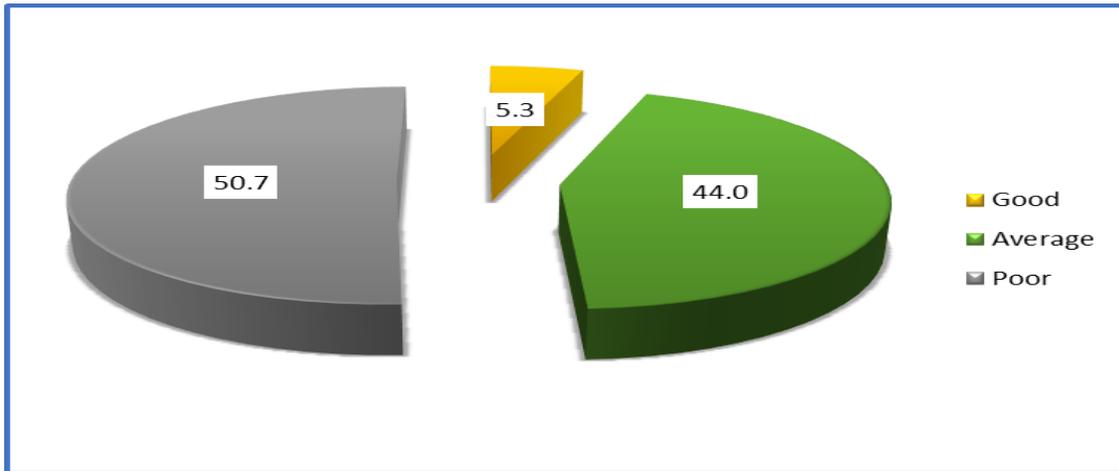


Figure (1): Percentage distribution of studied mothers regarding their total knowledge level related to eye trauma (n=75).

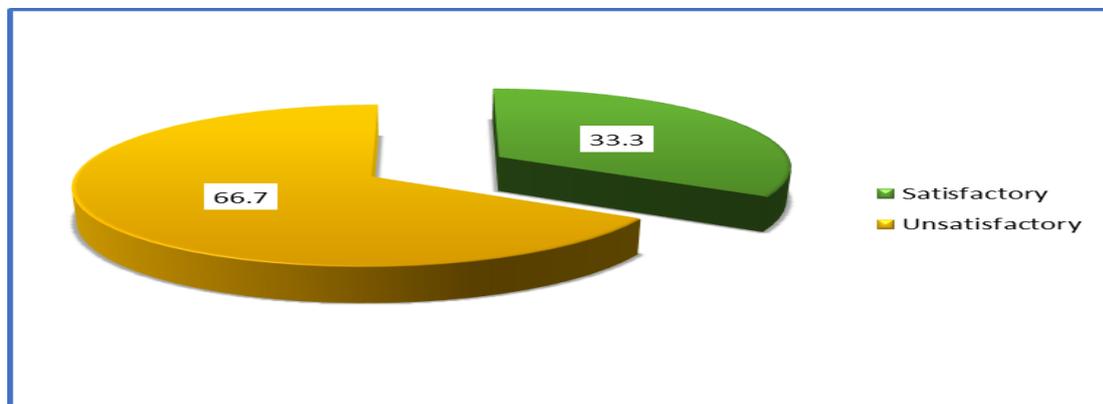


Figure (2): Frequency distribution of studied mothers regarding their total practices score about eye trauma (n=75).

Table (4): Statistically relation between total knowledge level and total reported practices level among studied mothers (n=75).

Total practices	Total knowledge						X ²	p-value
	Poor (n=38)		Average (n=33)		Good (n=4)			
	No	%	No	%	No	%		
Unsatisfactory (n=50)	33	86.8	17	51.5	0	0.0	18.37	.000**
Satisfactory (n=25).	5	13.2	16	48.5	4	100.0		

Discussion:

Eye trauma refers to damage that result from direct physical injury to the eye, surrounding area, adjacent skin and bone structure. Eye trauma leads to visual impairment which may have an association with children development. Children are already vulnerable in cognitive, motor, and

social development, and have the risk for delayed learning, limitations in skills acquisition, and impaired social relationships increases with this visual impairment. (Tichauer, 2021).

According to socio-demographic data of the studied mothers. The current study reveals that less than half of studied mothers their age were 31<40 years old with mean was

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34.32±6.65, the majority of them were married and more than half of them were from rural residence. The results of the present study revealed that two fifth of them had secondary education and more than one third of them were housewives.

Regarding personal data of studied children, the results of the present study showed that the majority of studied children were male and more than half of them aged from 4<6 years old with mean was 7.51±3.36.

Concerning the medical data of studied children, the current study revealed that less than one third of children had eye hematoma and more than one third of them had eye injury due to playing with sharp object. These findings agreed with **Guo et al. (2021)**, who studied "Characteristics of pediatric patients hospitalized for eye trauma in 2007– 2015 and factors related to their visual outcomes" at Hospital of Fudan University (China) (n=2211), who found that more than half of patients had mechanical eye trauma that resulted from playing with penetrating sharp object and nearly half of studied patients had eye hematoma and eye edema. These might be due to the young age of the child increase his interest in exploration of objects and might be due to violent behaviors with their colleagues and siblings that results from watching of violent videos and playing violent games.

The current study revealed that more than two fifth of children had the trauma at the street and, more than half of them revealed that the eye trauma affected their vision. These findings agreed with **D'Antone et al. (2021)**, who studied "Pediatric Ocular Trauma from A Tertiary Public Hospital in Colombia: Epidemiological Characterization" (n=61), who found that nearly half of studied children had their eye trauma during playing at street and more than half of them had visual

problem due to eye trauma. These might be due to that most patients were from rural areas those were always play at street with lack of parental supervision so that they had the eye trauma that affect their vision.

The result of the current study illustrated that more than half of studied mothers had poor total knowledge level regarding eye trauma. This finding agreed with **Al Mazrou et al. (2020)**, who studied "Do Saudi parents have sufficient awareness of pediatric eye diseases in Riyadh?" "(n=1070), who found that most of studied mother had poor total knowledge level regarding eye trauma also, this finding agreed with **Abd El-Halem et al. (2022)**, who studied "Effect of Designed Guidelines for Mothers regarding Care of their Children with Ophthalmological Trauma at Benha university" (n=80), who found that more than two thirds of mother had unsatisfactory knowledge regarding ophthalmological problems and eye trauma. Although this finding agreed with **Baashar et al. (2020)**, who studied" Parents' knowledge and practices about child eye health care in Saudi Arabia"(n=97), who found that the level of knowledge of mother toward eye care of children in Saudi Arabia is considered unsatisfactory. This might be due to lack of exposure to such information, and lack of mass media and social media programs about eye trauma.

Regarding studied mothers' total practices score about eye trauma, the present study showed that two thirds of studied mothers had unsatisfactory total practices regarding eye trauma. This finding agreed with **Du et al. (2018)**, who studied "Traumatic cataract in children in eastern China: Shanghai pediatric cataract study" (n=78), who found that more than half of studied mothers had incompetent reported practices regarding eye trauma. In addition, this finding agreed with **Mohamed**

et al. (2018), who studied “Assessment of Mothers' Role in Care of Ophthalmological Problems in Their Children” at Ain Shams University (n=300), who found that, the majority of studied mother reported inadequate totaling practice-related to eye trauma, while the minority of them reported adequate practice toward caring of their children with ophthalmological problems. This might be due to lack of proper training and education about child eye care post eye trauma.

The current study revealed that there was highly statistically significant relation between mothers' total knowledges score and their total practices score about eye trauma. This finding agreed with **Arishia et al. (2019)**, who studied "Childhood eye care services in south Darfur state of Sudan: Learner and parent perspectives" (n=86), who found that there was highly statistical relation between total knowledge and total practice. In addition, the study was agreed with **Ozmen & Ergin (2017)**, who studied “knowledge and practices of mothers on eye injuries prevention for children under 5years” (n=114), and found that there was a statistically significant relation between total competency level, total mothers' knowledge, and total reported practices. This might be interpreted that the greater and good level of mothers' knowledge is associated with increased awareness regarding application of best practice concerning child care post eye trauma as knowledge play an important role in changing leading to change of practices. This might be interpreted that the greater and good level of mothers' knowledge is associated with increased awareness regarding application of best practice concerning child care post eye trauma as knowledge play an important role in changing leading to change of practices.

Conclusion:

More than half of studied mothers had poor total knowledge level regarding eye trauma, and minority of them had good knowledge. Almost two thirds of studied mothers had unsatisfactory total practices regarding eye trauma whenever, only one third of them had satisfactory practices regarding eye trauma. There was highly statistically significant relation between mothers' total knowledges scores and their total practices scores about eye trauma.

Recommendations:

- Develop and implement educational program for mother to improve their knowledge and practices toward prevention of complication and further healing of eye trauma.
- Follow up program for children with eye trauma should be organized and applied in the ophthalmological hospitals departments.
- Design and disseminate booklets or brochures to raise awareness of eye trauma and preventive measure.
- Further study for implement programmers for mother awareness of care of eye trauma.

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معلومات وممارسات الأمهات تجاه أطفالهن الذين لديهم إصابة بالعين

نورا عبد الهادي حافظ عاصم - نوال محمود سليمان - هدية فتحى محى الدين - تيسير حميدو أبو سريع

تؤدي إصابة العين إلى ضعف البصر لدى الاطفال. وترتبط إصابة العين بقدر كبير من الضغط العاطفي لدى الأطفال. لذلك هدفت الدراسة إلى تقييم معلومات وممارسات الأمهات تجاه أطفالهن المصابين بإصابة العين. وقد أجريت الدراسة في العيادات الخارجية للمركز الطبي للعيون جامعة بنها. وتم تضمين عينة ملائمة (75 أم) في الدراسة وأسفرت نتائج الدراسة أن أكثر من نصف الأمهات الخاضعات للدراسة كان لديهن معلومات قليلة فيما يتعلق بإصابة العين وأن مايقرب من ثلثي الأمهات الخاضعات للدراسة كان لديهم ممارسات إجمالية غير مرضية فيما يتعلق بإصابة العيون بينما كان لدى ثلثهن فقط ممارسات مرضية فيما يتعلق بإصابات العيون. وعلى ضوء هذه النتائج فإن أهم التوصيات تصميم ونشر كتيبات للتوعية بإصابات العيون.