

**A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO
ASSISTED TEACHING ON KNOWLEDGE & ATTITUDE
REGARDING EYE DONATION AMONG NON MEDICAL
DEGREE STUDENTS AT SELECTED COLLEGES,
KUMARAPALAYAM.**



A

*DISSERTATION SUBMITTED TO THE
TAMILNADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF AWARD
OF*

MASTER OF SCIENCE IN NURSING

MEDICAL SURGICAL NURSING (Critical care nursing)

BY

301212651

SRESAKTHIMAYEIL INSTIUTE OF NURSING &RESEARCH

(J.K.K. Nattaraja Educational Institutions)

Kumarapalayam (PO), Namakkal District – 638183

OCTOBER – 2014

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Master of Science in Nursing to The Tamil Nadu Dr. M.G.R Medical University,
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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING
TO THE TAMIL NADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI.

EXAMINERS,

1.

2.

DECLARATION

I hereby declare that this dissertation entitled **A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE & ATTITUDE REGARDING EYE DONATION AMONG NON MEDICAL DEGREE STUDENTS AT SELECTED COLLEGES ,KOMARAPALATAM** . It has been prepared by me under the guidance and supervision of **Prof. Mrs.R.Jamunarani, Ph.D (N)**,Principal SreSakthimayeil Institute of Nursing and Research Kumarapalayam, **Mrs.Gowri.B, M.sc, Nursing, Reader**, Head of the department (Medical Surgical Nursing) Sresakthimayeil Institute of Nursing and Research, Kumarapalayam. As a partial fulfillment of Master of science in nursing degree under The Tamilnadu Dr.M.G.R Medical University ,Chennai this dissertation had not been previously formed and this will not be used for the award of any other degree. This dissertation represents independent original work on the part of the candidate.

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DONATE ORGANS-DONATE LIFE.



ABSTRACT

ABSTRACT

Background: Corneal diseases (corneal ulcer, trauma, bullous keratopathy following cataract surgery, keratoconus, corneal dystrophies and trachoma) constitute significant causes of visual impairment and blindness worldwide, especially in developing countries. Corneal transplantation offers the potential for sight restoration to those who are blind from corneal diseases. The number of patients waiting for corneal

transplantation is growing due to insufficient number of eye donations in India. Eye donations are dependent on people willing to pledge their eyes for donation and on relatives to honor that pledge upon the death of the person. Organ & tissue shortage is a global problem. Every day an average of 18 people are dying in India. Assessment of knowledge and attitude on organ & tissue donation is essential for better understanding of the community on different aspects of organ & tissue donation. Lack of proper knowledge regarding the organ and tissue donation process among public and Non medical degree students seems as one of the major reason for organ shortage in India. **Objectives:** To assess the effectiveness of Video assisted teaching on Knowledge and attitude regarding eye donation among non medical degree students. **Design:** Pre experimental one group pre test & post test design was used. **Setting:** J.K.K. Nattaraja college of arts and science. **Sample size:** Total sample size was 60 non medical degree students. **Sampling technique:** Simple random sampling technique was used to select the sample. **Methods:** Pre test was done by using structured questionnaires and attitude scale took around 30 minutes after that Video teaching programme was given by using LCD Projector on eye donation was done and post test was done by using the same scale on the 8th day. **Results:** From the findings of the study it can be concluded that Most 39(65%) of the non medical

degree students were in the age group of 18-22 years. Most 41(68.33%) of the non medical degree students were females. Most 48(80%) of the non medical degree students were hindus. Most 25(41.67%) of the non medical degree students knew the information regarding eye donation through television and 20(33.33%) of the non medical degree students knew the information regarding eye donation through the

news papers. The paired 't' value for knowledge regarding eye donation was 26.1 and the paired 't' value for attitude regarding eye donation was 43.26. The 'r' value of post test knowledge and attitude score is 0.234 which is less than the table value 't' (58)=0.254 it shows there is no correlation between the knowledge and attitude regarding eye donation. There is no significant association between post test scores of knowledge & attitude with their demographic variables like age, gender, religion marital status, type of family, family income, educational status, place of living, source of awareness. But there is a significant association between post test scores of knowledge with their educational status. **Conclusion:** Based on the findings mean post test knowledge and attitude scores was higher than the mean pre test knowledge and attitude scores regarding eye donation. This result indicates video teaching programme on eye donation was found to be significantly effective in improving knowledge and attitude among non medical degree students.



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CHAPTER - I



CHAPTER I

INTRODUCTION

“It is said that the soul is invisible, knowing this you should not grieve for the body”

“Bhagavad Gita”

“**The human eye** has been called the most complex organ in our body. It's amazing that something so small can have so many working parts. But when you consider how

difficult the task of providing vision really is, perhaps it's no wonder after all.
(Human Eye Anatomy)”

“**Judaism believes** that a "**good eye**" designates an attitude of **good** will and kindness “.

“It is a terrible thing to see and have no vision ‘said **Helen Keller** about people who have the gift of sight but see little with those eyes for the sighted. The colorful flowers butterflies ,raindrops are no wonder but for some one has had a corneal transplants, the sight of the worlds beauty is nothing less than a miracle.”

Blindness is a devastating physical condition with deep emotional and economic implications. The consequences affect not only the individual but also the family and the community. A blind person loses his or her independence and is prone to experience a sense of profound loss and depression indirectly. Thus, much time and resources are spent to reduce this burden of blindness with an aim to prevent it as far as possible.

“**Blindness is defined** as a visual acuity of (3/60) or less (1),” **(WHO)**

‘**Corneal Blindness**’ is a visual impairment that occurs from the cornea becoming clouded, scarred or any other infection that ultimately affects the transparency of cornea, making a person blind. It encompasses a range of eye diseases, injuries or infections that damages the corneal tissues leading to permanent blindness.
(natradann.com)

Eye donation is an act of donating one's eyes after his/her death. Only corneal blinds can be benefitted through this process not other Blinds. It is an act of charity, purely for the benefit of the society and is totally voluntary. It is done after death. The eye donation of the deceased can be authorized by the next of kith & kin even if the deceased did not pledge to donate his / her eyes before death.(**Natradann.com**)

Eye Donation and restoration of sight through corneal transplants is a very exciting combination of selfless charity and the miracle of medical technology. Removal of eyes takes only twenty minutes while surgical corneal transplant can be performed in half hour. The Eye bank's primary mission is restoration of sight. In order to fulfill this mission, the Eye Bank provides corneal tissue for transplantation, supports research, training and promotes public awareness of the need for donors. (**Anupchand shah Rotary Narayana Nethralaya Eye Bank**).

National Programme for Control of Blindness was launched in the year 1976 as a 100% Centrally Sponsored scheme with the goal to reduce the prevalence of blindness from 1.4% to 0.3%. As per Survey in 2001-02, prevalence of blindness is estimated to be 1.1%. Rapid Survey on Avoidable Blindness conducted under NPCB during 2006-07 showed reduction in the prevalence of blindness from 1.1% (2001-02) to 1% (2006-07). Various activities/initiatives undertaken during the Five Year Plans under NPCB are targeted towards achieving the goal of reducing the prevalence of blindness to 0.3% by the year 2020.(**NPCB 2010**)

Of the total estimated 30 million blind persons in the world ,6 million are in India. The main objective of the new programme is to reduce the prevalence of blindness in the Country from 14 per 1000 to 3 per 1000 population. In Tamil Nadu, the prevalence of blindness is 4 per 1000 population. **(Tamil Nadu State Blindness Control Society 2009-2014)**

Every year another 20,000 joint the list and the current procurement rate in India is 22,000 per year. It is estimated that a significant proportion of donor corneas are unsuitable for corneal transplantation. Based on our current ratio of available safe donor eyes, we would need 2,77,000 donor eyes to perform 1,00,000 corneal transplants a year in India. There is approximately 20-fold increase from the donor eyes available now. **(Eye Bank association of India 2013).**

India is placed in the top three countries with respect to eye donation, but since the donation is done after the donor is dead, there is need to ensure that families do not relent. "At present there are 700 eye banks in India, out of which only 150 do transplants and out of that 150, only 25 meet the standards.**(Schottman Chief Global Officer,USA the world's largest eye bank association 2013)**

Tamil Nadu has been exceeding its targets in eye donations for the last few years. Now, the bad news: nearly half the donated eyes are unfit for transplantation. Of the 10,076 eyes harvested in 2012-13, only 5,246 were used. This was also the case in 2011-2012 when only 5,174 of 8,796 donated eyes were used. Similarly, in 2010-2011 only 6,142 of the 11,805 harvested eyes were used, according to the Tamil Nadu State Blindness Control Society.**(The Hindu,Chennai ,May 2013)**

According to Indian council of Medical Research (ICMR) study on blindness show that about 25% of the total blind in India are blind due to corneal blindness. we require really a large number of people to donate their eyes if we want to treat these patients.(ICMR 2014)

"Youth can bring about changes in the world. Many great leaders like Cheguvera, Bagath Singh and Vivekananda who changed the perception of the world were young," (Poet Thamizhachi Thangapandian).

NEED FOR THE STUDY

“ Your eyes after death need not perish,

Help blinds to see ,donate eye after death.”(NPCB)

In India blindness is one of the most significant social problems. It is estimated that there is an annual incidence of 2 million cataract induced blindness in the country. Approximately 3 million eyes need corneal transplantation. National Survey on blindness 2001-02 shows prevalence of blindness in population 50 years and above, to be about 8.5 per cent and estimated prevalence in general population to be about 1.1 per cent. About 6-7 per cent of children aged 10-14 years have problem with their eye sight.(National survey of Blindness 2009-2014)

VISION 2020 “THE RIGHT TO SIGHT”, a global initiative to eliminate avoidable blindness was launched by WHO on 18th Feb 1999. One significant way in which this initiative differs from previous ones is that the concept centers around rights issues. The objective of “Vision 2020” is to assist member countries in

developing sustainable systems which will enable them to eliminate avoidable blindness by the year 2020.(WHO)

Every year, close to six lakhs people die due to organ failure. Conversely, with 70 per cent of India's 1.4 lakhs accident victims diagnosed as brain dead annually, the country has 80,000 potential organ donors. Yet, organs from only about 120 are retrieved, making the percentage of cadaver donations a dismal 0.08 per million of the population. Organ donation rates could be increased by enhancing the quality of hospital care.(Mohan Foundation 2013).

Today as many as 2 million people suffer from blindness and are in need of eye donation in India. This is primarily due to lack of awareness. The cultural and social norms and myths need to be broken, as these are the major reasons for the failure of eye donation efforts. We need to create more awareness and increase the number of eye banks in India to bridge the gap between recipients and donors. (Dr.Anshu Sahai, Director, Dr R M Sahai Memorial Institute of Ophthalmology April 2012)

A. Sadana, M.et,al.(2013) conducted a cross sectional study to assess the knowledge and attitude regarding eye donation among Sri Venkateswara Medical College students, Tirupati. The sample size comes to 400. Majority (53 %) of the students were in the age group of 19-21years. (25.25%) were in the age group of 22-24years, (21.75%) in 16-18years.The mean age of all students was 20.7years. Of the total respondents, 39% were men. The study revealed that the limited knowledge of medical students about eye donation is likely a result of a paucity of teaching on the subject of eye donation in the undergraduate medical curriculum.

Canova.D,et.al, (2004) conducted a study to assess the understanding of attitudes to organ and tissue donation and transplantation among Italian university students by using an anonymous 13-item questionnaire,97.2% of the students completed the questionnaire, they were attending Medicine (33.8%), Agriculture (5.9%), Veterinary Medicine (11.4%), Psychology (18.5%) and Educational Sciences (30.4%). No differences were seen when students attending science courses were compared with those attending art courses.

Meghachandra.M.Singh,et.al,(2006) conducted a study to determine "Awareness of eye donation" and corneal transplantation in an adult population of southern India in Delhi. 507 participants chosen and the major source of awareness was publicity campaigns (n=105). Only 22 (4.34%) participants were aware that eye donation had to be done within 6 hours of death. 403 (79.50%) participants were not aware of corneal transplantation. Illiteracy and rural residence were more likely predictors of ignorance. The study was concluded the multiple strategies are currently followed to increase awareness of eye donations and corneal transplants.

Very little is known about Knowledge and Attitude of degree students about organ and tissue donation and factors that influence their attitude and belief .The identification of such factors has important implication for creating awareness and to develop a positive activity among degree students .Arts & Science College Students are the future adviser for the community. They are from different educational background and have an inherent inclination to serve mankind, with this background Arts & Science students are admitted into this study with the objective of assessing knowledge and attitude on eye donation.

Well informed Arts & Science students could be expected to influence eye donation rates. The education of Arts & Science College may lead to improve eye donation rates.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of video assisted teaching on knowledge and attitude regarding eye donation among non medical degree students at selected colleges, Kumarapalayam.

OBJECTIVES OF THE STUDY

- To assess the level of knowledge & attitude regarding eye donation among non medical degree students before and after video assisted teaching.
- To determine the co-relation between Knowledge & attitude regarding eye donation among non medical degree students.
- To find the association between post-test knowledge & attitude regarding eye donation among non medical degree students and their selected demographic variables.

OPERATIONAL DEFINITIONS

1. **Assess:** It refers to the statistical estimation of knowledge and attitude on Eye donation among non medical degree students by using structured knowledge questionnaire and attitude scale.
2. **Effectiveness:** It refers to significant gain in the knowledge and attitude regarding Eye donation after video assisted learning as measured by structured knowledge questionnaire and attitude scale.
3. **Video assisted teaching:** It refers to planned teaching programme duly assisted by an audio visual aid such as LCD projector in delivering lecture on eye donation.

4. **Knowledge:** It refers to the response of the non medical degree students regarding eye donation as elicited by structured knowledge questionnaire.
5. **Attitude:** It refers to expressed feeling of respondents regarding eye donation as measured by attitude scale.
6. **Eye donation:** It is a process of non remunerated act of giving eyes voluntarily soon after death to give the vision for other's.
7. **Non medical degree students:** In this study non medical degree students are those students who are studying in a degree colleges(Arts group) under a recognized university.

ASSUMPTIONS

1. The non medical degree students may have mild to moderate level of knowledge but may not have favourable attitude towards eye donation.
2. Video assisted teaching may enhance the latest information and improve the knowledge & attitude of non medical degree students on eye donation.

HYPOTHESIS

- H₁:** There will be a significant difference between pre-test and post-test knowledge & attitude scores regarding eye donation among non medical degree students.
- H₂:** There will be a significant Co-relation between knowledge& attitude scores regarding eye donation among non medical degree students.
- H₃:** There will be significant association between post-test knowledge and attitude scores regarding eye donation among non medical degree students after video assisted teaching.

CONCEPTUAL FRAMEWORK

A Conceptual frame work is defined as a theoretical approach to the study of problems that are scientifically based which emphasizes the selection ,arrangement and classification of concept.

The conceptual framework for the study was derived from **Ludwing Van Bertalanffy General System Theory (1968)**.It serves as a model for viewing people as interacting with the environment. According to this theory a system consists of interacting components with in a boundary that filters the type and rate of exchange within an environment.

Systems can be open or closed. Open systems are open for the exchange matter, energy and information with their environment from which the system receives inputs and gives output in the forms of matter, energy and information. The open system receives various inputs. Inputs are sources needed by the system .Inputs are transformed in a process called throughput. Here the matter, energy and information are continuously processed by the system and released as outputs. The system returns output to the environment. The feedback is the environment response of the system. Feed back may be positive, negative or neutral.

In this study,

Input:

It is actively phase where a Video assisted teaching programme was administered to assess the knowledge and attitude regarding eye donation among non medical degree students, which was measured by using a structured questionnaire and attitude scale.

Throughput:

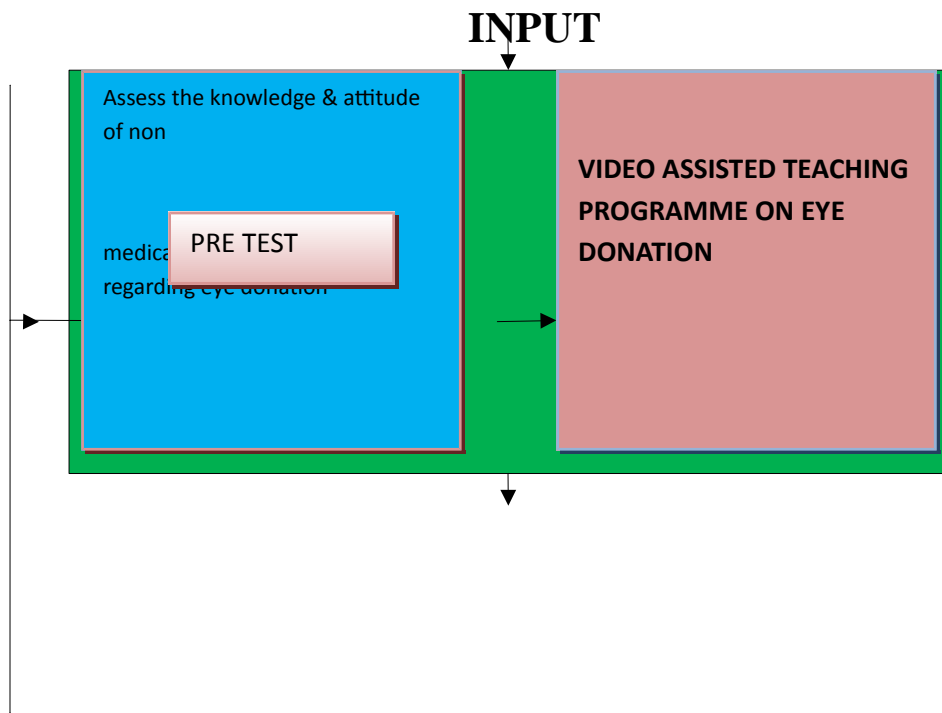
Non medical degree student acquire knowledge and understanding regarding Eye donation, includes definition of eye donation, causes of corneal blindness, who can donate eyes and who cannot donate eyes and functions of eye bank etc.

Output:

It is the change in knowledge and attitude after video assisted teaching programme which was measured by post test using a structured questionnaire and attitude scale.

Feedback:

It lays emphasis on strengthening the input and throughput. It is necessary if the result showed any poor knowledge.



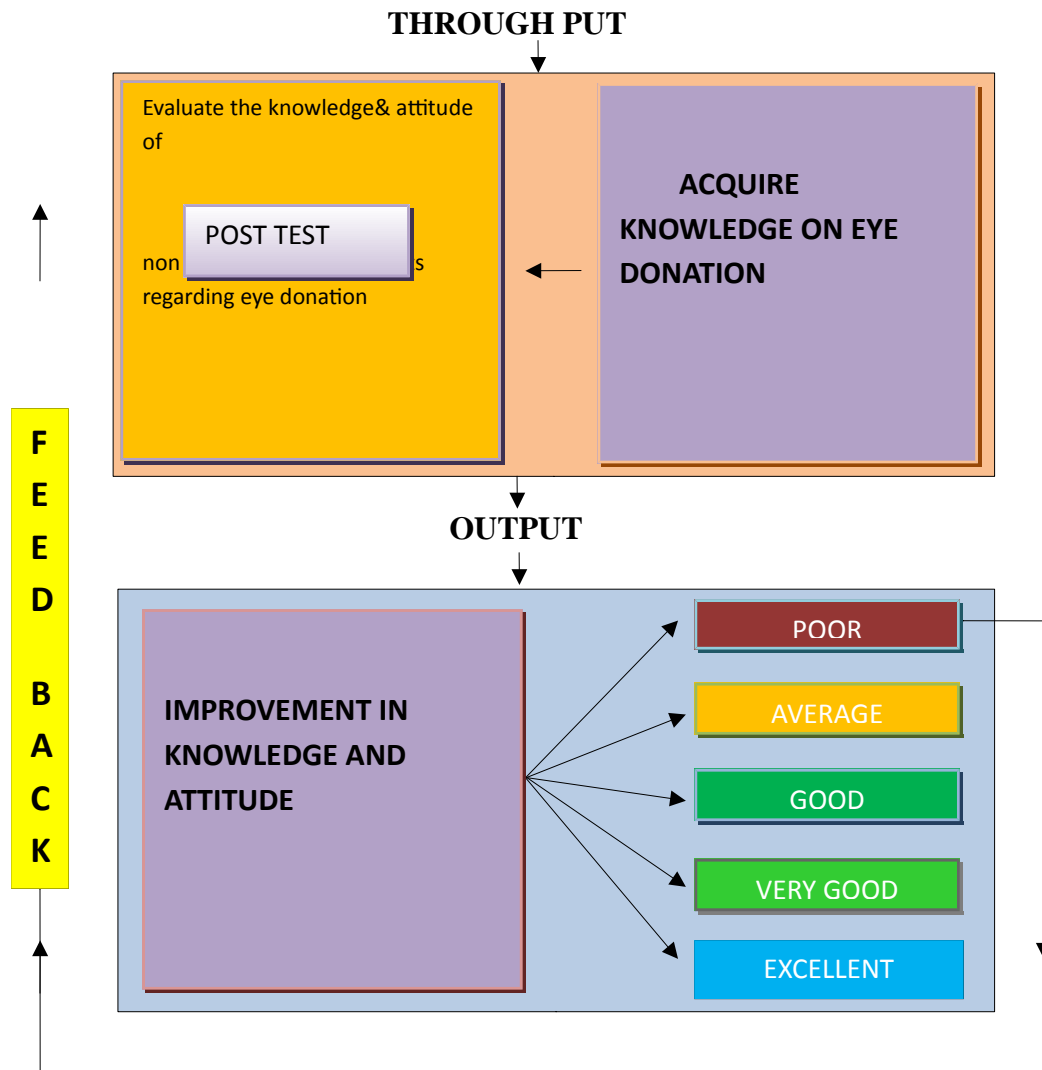


FIGURE1: CONCEPTUAL FRAME WORK BASED ON LUDWING VAN BERTALANFFY GENERAL SYSTEM THEORY

CHAPTER - II



REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

Review of literature involves the systemic identification, location scrutiny and survey of written materials that contain information on a research problem. A summary of the writing of recognized authorities of previous research provides evidence that the researcher is familiar with what is already known and what is still unknown and untested.

The investigator reviewed the related literature to broaden the understanding and gain insight into the selected problem under study.

The literature is organized and presented under following headings.

1. **Studies related to blindness**
2. **Studies related to organ & tissue donation**
3. **Studies related to eye donation**
4. **Studies related to knowledge and attitude regarding eye donation**

1. Studies related to blindness

Rajesh, et al. (2007) conducted a cross sectional study on prevalence of ocular morbidity among primary school children in four schools of Delhi, two from urban and two from rural were interviewed and clinically examined and socio demographic information was collected from their parents. Among 775 children, 22.7% had ocular morbidity such as refractive errors (5.4%), conjunctivitis (4.6%), trachoma (4.3%), xerophthalmia (4.1%), stye (1.3%) and others. Ocular morbidity was found to be significantly associated with age, religion and birth order and majority were preventable and deserve early attention.

[Srinivas M,et,al,\(2008\)](#) conducted a population-based epidemiology study, using a stratified, random, cluster, systematic sampling strategy, was conducted in the state of Andhra Pradesh in India. Participants of all ages (n = 10,293), 87.3% of the 11,786 eligible, from 94 clusters in one urban and three rural areas representative of the population of Andhra Pradesh, underwent interview and a detailed dilated ocular evaluation by trained professionals. Two hundred seventy-five participants were blind. The causes of this blindness were easily treatable in 60.3%, Preventable corneal disease, glaucoma, complications of cataract surgery, and amblyopia caused another 19% of the blindness. Blindness was more likely with increasing age and decreasing socioeconomic status, and in female subjects and in rural areas. Among the 76 million population of Andhra Pradesh, 714,400 are estimated to have cataract-related blindness and 228,000 refractive error-related blindness. If 95% of the cataract and refractive error blindness in Andhra Pradesh had been treated effectively, 3.4 and 7.4 million blind-person-years, respectively, could have been prevented. If 90% of the blindness due to preventable corneal disease and glaucoma had been prevented, another 2.7 million blind-person-years could have been prevented. The number of people with cataract-related blindness has not reduced even with the eye care policy focus on cataract. Reduction of blindness in India will require strategies that are more effective than those that have been pursued so far.

Bhattacharjee.H. et, al, (2008) conducted a study to determine the causes of severe visual impairment and blindness amongst children underwent visual acuity estimation external ocular examination, retinoscopy and fundoscopy by survey of children attending special education schools for the blind. A total of 376 students were examined and the study reported the major anatomical causes of visual loss

among the 258 were congenital anomalies, 93 (36.1%) corneal conditions (scanty vitamin A deficiency) 36.75, cataract or aphakia 10.9%, retinal disorders 5.8% and optic atrophy 5.3%. The study concluded that nearly half the childhood blindness in India is avoidable and Vitamin A deficiency forms an importance component and more effort is needed to tackle congenital anomalies.

Jonas JB,et,al.(2008) Conducted a population-based prevalence survey to evaluate the causes of visual impairment and blindness in adult Chinese in an urban and rural region of Beijing, China. Visual acuity measurements were available for 8816 eyes of 4409 subjects (99.3%). Using the WHO standard and the U.S. standard, 49 (1.1%) subjects and 95 (2.2%) subjects, respectively, had low vision, and 13 (0.3%) subjects and 15 (0.3%) subjects, respectively, were blind by definition. Taking the whole study population, the most frequent cause of low vision/blindness was cataract (36.7%/38.5%), followed by degenerative myopia (32.7%/7.7%), glaucoma (14.3%/7.7%), corneal opacity (6.1%/15.4%), and other optic nerve damage (2.0%/7.7%). Age-related macular degeneration (AMD) (2.0%/7.7%) and diabetic retinopathy (0%/7.7%) were responsible for a minority of cases. In subjects 40 to 49 years old, the most frequent cause of low vision and blindness was degenerative myopia. In the 50- to 59-year age group, the most frequent cause was cataract, followed by degenerative myopia. In the 60- to 69-year-old subjects and the \geq 70-year group, the most frequent cause of low vision and blindness was cataract, followed by degenerative myopia and glaucoma. The most frequent cause of low vision and blindness in adult Chinese is cataract, followed by degenerative myopia and glaucomatous optic neuropathy, with degenerative myopia dominating in younger groups and cataract dominating in elder groups.

Chacko & Asha (2009) organized a study to assess the effectiveness of a planned teaching programme on early detection of visual impairment in children among primary school teachers in Mangalore. The study design was evaluative research approach and 50 samples in six primary schools were collected by using random sampling. The study findings showed that mean post test knowledge score of teachers were significantly higher than that of their mean pre-test score (149)=13.588, it revealed that PTP was an effective method of increasing the knowledge of teachers and chi square test results indicated that there is a significant association between the pretest knowledge score and baseline factors at 0.05 level of significance.

Sudhan A. et, al, (2009) conducted a study to vision screening and early detection of visual impairment in relation to school children and assess the teachers effectiveness of using teachers to screen eyes of school going children in Satna district of Madhya Pradesh. School teachers were trained by ophthalmic assistants to measure visual acuity and to identify obvious ocular abnormalities in children. The main findings of the study revealed. The hundred and thirty teachers from 530 schools enrolled 77,778 referred 3,822 children with eye defect among 68,833 students and vitamin A deficiency and strabismus were the most common eye problems identified. Study concluded that primary vision screening by teachers has effectively reduced the workload of ophthalmic assistants.

Uzma N. et, al, (2009) estimated the prevalence of refractive error and common ocular diseases and blindness in school aged children in urban and rural populations in Hyderabad. A population based, cross sectional study was done with 3314 school children to test the visual acuity, retinoscopy and autorefraction under cycloplegia. The study revealed the prevalence of uncorrected presenting and best corrected visual

acuity was 9.8% which dropped to 7.1% with presenting vision and was further reduced to 1.1% with best corrected visual acuity. Uncorrected visual acuity in the rural group was 6.6%, which dropped to 3.3% with presenting vision and was further reduced to 2.5% with best corrected visual acuity. The prevalence of refractive error was greater (25.2%) in urban than the rural group (8%). Trachoma was the leading cause of ocular morbidity in the rural group compared with the urban group (0.16%). Night blindness was reported in 3.2% of children in the rural group and 0.33% in the urban group. Vitamin A deficiency, low socio-economic status and poor personal health education, periodic visual screening programs and primary eye care by trained health care personnel in the elementary schools will prevent the prevalence of refractive errors and common ocular diseases in school children.

2.studies related to organ & tissue donation

[Abouna GM.\(2006\)](#) conducted a study on organ shortage crisis: problems and possible solutions. the unavailability of adequate organs for transplantation to meet the existing demand has resulted in major organ shortage crises. As a result there has been a major increase in the number of patients on transplant waiting lists as well as in the number of patients dying while on the waiting list. This organ shortage crisis has deprived thousands of patients of a new and better quality of life and has caused a substantial increase in the cost of alternative medical care such as dialysis and implementation of appropriate educational programs for the public and hospital staff regarding the need and benefits of organ donation, the appropriate utilization of marginal acceptance of paired organ donation, the acceptance of the concept of "presumed consent," implementation of a system of "rewarded gifting" for the family of the diseased donor and also for the living donor, developing an altruistic system of

donation from a living donor to an unknown recipient, and accepting the concept of a controlled system of financial payment for the donor. As is outlined in this presentation, we strongly believe that the implementation of these pathways for obtaining organs from the living and the dead donors, with appropriate consideration of the ethical, religious and social criteria of the society, the organ shortage crisis will be eliminated and many lives will be saved through the process of organ donation and transplantation.

[Seth AK,et,al,\(2008\)](#) conducted a first prospective study on brain stem death and attitudes toward organ donation in India. Consecutive patients admitted to intensive care unit from Sep 2006 to Sep 2008 were studied prospectively brain stem death were approached for organ donation by transplant coordinator. Of 2820 patients admitted, 994 (35%) were on mechanical ventilator and 657 (23%) died. Brain stem death could be diagnosed in 55, 37 males, median age 46 years (range 7 to 87 years) i.e., 1.9% of all admissions and 8.3% of all deaths. Among neurology and neurosurgery patients brain stem death was seen in 45 of 1037 (4.3%) admissions and 45 of 161 (27.9%) deaths. Complications of brain stem death were hypotension in 49, diabetes insipidus in 17 and hypertension in 5 patients. Of 33 families counselled, 16(48%) consented to organ donation. In 14(42%), organs and tissues retrieved and transplanted included 13 livers, 23 kidneys, 25 corneas and 5 cardiac valves. Consent was more likely in females (10 of 14 as compared to 6 of 19 males, $p = 0.037$). Consent did not correlate with age of donor or medico-legal issues ($p = 0.227$ & 0.579 respectively). Trained staff with requisite systems in place produced significant organ donation rates. Religious issues and medico legal concerns were not a major hurdle

towards organ donation. Female patients with brain stem were more likely to become organ donors.

[Kong,S,et,al \(2009\)](#) conducted a study the transplantable organ shortage in Singapore: has implementation of presumed consent to organ donation made a difference? The study reviewed the clinical challenges and ethical dilemmas encountered in managing and identifying potential donors in the neurological intensive care unit (ICU) of a major general hospital in Singapore. The large variance in donor actualisation rates among local restructured hospitals, at 0% to 56.6% (median 8.8%), suggests that considerable room still exists for improvement. To address this, local hospitals need to review their processes and adopt changes and best practices that will ensure earlier identification of potential donors, avoid undue delays in diagnosing brain death, and provide optimal care of multi-organ donors to reduce donor loss from medical failures.

[Rithalia A,et,al.\(2009\)](#) conducted a systematic review of presumed consent systems for deceased organ donation. Surveys of attitudes towards presumed consent legislation were also included.Over 2000 potentially relevant citations were identified, of which 13 studies met the inclusion criteria for the primary objective and 13 for the secondary objective. For the primary objective, eight studies were between-country comparisons and five were before-and-after studies. Four of the between-country comparisons were of sufficient methodological quality to provide reliable results. In all four studies presumed consent law or practice was associated with increased rates of organ donation, ranging from an increase of 2.7 donors per million population (pmp) in one study to 6.14 donors per million in another, and an increase of between 20% and 30% in two other studies. Factors other than presumed consent that had an impact on organ donation rates were mortality from road traffic accidents and

cerebrovascular accident, the transplant capacity of a country, gross domestic product per capita and health expenditure per capita, religion, education, public access to information and a common law legal system. The five before-and-after studies represented three countries, all of which reported an increase in donation rates following the introduction of a presumed consent system (Austria, from 4.6 to 27.2 donors pmp over a 5-year period; Belgium, increase in kidney donation from 10.9 to 41.3 pmp during a 3-year period; Singapore, increase in kidney procurement from 4.7 to 31.3 per year in the 3 years after the change in legislation). Of the 13 studies addressing the secondary objective, eight were surveys of the UK public, four were from other countries and one was an international survey of health professionals. The most recent survey by YouGov in 2007 reported that 64% of respondents supported a change to presumed consent. Presumed consent alone is unlikely to explain the variation in organ donation rates between different countries. A combination of legislation, availability of donors, transplantation system organisation and infrastructure, wealth and investment in health care, as well as underlying public attitudes to and awareness of organ donation and transplantation, may all play a role, although the relative importance of each is not clear. Further reviews could investigate the factors likely to modify donor rates, such as procedures for family involvement. The way in which families of any potential donor are approached is likely to be an important factor and a review of qualitative research examining the experience of relatives in this context would be useful.

3. Studies related to eye donation

[Winbereger D, et, al. \(2004\)](#) conducted a study on Cornea recipients: are their opinions and attitudes toward organ donation different from those of the general population? Sixty-eight patients who underwent cornea transplantation between

January 2002 and May 2003 were asked to complete a questionnaire dealing with their attitudes toward cornea and organ donation, and willingness to donate an organ. Religion was a contributing factor for a negative decision to donate organs. Only 29% of participants, most of whom were nonreligious were carrying a signed donation card. 58% of the patients knew that the cornea graft is derived from a deceased person; most of these patients were of European or American origin. 73% knew that donation requires the agreement of a family member. Age, gender, marital status, and education were not significantly associated with attitude toward donation. Stronger efforts are needed by transplant coordinators, physicians, and nurses to improve the education and knowledge of patients and their families about the basic aspects of transplantation. Greater public awareness may increase the willingness to donate organs.

[Vanathi M, et al. \(2004\)](#) conducted a prospective study, the cases brought for postmortem to the Forensic Medicine Department were screened as potential donors by our team. One hundred fifty-nine potential donors were identified from a total of 721 postmortem cases. There were 119 (74.8%) men and 40 (25.2%) women. None of the deceased had previously pledged their eyes for eye donation. Eighty-eight (55.4%) next of kin were already aware of the concept of eye donation, but 71 (44.7%) families had not heard of it before. Willingness for eye donation was seen in 66 (41.5%), whereas 93 (58.5%) families refused eye donation. Of those already aware of eye donation, 39 (44.3%) gave consent for donation. Prior knowledge of eye donation had no influence on willingness for eye donation ($P = 0.424$). Similarly, literacy ($P = 0.338$) and socioeconomic status as estimated by a composite socioeconomic scale based on literacy and family income did not have any influence on willingness for eye donation ($P = 0.338$). Major reasons for not donating eyes

included refusal to discuss the issue and dissuasion by distant relatives, legal problems, and religious beliefs. In our experience, literacy, socioeconomic status, and prior knowledge of eye donation of next kin had no correlation with donor corneal tissue procurement. Active counseling by a motivated team can be effective even in families with no prior knowledge and low socioeconomic status.

[Harris MG, et al. \(2007\)](#) conducted a survey on why don't we have enough cornea donors? among 200 optometry students at the University California, Berkeley, School of Optometry was conducted to augment the literature review. Seventy-six students (38% of those surveyed) completed the survey process. Results of the survey indicated that 64.5% of who responded were willing to donate body organs, while 31.6% were not. Of those not willing to donate organs, 11.8% cited religious reasons. Other personal reasons included: fear (4%), respect for the human body (7.9%), and parental disapproval (6.4%). Only 46.1% of respondents had donation stickers on their driver's licenses. The literature review and survey indicate that age, religion, culture, personality characteristics, views on death and mortality, body image, and humanitarian concerns are among the many factors that influence people's opinion concerning organ donations. Education of the public and health care professionals' awareness of the importance of obtaining corneas for donation is crucial to end the shortage of organ donors.

Biswas J,et.al.(2008) a cross- sectional study on eye health care and eye donation among secondary level students of North Kolkata, India Eight Government aided schools of North Kolkata, West Bengal, India. A total of 1525 students of standard VIII, IX and X of Government aided schools of North Kolkata participated in this study. 1284 (84.2%) participants opined that awareness on eye health care can prevent most of the blindness and 1206 (79.1%) students knew that Vitamin A has important role in prevention of childhood blindness. Majority, 1235 (81.0%) students were aware of eye donation after death while only 489 (32.1%) participants knew that the ideal time for eye donation is within 6 hours of death. 802 (52.6%) participants mentioned printed and electronic media (like newspaper and television) as the major source of information on eye donation. Media publicity to increase awareness of eye donation and eye health care is not enough. Strategies have to be developed to educate the students, so that they can act as motivators for enhancing eye donation and increasing eye health care awareness in the community.

4.Studies related to knowledge and attitude regarding eye donation

Davati A,et.al,(2006) conducted a survey of medical students of Shahed University in Iran about attitude and willingness toward organ transplantation. The medical students had highly positive attitude toward organ donation (mean score 4.34 +/- 0.46) and a great willingness. Participants were more willing to donate their own

organs than those of a deceased relative (85% vs 49.2%) to help others more than to develop science (91.2% vs 8.8%). The greatest willingness among students was kidney (84%) donation. There was no correlation between age, gender, education levels, and attitude toward organ donation. These findings necessitate an organized education program of medical students in all aspects of organ and tissue donation.

Sulatha Bhandary,et.al,(2007) conducted a comparative study to determine the knowledge & attitude regarding eye donation among the attendants of patients, in Malaysia. A total of 400 subjects, Malay, Chinese,& Indians were participated. The findings of the study 69% of participants were aware of eye donation ,the Chinese population was less aware of eye donation compared to Malay & Indian.

Pagare D,et.al,(2007) conducted a cross-sectional study to assess the knowledge and attitude regarding eye donation among 180 newly admitted first-year medical students of the Maulana Azad Medical College, New Delhi. It was observed that 179 (99.4%) out of 180 students knew that eyes can be donated after death and ideally within six hours of death was known to 74 (41.1%) of 180 students. The contact place for donation was known to only 49 (27.2%) of 180 students. The majority of the participants, 157 (87.2%) of 180 students were willing to donate eyes. study showed that 170 (94.4%) of 180 participants agreed that there is shortage of eye donors and 157 (87.2%) of 180 were willing to donate eyes. The present study revealed that first-year medical students were well aware about eye donation and most of them were inclined to pledge for eye donation.

Anita Gupta,et.al,(2008) conducted a cross sectional study to determine the knowledge & attitude regarding eye donation in a Florence college of nursing,

Bangalore. Data was collected using a pre-tested–semi structured questionnaire to assess the knowledge and attitude of 188 first and second year nursing students. Out of 188 students, 102 (96.2%) male, 80 (97.5%) female knew that eyes can be donated after death and 108 students were willing to donate their eyes. The findings of the study 96.8% of the students were aware that eyes could be donated after death.

Mekahli.D,et.al,(2009) conducted a survey of first-year medical students at a medical faculty in Lyon .Among 571 first-year medical students 31-item anonymous questionnaire including queries about personal views of organ donation, factual knowledge, and awareness of French law was distributed to the students to assess their knowledge and attitudes toward organ donation. To "willingness to donate a kidney to a relative," 97.7% of respondents consented, 0.9% objected, and 1.4% did not answer. Their attitudes toward cadaveric organ donation were different: 81.1% agreed, 13.5% refused, and 5.4% did not answer. Regarding their knowledge about which organs could be transplanted, 95% of the respondents were aware of the possibility to transplant a face and 14% thought that xenotransplantation was performed now a days donation. The results of this study supported a greater emphasis on providing information regarding transplantation in medical schools to improve the knowledge of future health care professionals .

M.K.Bharti,et.al,(2009)conducted a cross sectional study to assess the awareness and knowledge on eye donation among university students. Four hundred (400) students studying first year Medicine, Dentistry, Laboratory Technology, Pharmacy, Biomedicine and Bioengineering degree courses in the University of Malaya. 160 (40%) students were aware that whole eye can be removed from the donor .More than half of the students 231(57.7%) did not know that the donor eye could be stored before transplantation. The results of this study indicate that there is a need to educate the young adults in our society about corneal transplantation .

Str1enge.H,(2009) conducted a exploratory study to assess the knowledge and attitudes of medical students ,German. Among 83 medical students, aged 19-27 years, toward organ and tissue donation were assessed using a short questionnaire. 43% stated great interest, 49% were willing to come to a decision regarding organ donation and 53% showed hesitation. The most important factors for the decision were the definition and time of death, the use of the donated organs, consideration of the relatives and treatment of the corpse. The attitude toward kidney donation was most unequivocal, the willingness to donate an eye or the heart most ambivalent.

Thomas Hugh Feeley,(2010) Conducted a cross sectional study to assess the knowledge and attitude regarding eye donation among MBBS students of Ziauddin University from 2010 to 2011. Sample size of 158 (83 First years and 75 Fourth years) were selected by convenient sampling thchnique.A total of 158 participants from Ziauddin Medical University filled out the questionnaire out of which 83(52.5%) were first years and 75(47.5%) were fourth year medical students. Mean age of sample was 20 ± 1.7 . Majority of students were aware about organ donation .81.6%

agreed that it was ethically correct to donate an organ. Ideal candidates for donating organ were parents (81%). Regarding list of options for preference to receive an organ, most of the students agreed on young age group patients and persons with family. Willingness to donate was significantly associated with knowledge of allowance of organ & tissue donation in religion ($P=0.000$). Both 1st year and 4th year students are aware of Organ & eye Donation, but there is a significant lack of knowledge regarding the topic.

M.PhaniKumar,et.al,(2011) conducted a cross sectional study to assess the knowledge of the undergraduate medical students of RIMS Medical College, Kadapa regarding eye donation. A total of 200 under graduate students were enrolled for the study. In this study, 98.2% of the under graduate students were aware that eyes could be donated after death. Only 50% knew that any person above 2 years can donate eyes. Only 16% knew that persons who has undergone Lasik cannot donate eyes. The findings of the study revealed that medical students were aware of eye donation, but the knowledge regarding the place of eye donation, time limit to collect cornea, storage, consent, age limit, contraindications, whom to contact were still not known clearly.

Dr.Kisor survase,(2011) conducted a Cross-sectional study to assess the knowledge and attitude among 400 polytechnic students towards eye donation in India. The majority (89.7%) of students knew that eyes can be donated after death. Most participants (85.1%) were willing to donate their eyes. Perceived reasons for not pledging eyes by the students were the unacceptable idea of separating the eyes from the body (60.8%), lack of awareness (49.8%), objection by family members (28.5%),

The findings of the study revealed that polytechnic students were well aware of eye donations and most of them were inclined to sign-up for eye donation. The perceived reasons for not donating eyes are lack of awareness about eye donation in the community.

K.Annadurai,et,al.(2012) conducted a cross sectional study to assess the knowledge, attitude and practices on organ & eye donation among Hindustan Arts & Science College, Chennai, Tamil Nadu .Among 440 students aged 18 years and above , the students were interviewed with a pretested questionnaires and the participants 23.8% were aware of the term organ donation, 86.1% were not aware of legislation. 75%of respondents were in favor of organ donation, but only about 2% were registered for organ donation. The findings of the study reveals effective measures should be taken to educate degree students with relevant information with the involvement of media, health professionals, Nongovernmental organization to raise knowledge attitude regarding organ & tissue donation

Ranjana Tiwari,et,al.(2012) conducted study to assess awareness on eye donation and willingness to pledge eyes for donation in adult population in Gwalior district (M.P.), India with a total population 2192 was surveyed of people residing in central and state govt. Colonies of district Gwalior in which total of 500 houses were taken. The total population aged 30 years and above were interrogated by a predesigned questionnaire regarding awareness of eye donation, any eye related problem and willingness to pledge eyes for donation. The total respondents were 947 in which 481 (50.79%) were Males and 466 (49.21%) were females. The awareness of eye donation was present in 590 (62.30%) while 357 (37.70%) were not aware.The awareness regarding eye donation should be increased so that the public's attitude would be

more favorable to facilitate an increase in the number of corneas available for transplantation.

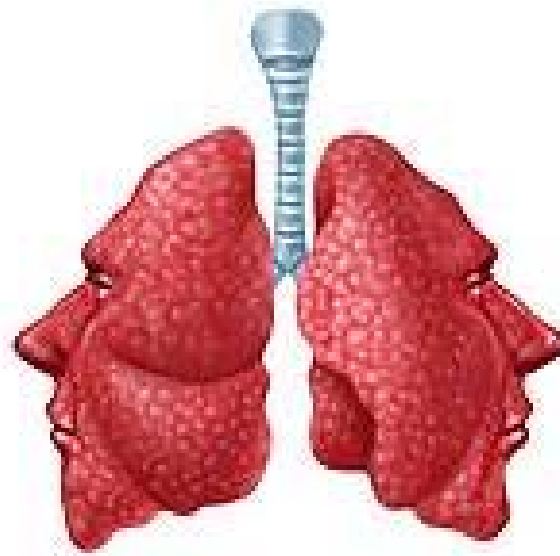
Venkata Ramana Ronanki,et.al,(2013) conducted a study to assess the awareness regarding eye donation among stakeholders in Srikakulam district in the state of Andhra Pradesh, in India .355 subjects were selected from the district using multi stage random sampling, Of the 355 subjects interviewed, 192 (54%) were male and 163 (46%) were female. The mean age of the stakeholders was 35.9 years (SD ± 16.1) and all the study subjects were literate. Ninety-three percent of subjects were aware of the concept of eye donation. 82% of the subjects were willing to donate their eyes.The findings of the study revealed that to promote awareness regarding eye donation among the general population.

Jasmine Mathewh,et.al,(2013) conducted a co-relational study to assess the knowledge and attitude regarding eye donation among the adolescents at Yenepoya pre- university college, Mangalore. The Structured knowledge questionnaire and Attitude scale on eye donation were used to collect the data. The mean percentage of the knowledge scores among adolescents were 57%, the mean percentage of the attitude scores among adolescents were 70.5% and there was a positive correlation between knowledge and attitude among adolescents ($r = 0.201$). (98) Table value $r = 0.236$, $p < 0.313$). (98) .The findings of the study showed that the adolescents had good knowledge and positive attitude towards eye donation and there was a positive co-relation between knowledge and attitude among adolescents.

Sajjadh Mohamed JawaharAli,(2013) conducted a cross sectional study to assess the knowledge, attitude and practices on eye donation among medical and non

medical college students in Chennai .Among 810 students aged between 18-24 years. Only 52.9% knew that for living donation, only donor can give consent. Only 33.9% knew what exactly organ donation means ,Only 417(53.5%) of the respondents had answered that all the questions regarding the same. As far as practice is concerned, only one respondent had ever donated an organ.The findings of study reveals that awareness of the young adult population regarding organ & tissue donation needs to be increased .

CHAPTER - III



METHODOLOGY

CHAPTER - III

RESEARCH METHODOLOGY

Research methodology organizes all the components of study in a way that is most likely to lead the valid answers to the problem that have been posed, (**Burns and Groove, 2002**).

Research methodology is a systematic way to solve the research problem and also to carry out the academic study and research in a correct manner, (**Polit and Beck, 2004**)

This chapter includes the description of research approach, research design, setting of the study, variables, population, sample, sample size, sampling technique, criteria for sample selection, developing and description of tool, validity and reliability of the tool, method of data collection procedure, plan for data analysis and interpretation of data.

RESEARCH APPROACH

The research approach is the most essential part of any research. The entire study based on it. The research approach used in the study is an applied form of research to find out how well the intervention is effective. In this study the effectiveness of video assisted teaching programme among non medical degree students will be evaluated. Therefore the evaluative approach was essential to test the effectiveness of the intervention.

Research design: It refers to the overall plan for addressing a research question, including specifications for enhancing the integrity of the study, (**Polit & Beck, 2004**).

The research design selected for the present study is a **Pre experimental one group pre test and post test design** will be selected to evaluate the effectiveness of video assisted teaching programme on eye donation among non medical degree students.

Tab: 3.1 Diagrammatic Representation of research design

Pre experimental one group pretest ,post test design

Non medical degree students	Pre test	Intervention	Post test
	O ₁	X	O ₂

The symbols used are

O₁ -Pre test on knowledge and attitude among non medical degree students

X - Video assisted teaching programme

O₂- Post test on knowledge and attitude among non medical degree students.

SETTING OF THE STUDY

Research settings are specific places in a research where data collection is to be made. The selection of setting was done on the basis of feasibility of conducting the study, availability of subject and permission of authorities, (**Polit and Hungler, 2004**).

The present study was conducted at **J.K.K .Nattaraja college of Arts & Science, Kumarapalayam**.It is located near to Sresakthimayeil institute of nursing and research.

VARIABLES

Variables are qualities, properties or characteristics of persons things or situations that change or vary (**Burns and Groove 2003**)

1) **Independent variable**

Independent variable is the variable which has the presumed effect on the dependent variable, (**Basavanthappa.B.T, 2007**)

In this present study the independent variable is **Video assisted teaching programme** on eye donation.

Dependent variable

Dependent variable is often referred to as the consequence or the presumed effect that varies with a change in the independent variable, (**Basavanthappa.B.T, 2007**)

In this present study the dependent variable is **Knowledge & Attitude among non medical degree students .**

POPULATION

Population refers to the entire set of individual or objects having some common characteristics.(**Shivani sharma , 2011**).

The population for this present study were the **non medical degree students and present during the period of data collection.**

Target population:

Target population consists of the total number of people or objects which are meeting designated set of criteria.(**Suresh K Sharma**).

The target population for this present study were **J.K.K. Nattaraja Arts & Science college students.**

Accessible population:

It is aggregate of cases that confirm the designated criteria and are also accessible as subjects for a study. **(Suresh K Sharma).**

The accessible population for this present study were **J.K.K. Nattaraja college of Arts & Science degree students** who meets the inclusion criteria.

SAMPLE

According to Polit and Beck (2004), a sample is a subset of population and selected to participate in a research study, it is a portion of the population which represents the entire population.

The samples selected for the present study were the Non medical degree students **at J.K.K.Nattaraja college of Arts & Science ,Kumarapalayam.who were willing to participate and present during the period of data collection**

SAMPLE SIZE

Sample size is normally decided by nature of the study, nature of population, type of sampling technique, tool variables, statistical test adopted for data analysis sensitivity of the measures, **(Polit and Beck 2002)**

The total sample size was 60 non medical degree students..

Target population
Non medical degree students



Accessible population and setting
Non medical degree students at JKKN
Arts & Science college



Sampling technique
Convenience sampling

- Demographic variables**
- Age
 - Gender
 - Religion
 - Marital status
 - Type of family
 - Educational status
 - Family income
 - Place of living
 - Source of awareness



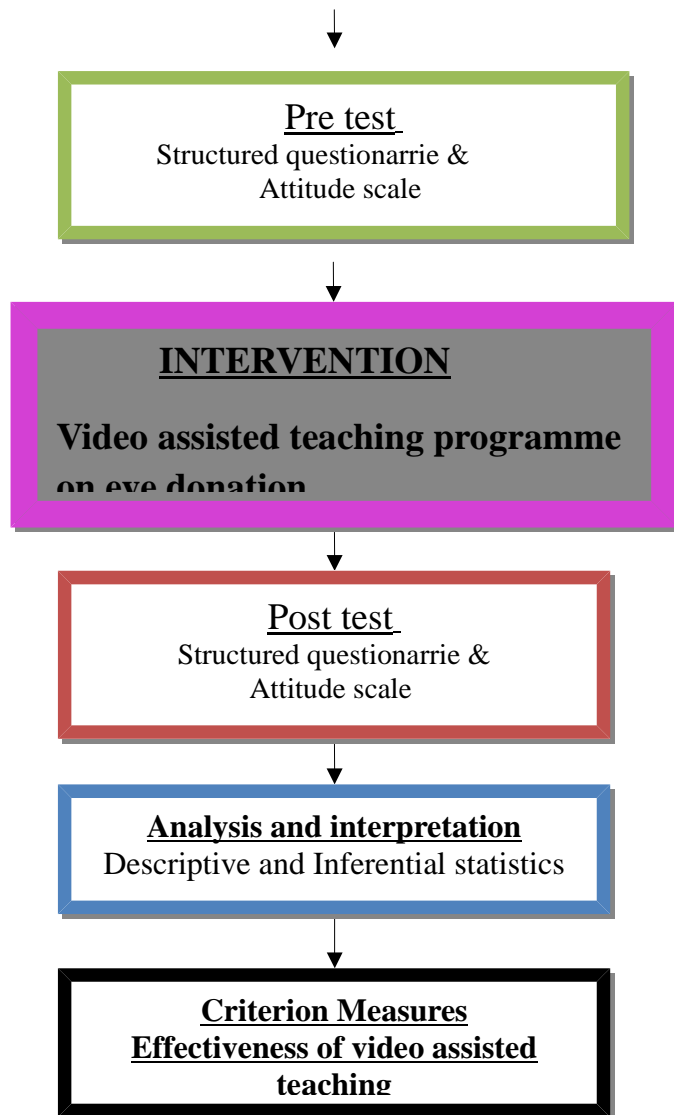


Fig. 3.2: Schematic representation of research methodology

SAMPLING TECHNIQUE

According to Polit and Beck (2004), sampling technique refers to the process of selecting the population to represent the entire population.

Convenient sampling technique is a non probability sampling procedure in which the sampling units are selected.

Inclusion Criteria for Sampling

Non medical degree students with

1. Age group above 18 years.
2. Both gender
3. Non medical degree students particularly arts group
4. Who were present during the period of data collection.
5. Who gave consent to participate in this study.
6. Who are able to understand and read Tamil & English.

Exclusion criteria

Non medical degree students with

1. Those who are not willing to participate.
2. Those who are absent during the study.

DEVELOPMENT OF THE TOOL

The tool act as an instrument to assess and collect the data from the respondent of the study, **Polit and Beck (2004)**

There are 3 sections of tools were used. They are,

SECTION A

It consists of demographic characteristics of non medical degree students i.e.,

- 1) Age in years

- 2) Gender
- 3) Religion
- 4) Marital status
- 5) Type of family
- 6) Educational status
- 7) Family income
- 8) Place of living
- 9) Source of awareness

SECTION B

This consists of Structured questionnaire of 25 questions. The items were developed to cover the following groups.

- 10 questions related to general knowledge questions regarding organ donation and blindness
- 15 questions related to eye donation.

A score of '1' was given for each correct response and a score '0' was given for each incorrect response, the total knowledge score was 25. Based on the marks gained by the non medical degree students the knowledge of respondents was categorized in the following group.

Table 3.2: Scoring procedure for knowledge level

Category	Range of marks
Below average	0– 5
Average	6 – 10
Good	11 – 15
Very good	16 – 20
Excellent	21 – 25

SECTION C

It consists of **Attitude scale regarding eye donation** which consists of 16 self reporting statements, and the answers to these are used to determine a non medical degree student attitude level. Each statement in the attitude scale is rated on a five-point scale (Strongly agree-4, agree-3, Uncertain-2, disagree-1, strongly disagree- 0).

Scoring procedure

Attitude scale consists of 8 positive statements and 8 negative statements.

- ❖ Positive statements are 1, 3, 6, 10, 11, 13, 14,16.
- ❖ Negative statements are 2,4,5,7,8,9,12,15.
- ❖ For the purpose of scoring and interpretation negative statement reverse score was used.

The overall (total) score for attitude scale ranges from a minimum of 25% to a maximum of 100%.

Table 3.3 Scoring procedure for level of attitude

Category	Range of scores
Poor	0-16
Average	17-32
Good	33-48
Very good	49-64

VALIDITY AND RELIABILITY

Validity

The content validity of the demographic variables, Structured questions, Attitude scale validated in consultation with guide and field experts are (**doctors, statistician and nurse specialist**). The tool was modified according to the suggestions and recommendations of the experts.

Reliability

The reliability of **Structured questionnaire and attitude scale** was tested by implementing the tool on 6 non medical degree students, which is other than the sample area. **Split Half method** (Spearman Brown Formula) was used to test the reliability of the tool. ($r^1 = 0.85$ and $r^1 = 0.88$)

Pilot study:

The pilot study was done to assess the effectiveness of video assisted teaching on eye donation .The purpose of the pilot study was to test the data collection

tool, to find out the feasibility of conducting final study and to determine the method of statistical analysis. pilot study was carried out on 6 students who met the criteria were selected by convenient sampling technique. After pre test the video teaching was given to the non medical degree students regarding eye donation. After 7days post test was conducted using the same tool to assess the effectiveness of video teaching. The results show that the knowledge scores has a calculated 't' value(7.6) is higher than the table value (2.57).and attitude score has a calculated 't' value (4.3) is higher than the table value(2.57).It was found effective in increasing the knowledge and attitude regarding eye donation in non medical degree students.

DATA COLLECTION PROCEDURE

Data collection is the gathering of information needed to address the research problem. The word "data" means information that is systematically collected in the course of a study.

Talbot (1995) refers to data collection as gathering of information from the sampling units. The researcher plan typically specifies procedure for actual collection of data.

Permission from the concerned authority

Prior to collection of data, permission was obtained from Principal of J.K.K.Nattaraja college of Arts& Science ,Kumarapalayam,

❖ Pre test

Non medical degree students were requested to complete structured questionnaire, attitude scale, before the Video assisted teaching programme.

❖ **Implementation of Video assisted teaching programme.**

Video assisted teaching programme on eye donation was given to non medical degree students.

❖ **Post test**

Non medical degree students were requested to complete the structured questions, attitude scale, after the intervention.

PLAN FOR DATA ANALYSIS

- ✓ Assess the level of knowledge among non medical degree students before and after Video assisted teaching is analyzed by using **frequency and percentage**.
- ✓ To find the effectiveness of Video assisted teaching regarding knowledge and attitude on eye donation among non medical degree students analyzed by **mean, standard deviation, mean percentage, paired 't' test**
- ✓ To find the co-relation between knowledge and attitude regarding eye donation analysed by **karl pearson co-relation coefficient test** .
- ✓ Find out the association between post test scores of knowledge and attitude among non medical degree students with their demographic variables is analyzed by **Chi-square test**.

CHAPTER - IV



DATA ANALYSIS & INTERPRETATION

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

Analysis is a “process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis tested”, (**Polit and Hungler, 2003**).

Interpreting the findings is the most challenging and structured step in the research finding which requires the investigator to be creative. Analysis enables the researcher to reduce, summarize, organize, evaluate, interpret, and communicate numerical information. (**Polit and Hungler, 2004**)

The analysis and interpretation of data of this study was based on the data collected from non medical degree students regarding their knowledge and attitude scores on eye donation. The results were computed using descriptive and inferential statistics.

The data were coded and analyzed as per objectives of the study under the following headings.

SECTION A: Description of samples according to their demographic variables.

SECTION B: Assess the level of knowledge and attitude among non medical degree students before and after Video assisted teaching on eye donation.

- ★ Frequency and percentage distribution of pre & post test scores on knowledge regarding eye donation among non medical degree students.
- ★ Frequency and percentage distribution of pre & post test scores on attitude regarding eye donation among non medical degree students.
- ★ Paired “t” test value of pre and post test scores of knowledge and attitude.
- ★ Mean, SD, and Mean percentage of pre and post test knowledge and attitude scores on eye donation among non medical degree students.

SECTION C: The data on Co-relation ‘r’ value of post test knowledge and attitude scores.

SECTION D: Find out the association between post test scores of knowledge and attitude regarding eye donation among non medical degree students with their demographic variables.

- Chi -square value of association between the post test scores of knowledge regarding eye donation among non medical degree students with their demographic variables.
- Chi -square value of association between the post test scores of attitude regarding eye donation among non medical degree students with their demographic variables.

SECTION A: DESCRIPTION OF SAMPLES ACCORDING TO THEIR DEMOGRAPHIC VARIABLES.

Table-4.1 Frequency and percentage distribution of demographic variables among non medical degree students.

S.No	Demographic variables	Non medical degree students (n=60)	
		Frequency(N)	Percentage(%)
1	Age in years		
	a.18-22	39	65
	b.23-27	21	35
	c.>27	0	0
2.	Gender		
	a.Male	19	31.67
	b.Female	41	68.33
3	Religion		
	a.Hindu	48	80
	b.Christian	10	16.67
	c.Muslim	2	0.3
4	Marital status		
	a.Single	53	88.33
	b.Married	7	11.67
	c.Divorced	0	0
	d.Widow	0	0
5.	Type of family		
	a.Joint	41	68.33
	b.Nuclear	19	31.67
	c.Extended	0	0
6.	Educational status		
	a.BA	30	50
	b.B.COM	21	35
	c.BBA	9	15

7.	Income		
	a.5000-6000	35	58.33
	b.60001-7000	21	35
	c.>7000	4	06.67
8.	Place of living		
	a..Urban	37	61.67
	b. Rural	23	38.33
	c. Semi urban	0	0
9.	Source of awareness		
	a.TV	25	41.67
	b.Radio	7	11.67
	c.News paper	20	33.33
	d.Friend	5	0.8
	e.Family	3	0.5
	f.Doctor	0	0
	g.Movie	0	0
	h.Others	0	0

Table 4.1; Reveals that the demographic variables of non medical degree students are. age, gender, religion, marital status ,type of family, educational status, family income, place of living, source of awareness.

Distribution of samples according to their age group shows that 65% of non medical degree students were in the age group of 18-22 years. However 35% of non medical degree students were in the age group of 23-27years (Fig.4.1)

Distribution of samples according to their gender shows that, most 41% of non medical degree students were females and only 31.67% of non medical degree students were males.(Fig.4.2)

Distribution of samples according to their religion shows that, most 80% of non medical degree students were hindus and 16.67% of non medical degree students were Christian and only 0.3.33% of non medical degree students were muslim. (Fig.4.3)

Distribution of samples according to their marital status shows that, most 88.33% of non medical degree students were single and only 11.67% of non medical degree students were married.(Fig.4.4)

Distribution of samples according to their type of family shows that, most 68.33% of non medical degree students were joint family and only 31.67% of non medical degree students were nuclear family. (Fig.4.5)

Distribution of samples according to their educational status shows that, most 50% of non medical degree students were studying BA and 35% of non medical degree students were studying B.COM and 15% of non medical degree students were studying BBA.(Fig.4.6)

Distribution of samples according to their family income shows that most 58.33% of non medical degree students were 5000-6000 income group and 35% of non medical degree students were 6001-7000 income group and 6.67% were above 7000 income group.(Fig.4.7)

Distribution of samples according to their place of living shows that, most 61.67% of non medical degree students were urban area and 38.33% of non medical degree students were rural area.(Fig.4.8)

Distribution of samples according to their source of awareness shows that, most 41.67% of non medical degree students knew information from television and 11.67% of non medical degree students knew information from radio, 33.33% of non medical degree students knew information from news paper, 8.33% of non medical degree students knew information from friends, 0.5% of non medical degree students knew information from family.(Fig.4.9)

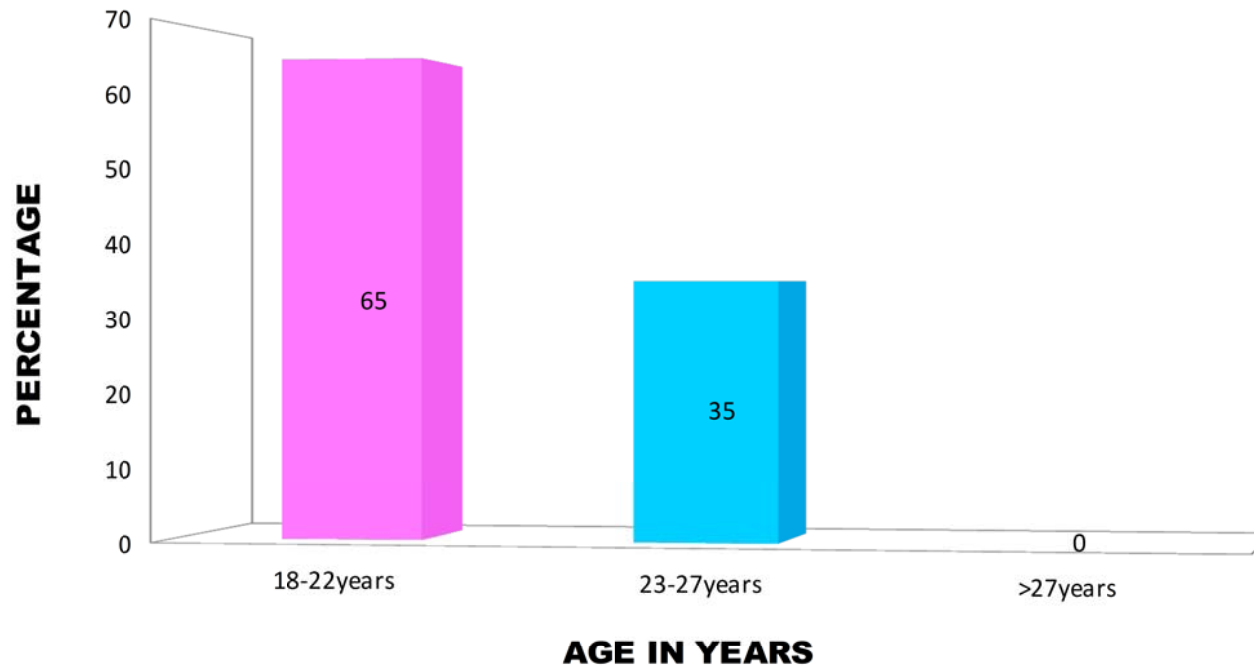


Fig.4.1 Bar diagram showing percentage distribution of non medical degree students according to age.

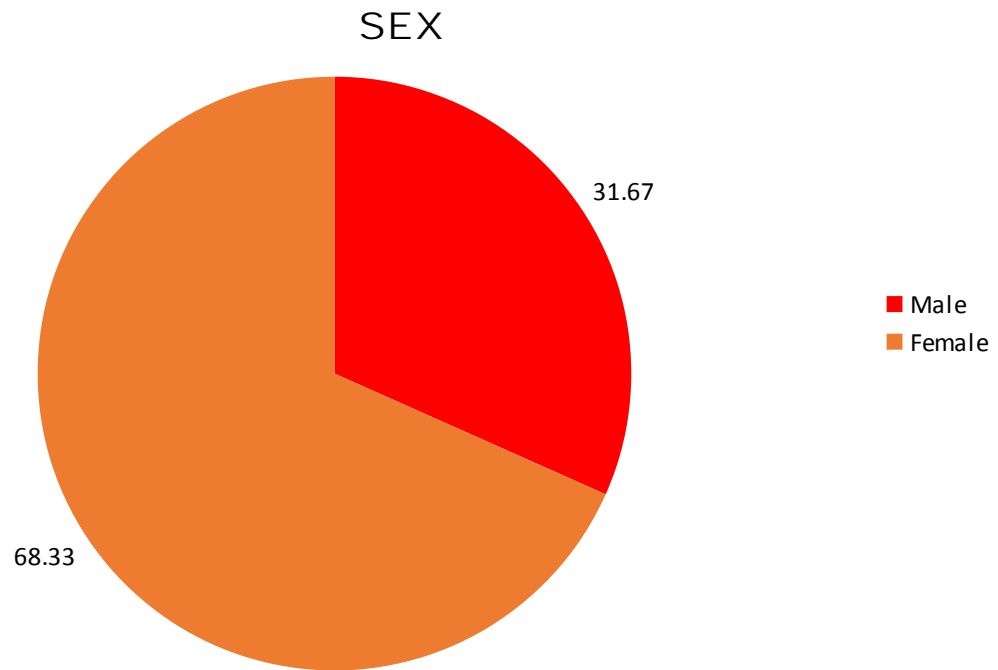


Fig.4.2 Pie diagram showing percentage distribution of non medical degree students according to Sex.

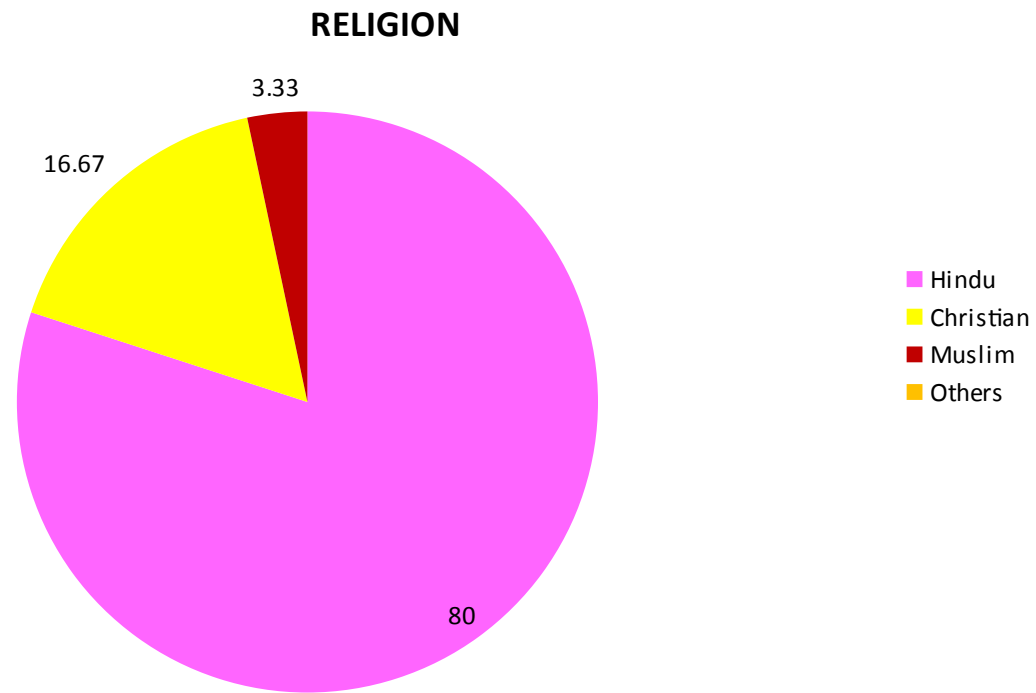


Fig.4.3 Pie diagram showing percentage distribution of non medical degree students according to Religion.

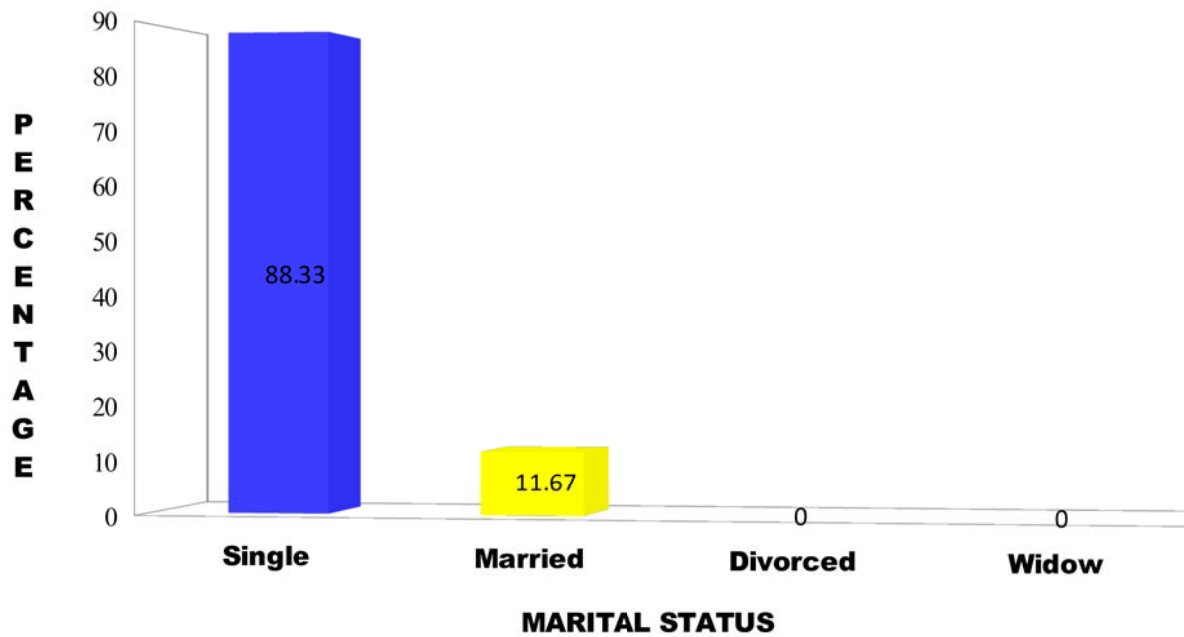


Fig.4.4 Bar diagram showing percentage distribution of non medical degree students according to Marital status.

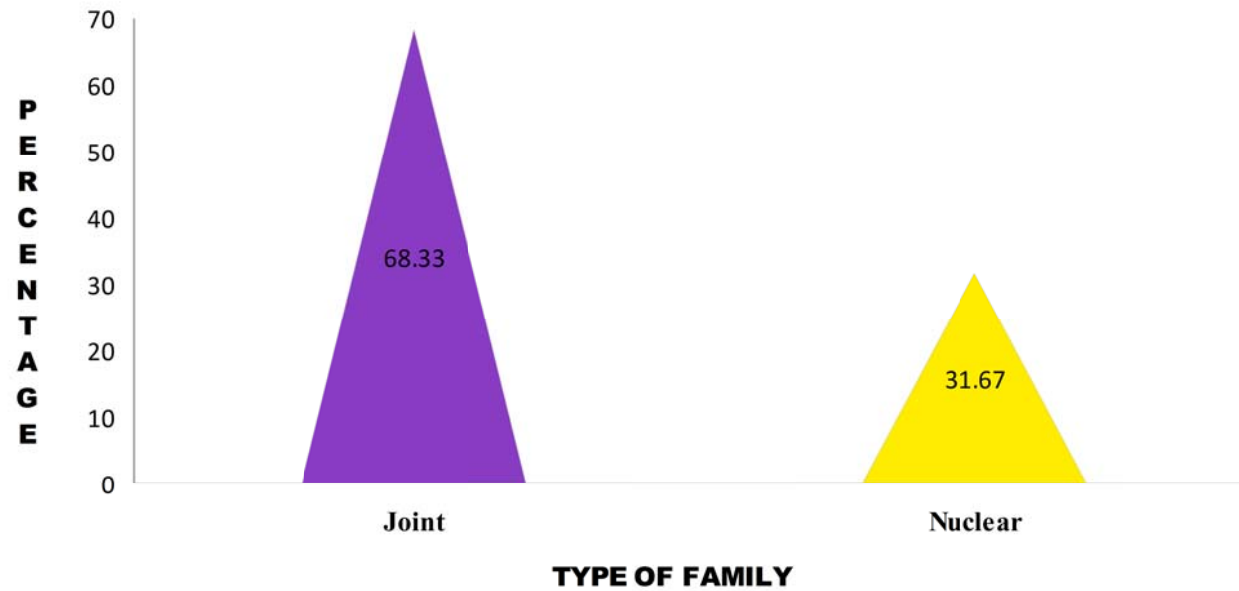


Fig.4.5 Cone diagram showing percentage distribution of non medical degree students according to Type of family.

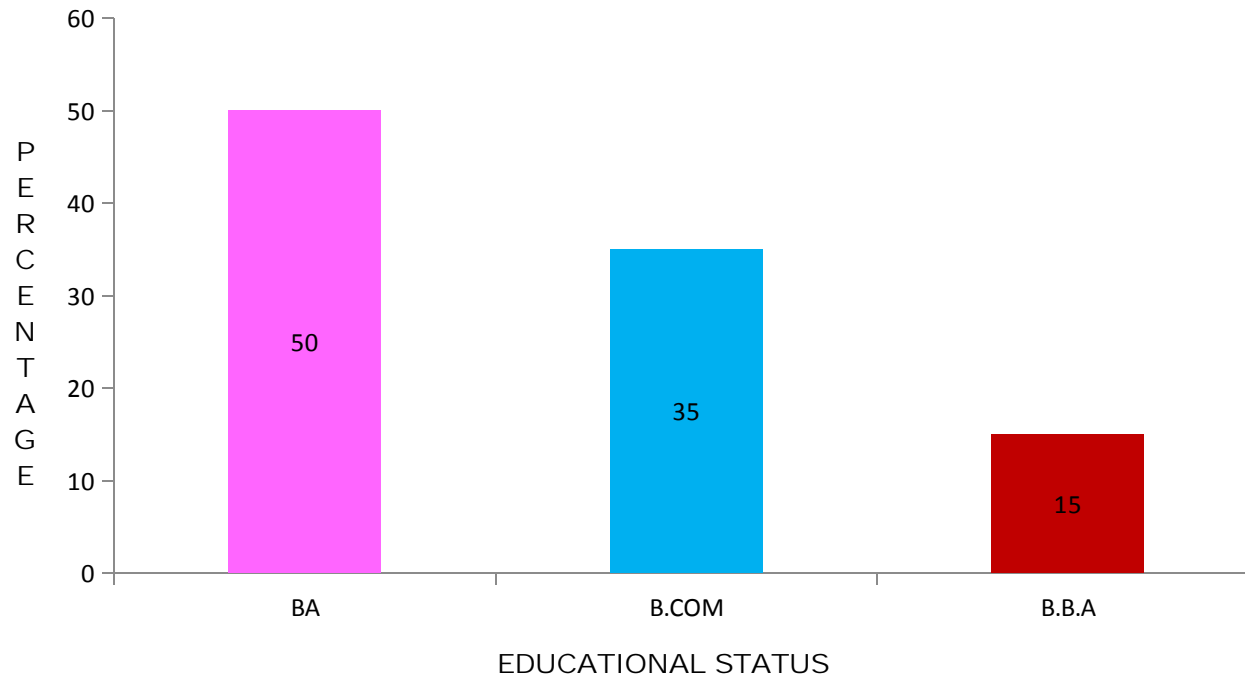


Fig.4.6 Bar diagram showing percentage distribution of non medical degree students according to Educational status.

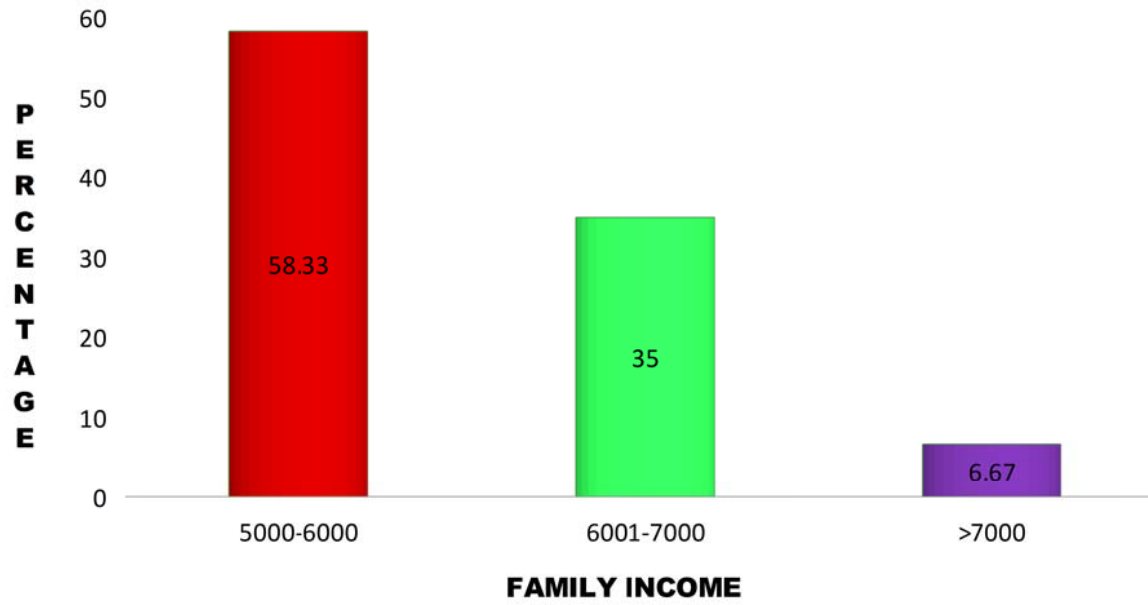


Fig.4.7 Cylinder diagram showing percentage distribution of non medical degree students according to family income.

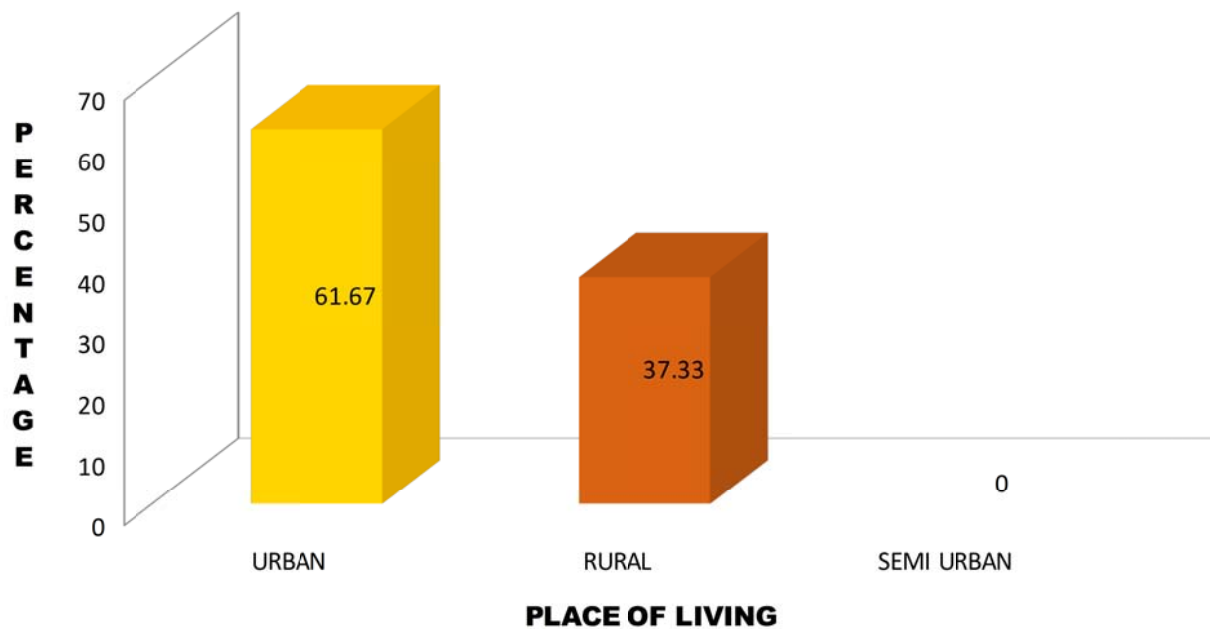


Fig.4.8 Bar diagram showing percentage distribution of non medical degree students according to place of living.

Source of awareness

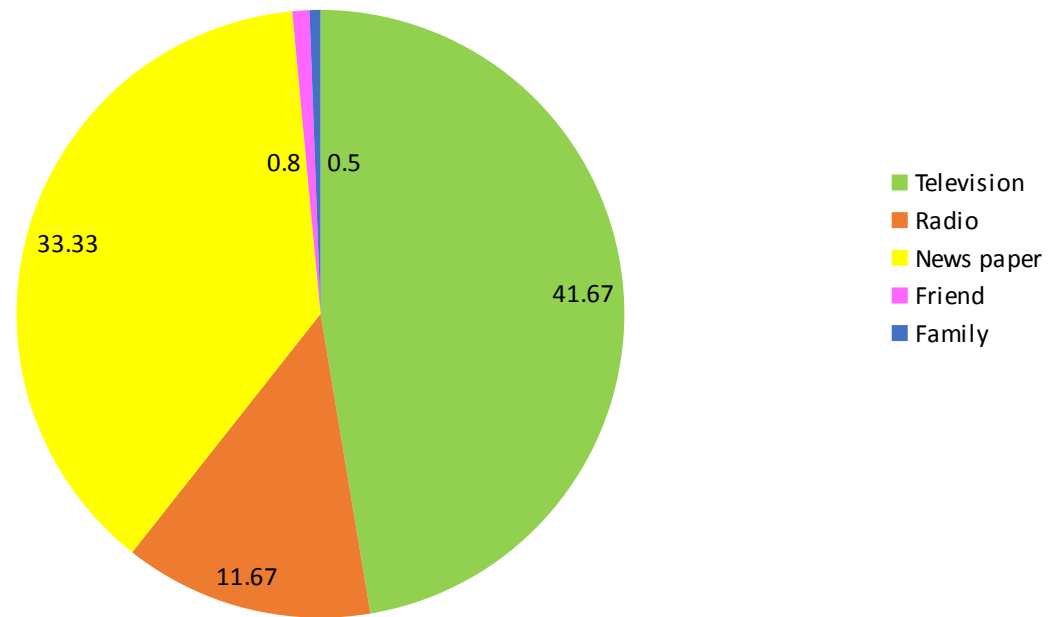


Fig.4.9 Pie diagram showing percentage distribution of non medical degree students according Source of awareness

SECTION B: Assess the level of knowledge and attitude among non medical degree students before and after video assisted teaching.

Frequency and percentage distribution of pre & post test scores on knowledge & attitude among non medical degree students.

Table 4.2 Frequency and percentage distribution of pre & post test scores on knowledge among non medical degree students

(n=60)

S.no	Level of knowledge	Marks	Pre test		Post test	
			F	%	F	%
1	Below average	0-5	0	0	0	0
2	Average	6-10	15	25	0	0
3	Good	11-15	44	73.33	0	0
4	Very good	16-20	1	1.67	25	41.6
5	Excellent	20-25	0	0	35	58.33
	Total		n=60	100	n=60	100

Frequency and percentage distribution of knowledge level regarding eye donation among non medical degree students in pre test 73.33% of them knew good knowledge and 25% of them knew average level of knowledge ,whereas in post test 58.33% of them knew excellent knowledge and 41.67% of them knew very good knowledge in eye donation .It seems that video assisted teaching programme on eye donation among non medical degree students was more effective, (Table 4.2)

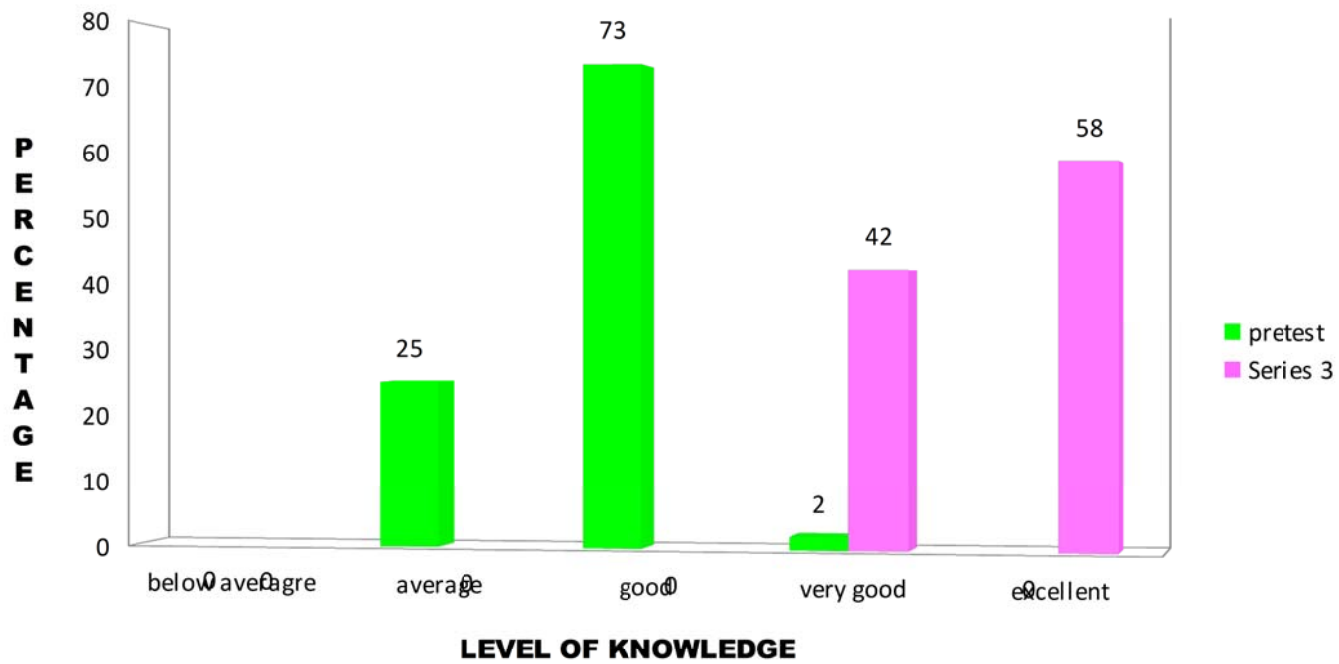


Fig.4.10:Bar diagram indicates the distribution of non medical degree students by pre test and

post test overall level of knowledge

Table 4.3 Frequency and percentage distribution of pre & post test scores on attitude among non medical degree students.

n=60

S.N o	Level of attitude	Range of marks	Pre test		Post test	
			F	%	F	%
1	Poor	0-6	1	1.67	0	0
2	Average	17-32	59	98.33	0	0
3	Good	33-48	0	0	55	91.67
4	Very good	49-64	0	0	5	8.33
	Total		n=60	100	n=6 0	100

Frequency and percentage distribution of post test attitude scores level of non medical degree students in pre test 98.33% of them got average level of attitude whereas in post test 91.67 % Of them got very good level of attitude. (Table 4.3)

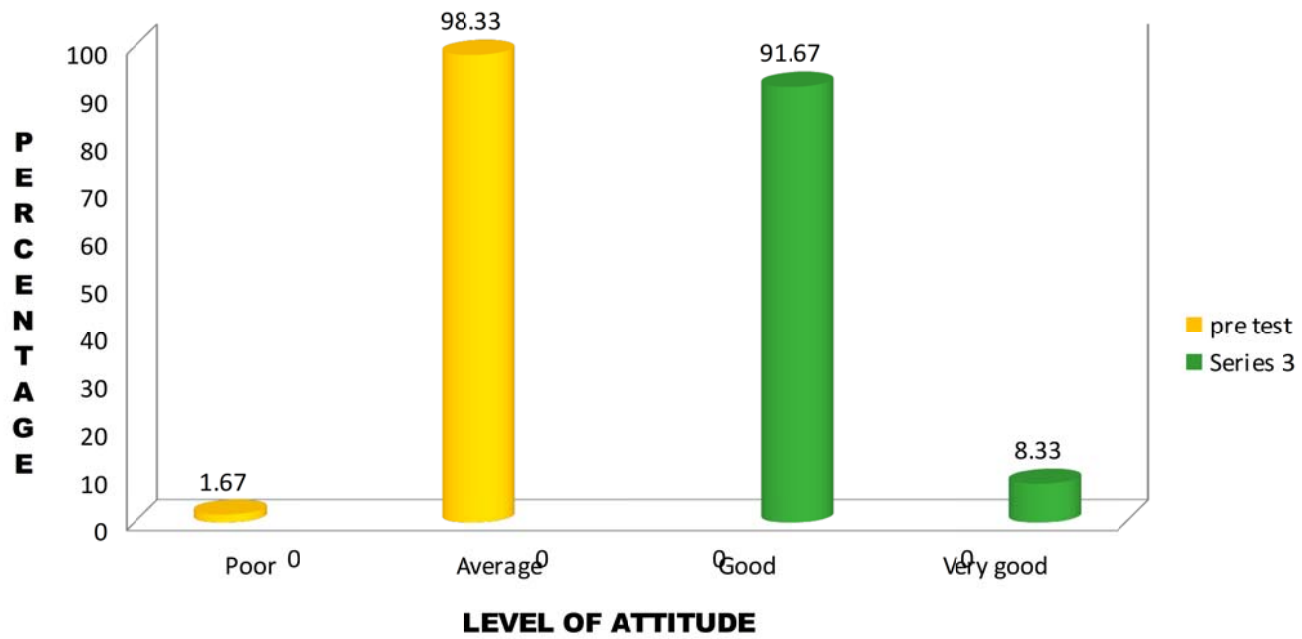


Fig.4.11 Cylinder diagram indicates the distribution of non medical degree students by pre test and post test overall level of Attitude.

Table 4.4 Paired “t” test value of pre and post test scores of non medical degree students.

S.No	Levels	Paired ‘t’ test value	Table value	Level of significant
1	Knowledg e	26.1	2.001	P<0.05 Significant
2	Attitude	31.65	2.001	P<0.05 Significant

Df =59

Table value=2.001

P<0.05 significant

Paired‘t’ test was calculated to analyze the effectiveness between pre and post test scores of knowledge and attitude regarding eye donation among non medical degree students. The paired‘t’ test value in knowledge and attitude was 21.1 and 31.65 respectively when compared to table value (2.001) both are high. This shows that there was a significant effectiveness between pre and post test scores of level of knowledge and attitude among non medical degree students, It seems that video assisted teaching on eye donation among non medical degree students was more effective (Table 4.4).

Table 4.5 Mean, SD, and Mean percentage of non medical degree students pre and post test scores on knowledge and attitude.

Knowledge and Attitude	Max marks	Pre test			Post test			Difference in Mean
		Mean	SD	Mean %	Mean	SD	Mean %	
Organ donation	10	5.6	1.2	56	9.5	0.77	95	39
Eye donation	15	5.9	1.4	39	10.9	1.6	73	34
Total	25	11.58	21.22	46	21.2	1.68	85	39
Attitude	64	24.31	3.51	38	43.26	3.54	68	30

In organ donation and blindness questions the pre test score (5.6) which is 56% and the post test score (9.5) which is 95% and the mean percentage difference is 39%. In eye donation questions pre test scores (5.9) which is 39% and the post test scores was (10.9) which is 73% respectively. The mean percentage difference is 34% .

In attitude pre test score (24.31) which is 38% and the post test score (43.26) which is 68% and the mean percentage difference is 30%. It seems that Video assisted teaching was effective among non medical degree students to improve the knowledge and attitude on eye donation, (Table 4.5) .

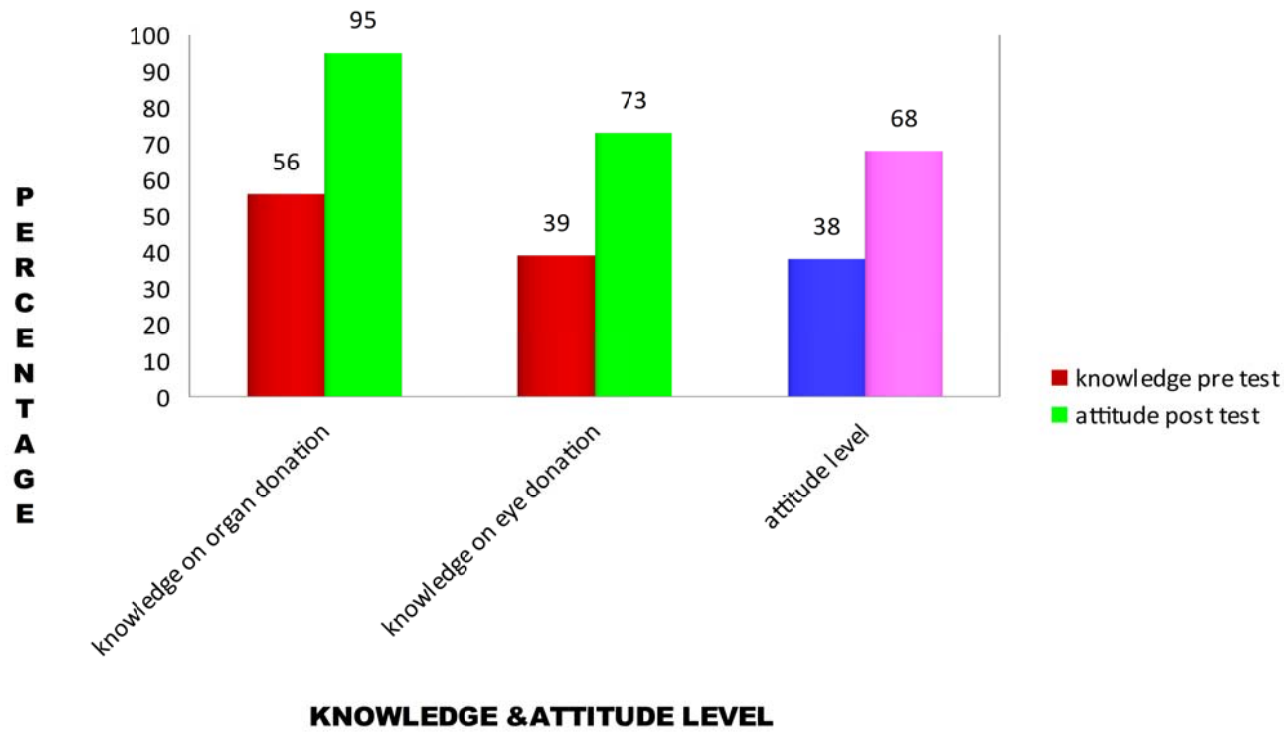


Fig 4.12 Cylinder diagram showing mean percentage distribution of Non medical degree students pre and post test scores of knowledge and attitudes

SECTION C: The data on Co-relation ‘r’ value of post test knowledge and attitude scores.

Knowledge post test score (X^2)	Attitude post test score (Y^2)	XY	‘r’ value	‘t’
167	728	121	0.243	P>0.05 df=58

df=58 Table value (t)= 0.254 P=0.05 Significant

The ‘r’ value for post test knowledge and attitude is 0.243. The obtained ‘r’ value is less than the table value ‘t’(58)=0.254 it shows that there is no co-relation between the post test knowledge and attitude regarding eye donation. In this research hypothesis is rejected. It is interpreted that the knowledge and attitude regarding eye donation are independent to each other.

SECTION D: Find out the association between post test scores of knowledge and attitude among non medical degree students with their demographic variables.

Table 4.9 Chi -square value of association between the post test scores of knowledge among non medical degree students with their demographic variables

S.No	Demographic variables		Frequency	Mean		Significant
				<mean	>mean	
1	Age	18-22years	39	20	19	$\chi^2 = 1.18$ df = 1 P > 0.05 NS
		23-27years	21	7	14	
		>27years	0	0	0	
2	Sex	Male	19	9	10	$\chi^2 = 0.313$ df = 1 P > 0.05 NS
		Female	41	17	24	
3	Religion	Hindu	48	18	30	$\chi^2 = 4.43$ df = 2 P > 0.05 NS
		Christian	10	6	4	
		Muslim	2	0	2	
		Others	0	0	0	
4	Marital status	Single	53	21	32	$\chi^2 = 0.66$ df = 1 P > 0.05 NS
		Married	7	4	3	
		Divorced	0	0	0	
		Widow	0	0	0	
5	Type of family	Joint	41	18	23	$\chi^2 = 0.314$ df = 1 P > 0.05 NS
		Nuclear	19	7	12	
		Extended	0	0	0	
6.	Educationa l status	BA	30	14	16	$\chi^2 = 11.01$ df = 2 P > 0.05 NS
		B.COM	21	12	9	
		BBA	9	5	4	
7	Family income	5000-6000	35	13	22	$\chi^2 = 2.65$ df = 2 P > 0.05 NS
		6001-7000	21	10	11	
		>7000	4	2	2	
8.	Place of living	Urban	37	18	19	$\chi^2 = 2.6$ df = 1 P > 0.05 NS
		Rural	23	7	16	
		Semi urban	0	0	0	

	Doctor	0	0	0	NS
	Movie	0	0	0	
	Others	0	0	0	

Chi square was calculated to find out the association between post test knowledge scores of non medical degree students with their demographic variables (Age, gender, religion, marital status, type of family, educational status, family income, place of living, source of awareness). It reveals that there was significant association ($p < 0.05$) found only in educational status, whereas no significant association ($p > 0.05$) found between the post test scores when compared to other demographic variables such as age, gender, religion, marital status, type of family, family income, place of living, source of awareness.

Table 4.10 Chi -square value of association between the post test scores

S.No	Demographic variables		Frequency	Mean		Significant
				<mean	>mean	
1	Age	18-22years	39	19	20	$\chi^2 = .304$ df =1 P>0.05 NS
		23-27years	21	12	9	
		>27years	0	0	0	
2	Sex	Male	19	9	10	$\chi^2 = .30$ df=1 P>0.05 NS
		Female	41	22	19	
3	Religion	Hindu	48	24	24	$\chi^2 = 2.68$ df=2 P>0.05 NS
		Christian	10	7	3	
		Muslim	2	0	2	
		Others	0	0	0	
4	Marital status	Single	53	26	27	$\chi^2 = .093$ df=1 P>0.05 NS
		Married	7	3	4	
		Divorced	0	0	0	
		Widow	0	0	0	
5	Type of family	Joint	41	22	19	$\chi^2 = 0.307$ df=1 P>0.05 NS
		Nuclear	19	9	10	
		Extended	0	0	0	
6.	Educational status	BA	30	14	16	$\chi^2 = .05$ df=2 P>0.05 NS
		B.COM	21	12	9	
		BBA	9	5	4	
7	Family income	5000-6000	35	18	17	$\chi^2 = 1.11$ df=2 P>0.05 NS
		6001-7000	21	11	10	
		>7000	4	3	1	
8.	Place of living	Urban	37	19	18	$\chi^2 = .0036$ df=1 P>0.05
		Rural	23	12	11	
		Semi urban	0	0	0	

		Movie	0	0	0	
		Others	0	0	0	

Chi square was calculated to find out the association between post test attitude scores of non medical degree students with their demographic variables (Age, gender, religion.marital status,type of family, educational status, family income, place of living,source of awareness). It reveals that there was no significant association ($p < 0.05$) found between the post test scores when compared to other demographic variables such as age, gender, religion,marital status,type of family, educational status,family income,place of living,source of awareness..

CHAPTER - V



DISCUSSION

This chapter deals with the discussion which was based on the findings obtained from the statistical analysis and its relation to the objectives of the study, the conceptual frame work and the related literature.

This study was done to assess the effectiveness of video assisted teaching on knowledge and attitude regarding eye donation among non medical degree students at J.K.K Nattaraja Arts & Science college, Kumarapalayam. The following were the objectives of this study.

Objectives of the study were

1. To assess the level of knowledge & attitude regarding eye donation among non medical degree students before and after video assisted teaching.
2. To determine the co-relation between Knowledge & attitude regarding eye donation among non medical degree students.
3. To find the association between post-test knowledge & attitude of non medical degree students and their selected demographic variables.

Objectives 1. To assess the level of knowledge & attitude regarding eye donation among non medical degree students before and after video

a. Frequency and percentage distribution of pre & post test scores on knowledge among non medical degree students

❖ **In pre test**

- ✓ 1(1.67%) students knew very good knowledge,
- ✓ 44(73.33%) students knew good knowledge,
- ✓ 15(25%) students knew average knowledge,

❖ **In post test**

- ✓ 35(58.33%) students got excellent knowledge
- ✓ 25(41.67%) students got very good knowledge

It seems that video assisted teaching on eye donation among non medical degree students was more effective.

b. Frequency and percentage distribution of pre & post test scores on attitude among non medical degree students

❖ **In pre test**

- ✓ 59(98.33%) students got average attitude
- ✓ 1(1.67%) student got poor in attitude

❖ **In post test**

- ✓ 55(91.67%) students got good in attitude
- ✓ 5(8.33%) students got very good in attitude

c. Paired “t” test value of pre and post test scores of non medical degree students

In non medical degree students paired ‘t’ test value for

Knowledge was 26.1 (table value=2.001)

Attitude was 31.65 (table value=2.001)

d. Mean, SD, and Mean percentage of non medical degree students pre and post test scores on knowledge & attitude.

❖ **In knowledge**

Pre test mean score =11.58

Post test mean score =21.2

Mean difference =9.64.

❖ **In attitude**

Pre test mean score =24.31

Post test mean score =43.26

Mean difference =18.95.

- ❖ It seems that video assisted teaching on eye donation regarding knowledge and attitude was effective among non medical degree students.

2. To determine the co-relation between Knowledge & attitude regarding eye donation among non medical degree students.

The 'r' value of post test

Knowledge & Attitude score = 0.243.

The obtained 'r' value

Table value 't' (58) = 0.254 (N=60)

It shows there is no correlation between the post test knowledge & Attitude regarding Eye donation. It is interpreted that the Knowledge & Attitude regarding Eye donation are independent to each other.

Hypothesis 2 (H₂) There is no significant co-relation between knowledge and attitude regarding eye donation among non medical degree students.. Hence this hypothesis is rejected.

Objectives 3 To find out the association between post test scores knowledge and attitude among non medical degree students with their demographic variables.

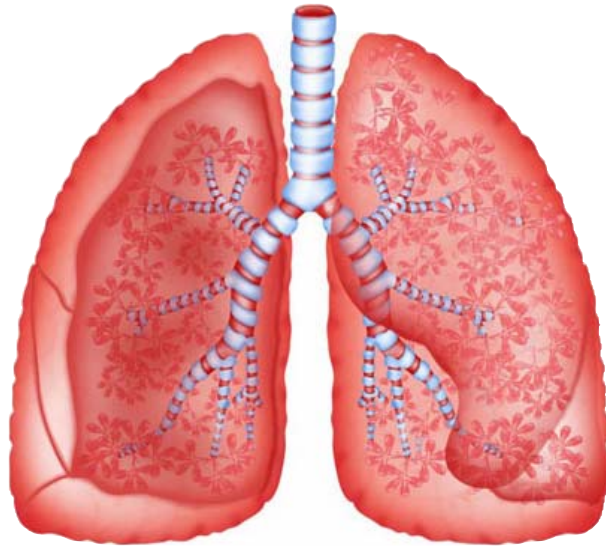
❖ Chi square was calculated to find out the association between non medical degree

non medical degree students when compared to other demographic variables such as age, gender, religion, marital status, type of family ,family income, place of living, source of awareness..

- ❖ Chi square was calculated to find out the association between non medical degree students post test attitude scores with their demographic variables reveals that there was no significant association ($p>0.05$) found between the post test attitude scores of non medical degree students to other demographic variables such as age, gender, religion, marital status, educational status, type of family, family income, place of living, source of awareness.

Hypothesis 3 There is a significant association between post test knowledge scores of educational status among non medical degree students therefore hypothesis H_3 is accepted

CHAPTER - VI



SUMMARY, CONCLUSION, IMPLICATION, RECOMMENTATION AND LIMITATION

This chapter deals with the summary of the study, its findings, conclusion and the implications for nursing administration, nursing practice, nursing education and nursing research. This study has been started with a few limitations and ends with suggestions and recommendations for research in future .

SUMMARY

Corneal transplantation is the most successful among all forms of organ transplant procedures. Organ donation is a sensitive issue all over the world. Collection of donor eyes is therefore a priority in any organized effort to alleviate the needless scourge of blindness.

Video assisted teaching programme on eye donation is one of the most effective method to improve knowledge and attitude regarding eye donation among non medical degree students. So the investigator studied the statement **“A study to assess the effectiveness of video assisted teaching on knowledge and attitude regarding eye donation among non medical degree students at selected colleges ,Kumarapalayam.”**

The objectives of the study are,

1. To assess the level of knowledge& attitude regarding eye donation among non

3. To find the association between post-test knowledge & attitude score of non medical degree students and their selected demographic variables.

Hypothesis

Researchers formulated and tested the following research hypothesis,

H₁: There is a significant difference between pre-test and post-test knowledge & attitude scores regarding eye donation among non medical degree students.

H₂: There is a significant Co-relation between knowledge & attitude scores regarding eye donation among non medical degree students

H₃: There is a significant association between post-test knowledge and attitude scores regarding eye donation among non medical degree students after video assisted teaching.

The review of literature on related studies helped the investigator to design the methodology, conceptual frame work and find out the tool. The literature reviews for the present study were presented under the following heading.

1. Studies related to blindness
2. Studies related to organ & tissue donation
3. Studies related to eye donation
4. Studies related to knowledge and attitude regarding eye donation

The conceptual framework set up for the present study was the Ludwing van Bertalanfly General system theory(1968).The research design adopted for the study was

In this study the population were non medical degree students.60samples,by using convenient sampling technique. Structured questionnaire and attitude scale was used to assess the level of knowledge and attitude among non medical degree students.

The content validity was obtained from experts like doctor, nurse specialist, statistician and the tool was modified according to the suggestions and recommendations of the experts. The reliability of structured questions and attitude scale was tested by implementing the tool on 6 non medical degree students, at J.K.K.Nattaraja college of Arts & Science, Kumarapalayam, which is sample area. Split Half method (Spearman Brown Formula) was used to test the reliability of the tool. ($r^1 = 0.83$ and $r^1 = 0.88$).

The main study was conducted in J.K.K. Nattaraja college of Arts& Science Kumarapalayam. The samples were selected by using convenient sampling method among those who fulfill the sampling criteria. Video assisted teaching on eye donation was given among non medical degree students. Data were gathered through Structured questionnaire and attitude scale .The data gathered are analyzed by descriptive and inferential statistical method and interpretation is made based on the objectives of the study.

Findings

The major findings of the study were presented under the following headings.

2. Findings related to the level of knowledge and attitude on eye donation among non medical degree students before and after Video assisted teaching programme.
3. Findings related to co-relation between post test scores of knowledge and attitude on eye donation among non medical degree students.
4. Findings related to the association between post test scores of knowledge and attitude among non medical degree students with their demographic variables

I. Findings related to description of non medical degree students according to their demographic variables.

Frequency and percentage distribution of non medical degree students according to their demographic variables shows that

- 1) Most (65%) of non medical degree students were in the age group of 18-22years.
- 2) Most (31.67%) of non medical degree students were female.
- 3) Most (80%) of non medical degree students were Hindus.
- 4) Most (80.33%) of non medical degree students were single.
- 5) Most (68.33%) of non medical degree students were joint family.
- 6) Most (50%) of non medical degree students were studying BA.
- 7) Most (58.33%) of non medical degree students were between 5000-6000 income group.
- 8) Most (61.67%) of non medical degree students were living in urban area.
- 9) Most (41.67%) of non medical degree students knew information from television.

II. Findings related to the level of knowledge and attitude among non medical degree students before and after video assisted teaching.

❖ Post test score 35(58.33%) students got excellent knowledge,25(41.67%) students got very good.

b. Frequency and percentage distribution of pre & post test scores on attitude among non medical degree students

❖ Pre test score 59(98.33%) students got average in attitude, 1(1.67%) students got poor in attitude.

❖ Post test score 55(91.67%) students got good in attitude,5(8.33%) students got very good in attitude..

c. Paired “t” test value of pre and post test scores of non medical degree student.

Non medical degree students: paired ‘t’ test value for

Knowledge was 26.1 (table value=2.001)

Attitude was 31.65 (table value=2.001)

d. Mean, SD, and Mean percentage of non medical degree students pre and post test scores on knowledge & attitude.

❖ **In knowledge**

Pre test mean score =11.58

Post test mean score =21.2

Mean difference =9.64.

❖ **In attitude**

III. Finding related to co-relation between knowledge and attitude regarding eye donation among non medical degree students.

- ❖ The calculated 'r' value is 0.243
- ❖ The obtained table value 't' (58)=0.254.

IV. Findings related to the association between post test scores of knowledge and attitude among non medical degree students with their demographic variables

Chi-square was calculated to analyze the association between demographic variables with post test knowledge scores on eye donation among non medical degree students. The results shows that,

- 1) Chi square value for the age in year was 1.18 ($p > 0.05$).
- 2) Chi square value for gender was 0.313($p > 0.05$).
- 3) Chi square value for religion was 4.43($p > 0.05$).
- 4) Chi square value for marital status was 0.66 ($p > 0.05$).
- 5) Chi square value for the type of family was 0.314 ($p < 0.05$).
- 6) Chi square value for the educational status was 11.01 ($p > 0.05$).
- 7) Chi square value for the family income was 2.65 ($p < 0.05$).
- 8) Chi square value for the place of living was 2.6($p > 0.05$).
- 9) Chi square value for the source of awareness was 3.24($p > 0.05$).

Chi-square was calculated to analyze the association between demographic variables with

- 3) Chi square value for religion was 2.68($p > 0.05$).
- 4) Chi square value for marital status was 0.093 ($p > 0.05$).
- 5) Chi square value for the type of family was 0.307 ($p < 0.05$).
- 6) Chi square value for the educational status was 0.5 ($p > 0.05$).
- 7) Chi square value for the family income was 1.11($p < 0.05$).
- 8) Chi square value for the place of living was 0.036($p > 0.05$).
- 9) Chi square value for the source of awareness was 3.57($p > 0.05$).

CONCLUSION

From the findings of the study it can be concluded that,

- ❖ Most of the non medical degree students were females, were in the age group of 18-22years, knew information regarding eye donation through television.
- ❖ The mean post test knowledge and attitude score was higher than the mean pre test knowledge and attitude score, this indicates Video assisted teaching programme on eye donation was found to be significantly effective in improving knowledge and attitude regarding eye donation among non medical degree students.
- ❖ There was a significant association between the post test scores of knowledge when compared with educational status of non medical degree students.
- ❖ There was no significant association between post test scores of knowledge and attitude when compared with age, gender, religion, marital status, family income,

The findings of the study have implication in Nursing service, Nursing administration and Nursing research.

Nursing service:

- 1 . Nurses working in the emergency department and ICU'S should be equipped with adequate knowledge regarding organ donation, tissue donation and transplantation.
2. Organ& tissue donation should be considered as a routine part of end-of-life care in both intensive unit and emergency department.
3. Distribute the results of scientific investigations among professionals interested in transplantation.
4. In-service education on organ & tissue donation and transplantation should be conducted periodically to the staff nurse.

Nursing education

1. Review of the school curricula & emphasize the important of organ& tissue donation.
2. A Specialty course on Transplant nursing could be included in GNM and B,Sc. nursing in final year in future.
3. Provide a means of continuing education for professional nurses with a focus in

1. Nurse administrators should examine trends in transplantation affecting patient care and the role of the transplant nurse.
2. Nurse administrators should provide a network for communication among professional nurses who are interested and committed towards organ donation, tissue donation and transplantation.

Nursing Research

1. Provide & support research in transplanting organ and tissue.
2. Foster an awareness of ongoing ethical considerations in procurement, donation, and recipient awareness .
3. Research on knowledge & attitude towards organ donation can be carried out periodically.

LIMITATION

1. The study was limited only to non medical degree students.
2. The study was confined to a sample size of 60.

RECOMMENDATIONS

2. The study may be replicated in different settings especially urban and rural areas.
3. Similar study can be conducted among pre university students and post graduate students.
4. A exploratory study can be done to assess the barriers in organ & tissue donation.

BIBLIOGRAPHY

BIBLIOGRAPHY

Internet reference:

1. Cornealtransplantation URL:<http://en.wikipedia.org/wiki/cornealtransplantation>.
2. 'Eye bank information' www.ebie.org eye donation.
3. Eye <http://www.donateyourorgan.com/organdonation/aboutorgandonation.aspx>.
4. Liver transplant <http://indicure.com.ng/organ-transplant/liver-transplant-in-india>
5. Natra Daan. Blindness in India ,<http://www.netradaan.com/blind-statistics-india>
6. Natra Daan. The greatest gift of all. <http://www.netradaan.com/corneal-blindness.php>
7. Organ donation and transplantation-Frequently asked questions
www.kidney.org.au/organdonation/organdonationFAQ/tabid/645/Default.aspx
8. Organdonation <http://www.mohanfoundation.org/ion-and-donation17.org>
9. Organ transplantation <http://www.transplantindia.com>
10. Organ donation <http://www.timesofindia/city/chennai/new-year-new-life-organ-donation>
11. Organ donation <http://www.nlm.nih.gov/medlineplus/organ-donation.htm/>
12. OrgantransplantationURL:<http://en.wikipedia.org/wiki/organtransplantation>

16 .The Human eye available from www.sightsaras.org/human.eye

Book reference:

1.Brunner &Suddharth's, '**Text book of Medical Surgical Nursing**',(2009), Published by Lippincott William Wilkins ,India,(10th edition) .,Pp.1916,1330-1335

2.Denise F. Pilot, Cheryl tatano beck, '**Nursing research**',(2010), Published by Lippincott William Wilkins ,India.,(8th edition).,Pp-66

3.Joyce M Black, '**Text book of Medical Surgical Nursing**'.(2009), Published by Elsevier in Missouri, (12th edition)., Pp.405.

4. LeocGinna, Benedict cosmic, '**Organ transplantation**', Weleys John &sons Publications, (1st edition)., Pp -272-285.

5.Lewis,Sharon, '**Text book of Medical Surgical Nursing**' ,(2009),Published by Mosby Publications, India,(7th Edition)., India. Pp: 236-240,155,1225-1230

6. Mahajan BK,' **Method in Biostatistics of Medical Students and Research workers**', Published by Jaypee brothers ,New Delhi.,Pp-21-28.

7.Suresh K Sharma,'**Text book of nursing research& statistics**',(2011), Published by (2011)Pp-70.

Journal reference:

1.Bhandery S, et. al. Eye donation-Awareness and willingness among attendants of patients at various clinics in Melaka, Malaysia. Indian J ophthalmology

- 3.Brinda P, et, al. Awareness of eye donation in an adult population of southern India. A pilot study. Indian Journal of Ophthalmology 2003;51:101-4.
- 4.Dandona R, et,al.Awareness of eye donation in an urban population in India .Aust NZJ Ophthalmology 1997;27:166-69.
- 5.Dr. Kishor survase, MIMSR medical college India, Awareness of eye donation in students of government polytechnic college. International J Recent trends in science and technology E-ISSN-2249-8109,Volume1,issue,2011 Pp-01-05.
- 6.Dr. Sunil Shroff, Cadaver Organ Donation & Transplantation in India.1994
- 7.Gupta A, et.al, Awareness &perception regarding eye donation in students of a nursing college in Bangalore. Indian J CommunityMed.2009;Apr 34(2):122-125.
- 8.H.Bilget, et.al, Knowledge and attitudes about organ donation among medical students Transplantation. medizin 2006,18.jahrg,s.96.
- 9.Indian transplant newsletter of, 'Mohan Foundation'. Volume 2 issue No.37 of 2013.
- 10.Maria Theresa ,'Nightingale nursing times' Volume-4,issue-5,March 2009.
- 11.Malarvizhi M. Organ and tissue donation. Nightingale Nursing Times Journal 2007 July; 3(4):12-15
- 12.Manisha Kandan. "Nightingale Nursing Times" volume-3,issue-4,july 2007
- 13.Organ Procurement and Transplantation Network (OPTN). Waiting list for Organs. Elsevier Publication; 2009

- 15.Priyadarshini B, et, al. Awareness of eye donation in adult population of India. A Pilot study. Arvind eye care systems and lions Madurai. Indian J Ophthalmology.2003 March;51(1).
- 16.Richard L. Eye donation The gift of sight, Nightingale nursing times'2009 July:5(4):24-5.
- 17.Ruckmani Devi.V, "health action, volume-1, issue-3,november-2009.
- 18.Rykhoff ME, Clinical groups attempt to raise awareness of organ and tissue donation. Indian J Ophthalmology.
- 19.Sanner.M. Attitudes towards organ donation and transplantation .Social science and medicine,38,1141-1152.
- 20.SC Reddy department of ophthalmology, International Medical University ,Clinical school, Jalen Rasah, Med J Malaysia Volume 64 No/March 2009.
- 21.Singh.MM, et.al, Medical students perception on eye donation in Delhi. Indian J Ophthalmology .2007;55:49-53.
- 22.S Krishnaiah, Awareness of eye donation in the rural population of India. International centre for advancement of rural eye care, L.V.Prasad eye institute ,Hyderabad, India. Indian J Ophthalmology 2004,52(1):73-78.
- 23.Tamilarasi B. Knowledge and Attitude regarding organ donation among Nursing Students. Nurses Journal of India 2007 December 15; 8(12):9-10.
- 24.Thomas. R, et al, "Present status of eye care in India",L.V. Prasad eye institute, Hyderabad, Andhra Pradesh, India, Jan 2005.

APPENDICES

LETTER SEEKING PERMISSION TO CONDUCT MAIN STUDY

FROM

Mrs. Valarmathi.K,
II Year M.sc. Nursing(Medical surgical nursing),
SRESAKTHIMAYEIL INSTITUTE OF NURSING &RESEARCH,
Kumarapalayam.

To

Forwarded through,
The Principal,
SRESAKTHIMAYEIL INSTITUTE OF NURSING &RESEARCH,
Kumarapalayam.

Respected Sir/Madam

Sub: Requesting permission to conduct main study

I, am Mrs. Valarmathi. K II year Msc. Nursing post graduate student of Sresakthimayeil institute of nursing & research .I have selected the below mentioned topic for the research project to be submitted to THE TAMILNADU DR.MGR MEDICAL UNIVERSITY,CHENNAI as a partial fulfillment of university requirement for degree in Master of Nursing .

Title: **A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE &ATTITUDE REGARDING EYE DONATION AMONG NON MEDICAL DEGREE STUDENTS AT SELECTED COLLEGES ,KUMARAPALAYAM.** Regarding this project ,I am in need of your esteemed help & co-operation as I am interested in conducting the study in your institution .Hence, I request your good self to kindly permit me to conduct the proposed study under your

LETTER REQUESTING OPINION AND SUGGESSTIONS OF EXPERTS FOR CONTENT VALIDITY TOOL

From

II year M.Sc (N) (Medical Surgical Nursing),
Sre sakthimayeil institute of nursing and Research ,
(j.k.k.Nattaraja Educational Institutions),
Kumarapalayam,Namakkal (dt).

To

Through: The Principal

Respected Sir/Madam,

SUB: Content Validity – Requesting – valuable opinion & suggestions regarding

I am final year M.Sc (N) student of Sre sakthimayeil institute of nursing and Research ,(j.k.k.Nattaraja Educational Institutions),komarapalayam. In partial fulfillment of M.Sc (N) programme , I have selected the topic mentioned below for the research project which has to be submitted to the Tamil Nadu Dr.M.G.R Medical University .

Hereby I have enclosed the tool on EYE DONATION. Hence I request your good self to validate the tool & give your valuable opinion &suggestions for necessary modification of the same.

“ A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISSTED TEACHING ON KNOWLEDGE AND ATTITUDE REGARDING EYE DONATION AMONG NON MEDICAL DEGREE STUDENTS AT SELECTED COLLEGES, KOMARAPALAYAM”.

CONTENT VALIDITY CERTIFICATE

Name:

Designation:

Name of the college:

I hereby certify that I have validated the tool of Mrs.Valarmathi. K –II year M.Sc
(N) student of medical surgical nursing department who is undertaking dissertation on

**“A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISSTED
TEACHING ON KNOWLEDGE AND ATTITUDE REGARDING EYE
DONATION AMONG NON MEDICAL DEGREE STUDENTS AT SELECTED
COLLEGES , KUMARAPALAYAM”.**

Place:

Signature of the expert:

Date:

Designation:

CERTIFICATE FOR ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

Name:

Designation:

Name of the college:

I hereby certify the Dissertation **“A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE AND ATTITUDE REGARDING EYE DONATION AMONG NON MEDICAL DEGREE STUDENTS AT SELECTED COLLEGES,KUMARAPALAYAM”** by K.Valarmathi Msc.Nursing Sresakthimayeil Institute of Nursing &Research ,Komarapalayam was edited for ENGLISH Language appropriateness.

Date:

CERTIFICATE FOR TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

Name:

Designation:

Name of the college:

I hereby certify the Dissertation **“A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE AND ATTITUDE REGARDING EYE DONATION AMONG NON MEDICAL DEGREE STUDENTS AT SELECTED COLLEGES,KOMARAPALAYAM”** by K.Valarmathi Msc.Nursing Sresakthimayeil Institute of Nursing &Research ,Kumarapalayam was edited for TAMIL Language appropriateness.

Date:

Place:

Seal &Signature

LIST OF EXPERTS

- 1. Dr.M.Padmavathi selvaraj. MD,**
Santhosh Hospital,
Tirupur.

- 2. Prof.Mrs.Jamunarani.R.M.sc.Nursing ,Ph.D**
Principal,
Sresakthimayeil Institute of nursing & research,
Kumarapalayam.

- 3. Prof.Mrs.Nirmala.M.M.sc.Nursing,**
HOD Medical Surgical Nursing Department,
Kongunadu college of Nursing,
Coimbatore.

- 4. Prof.Mrs.Padmavathi.M.sc.Nursing, Ph.D,**
Principal,
Dhanvantri college of Nursing,
Pallakkapalayam.

- 5. Mrs.Gowri .B.M.sc. Nursing,**
Reader,

STRUCTURE QUESTIONNAIRE ON EYE DONATION

SECTION :A

DEMOGRAPHIC VARIABLES:

Instructions to the interviewer : you are requested to select the most appropriate choice given and place a tick() . in the space provided in the brackets against the following items.

1.Age in years

a.18 -22 ()

b.23-27 ()

c. above 27 ()

2.Gender

a. Male ()

b. Female ()

3.Religion

a. Hindu ()

b. Christian ()

4.Marital status

a. Single ()

b. Married ()

c .Divorced ()

d.Widow ()

5.Type of family

a. Joint family ()

b .Nuclear family ()

c. Extended family ()

6.Education status

a. B.A ()

b. B.COM ()

c. B.B.A ()

7.Family income per month

a.5000-6000 ()

b.6001-7000 ()

c.7000above ()

8.Place of living

9.Source of awareness

- a. TV ()
- b. Radio ()
- c. News paper ()
- d. Friends ()
- e. Family members ()
- f. Doctor ()
- g. Movie ()
- h. If any other ()

STRUCTURE QUESTIONARRIES ON EYE DONATION

SECTOIN :B

GENERAL KNOWLEDGE QUESTIONARRIES ON ORGAN DONATION&BLINDNESS

1.What is Organ Donation?

- a. Donating of an organ or tissue to a needed person with organ failure
- b. Donating of an organ to a healthy person
- c. Donating of an organ to a dead person

2. Why Organ Donation is important?

- a. To increase shortage of organs for transplants (decrease organ donation)
- b. To increase death
- c. To reduce shortage of organs for life-saving transplants (increase organ donation)

3. Organ Transplantation is indicated for

- a. Organ failure
- b. Organ infection

4. Who can be an organ Donor?

- a. People of all ages and after death are eligible to donate
- b. Age groups 5years to 30 years and after death are eligible to donate
- c. Age groups 30years to 70years and after death

5. What are all the organs that can be transplanted?

- a. Kidney, Liver, Lungs
- b .pancreas, Heart, Intestine
- c. All of the above

6. Which of the following tissues can be donated?

- a. Cornea, Skin
- b. Heart valves, Tendons
- c .a & b

7. Which of the following conditions are indicated for organ donation?

- a. Brain dead
- b. Coma

8. Who cannot be the eligible donor?

- a. Person with AIDS
- b. Person with Hypertension
- c. Person with Leg pain

9. What is Living donation?

- a. A living person donate an organ for transplantation
- b. A dead person donate an organ for transplantation
- c. It is an cadaver organ transplantation

10. What organs can be donated by living donors?

- a. Kidney, Liver
- b. Pancreas
- c. All of the above

KNOWLEDGE QUESTIONARRIES ON EYE DONATION

11. What is Eye Donation?

12. What is meant by pledging the Eye Donation?

- a. Consent expressing wish to donate eyes during life
- b. Consent expressing wish to donate eyes after death
- c. None

13. What is the age limit for eye donor?

- a. Above 30 years
- b. Above 10 years
- c. All ages

14. Which part of eye is transplanted in the receiver of the eye?

- a. Lens
- b. Retina
- c. Cornea

15. What is the cornea?

- a. Cornea is a thin fold of skin that covers the eye.
- b. Cornea is the clear, transparent, tissue covering the front of the eye.

16. What is the corneal blindness?

- a. Cornea becoming clouded, affects the transparency, making a person blind.
- b. Cornea become clear, making a person blind.
- c. The transparency of cornea is clear, vision also normal.

17. With in how many hours after death cornea is to be removed ?

- a. 6 hours
- b. 8 hours
- c. 9 hours

18. What is a corneal transplant?

- a. Removing the cloudy cornea and replaces it with a clear cornea.
- b. Removing eyeball and replaces it with a eyeball.
- c. None of the above.

19. Who cannot donate their eyes?

- a. Person with Rabies
- b. Person with Hypertension
- c. Person with Diabetes Mellitus

20. What are all the causes of corneal blindness ?

21. What is eye bank ?

- a. Eye bank is a retrieve and store eyes for corneal transplants and research.
- b. Eye bank is a removal of the eyes.
- c. None of the above

22. What happens to the eyes stored in eye bank?

- a. It is examined.
- b. It is stored in appropriate media.
- c. All of the above

23. What to do in the event of a death ?

- a. Cover eye lids, switch off the fans.
- b. Put wet cotton on lids, and inform eye bank
- c. All of the above

24. What part of the donated eyes is useful ?

- a. All parts of the eyes are useful.
- b. Only Cornea
- c. None of the above

25. How will the donated eyes be used?

- a. Processed by eye bank.

SECTION-C

ATTITUDE SCALE FOR EYE DONATION

Instructions to the interviewer : you are requested to select the most appropriate choice given and place a tick mark ().

S.N	Content	Strongly agree	Agree	Un certain	Dis agree	Strongly Disagree
1	Eye donation allows something positive to come out of a person life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Eye donation is contrary to the laws of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Eye donation helps build solidarity in society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Eye donation can cause illnesses to spread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Eye donation is risky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Eye donation is an unselfish act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Eye donation is immoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	The spirit of a dead person is not peaceful if their organs live in the body of another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Talking with relatives regarding eye donation will affect relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Eye donation is a noble work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I would consider become a live donor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Eye donation is disturbs the peace of person life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Every healthy person should be a Eye donor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Eye donors should serve as examples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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(A) AoÚzx Á⁻vÚ, CÓcu $\alpha\beta$ EhÀ EÖ; PoÍ uóÚ

$\vec{d} \cdot \vec{v} \gg \vec{d} \cdot \vec{E}$.

(B) 5 Á⁻x \cdot uÀ 30 Á⁻x Áom EΘÍÁ°PΘ, CÓcu $\alpha\beta$ EhÀ

EÖ; PoÍ uóÚ $\vec{d} \cdot \vec{v} \gg \vec{d} \cdot \vec{E}$.

(C) 30 Á⁻x \cdot uÀ 70 Á⁻x Áom EΘÍÁ°PΘ CÓcu $\alpha\beta$ EhÀ

EÖ; PoÍ uóÚ $\vec{d} \cdot \vec{v} \gg \vec{d} \cdot \vec{E}$.

5) Gcöu^c EhÀ EÖ; PoÍ, EhÀ EÖ; ©öΘÖ AÖoÁ |Qao\ $\vec{d} \cdot \vec{v} \gg \vec{d} \cdot \vec{E}$?

(A) |Ö}μP, PÀ^{1/2}μÀ, ~om±μÀ

(B) Pon⁻, Cu⁻, EnÄ ShÀ

(C) (A) ©ΘÖ (B).

6) RÍÁ, ÁÚÁΘÖB Gcu v_{-U} PoÍ uóÚ $\vec{d} \cdot \vec{v} \gg \vec{d} \cdot \vec{E}$?

(A) ÄÈ öÁsfh \gg , ÷uóÄ

(B) Cu⁻zvB SÇó°PΘ, uo\ |ö°

(C) (A) ©ΘÖ (B)

(C) $\text{£UPÁ}\delta\text{u}^{\circledR} \text{Aoh}\epsilon\text{u}^{\circledR}\text{P}\hat{\text{O}}$

8) $\text{R}\hat{\text{I}}\text{Á}, \text{Á}\text{Ú}\text{Á}\text{O}\hat{\text{O}}\text{B} \bar{\delta}^{\circ} \text{Eh}\hat{\text{A}} \text{E}\ddot{\text{O}}^{\cdot}; \text{P}\text{o}\hat{\text{I}} \text{u}\hat{\text{o}}\hat{\text{U}}^{\circledR} \text{ö}\backslash^{\cdot} \cdot \text{i}^{\cdot} \hat{\text{o}}\text{x}?$

(A) $\text{G}'\text{m}\hat{\text{i}} \div | \hat{\delta}' \text{E}\hat{\text{O}}\hat{\text{I}}\text{Á}^{\circ}\text{P}\hat{\text{O}}$

(B) $\text{E}^{\cdot} \text{C}\mu\text{zu} \text{A}\hat{\text{E}}\text{zu}^{\circledR} \text{E}\hat{\text{O}}\hat{\text{I}}\text{Á}^{\circ}\text{P}\hat{\text{O}}$

(C) $\text{P}\delta^{\hat{\text{A}}} \text{Á}\frac{1}{4} \text{E}\hat{\text{O}}\hat{\text{I}}\text{Á}^{\circ}\text{P}\hat{\text{O}}$

9) $""\text{E}^{\circ}\hat{\text{A}}\hat{\delta}\hat{\text{E}}^{\circledR} \text{ö}\text{£}\hat{\delta}\hat{\text{E}}\text{x}'' \text{Eh}\hat{\text{A}} \text{E}\ddot{\text{O}}^{\cdot}; \text{u}\hat{\text{o}}\hat{\text{U}}^{\circledR} \text{G}\text{B}\hat{\text{O}}\delta^{\hat{\text{A}}} \text{G}\text{B}\hat{\text{U}}^{\cdot} ?$

(A) $\text{E}^{\circ} \hat{\text{A}}\hat{\delta}\hat{\text{E}}^{\circledR} | \text{£}^{\circ} \text{Eh}\hat{\text{A}} \text{E}\ddot{\text{O}}^{\cdot}; \text{P}\text{o}\hat{\text{I}} \text{u}\hat{\text{o}}\hat{\text{U}}^{\circledR} \text{ö}\backslash^{\cdot} \text{u}\hat{\text{A}}.$

(B) $\text{C}\hat{\text{O}}\epsilon\text{u} | \text{£}^{\circ} \text{Eh}\hat{\text{A}} \text{E}\ddot{\text{O}}^{\cdot}; \text{P}\text{o}\hat{\text{I}} \text{u}\hat{\text{o}}\hat{\text{U}}^{\circledR} \text{ö}\backslash^{\cdot} \text{u}\hat{\text{A}}.$

(C) $\text{sh} | \hat{\delta}\text{m}\text{P}\hat{\text{O}} \nu\mu\hat{\text{A}}\text{z}\nu\hat{\text{A}} \text{£}\hat{\delta}\text{x}\text{P}\delta\text{UP}^{\cdot}\text{£}\text{mh} \text{C}\hat{\text{O}}\epsilon\text{u}^{\circledR}\text{P}\hat{\text{I}}\text{B}$
(\div PhÁ $^{\circ}$) EhÁ EÖ $^{\cdot}$; PóI uóU $^{\circledR}$ ö\´uÁ.

10) $\text{E}^{\circ} \hat{\text{A}}\hat{\delta}\hat{\text{E}}^{\circledR} \text{ö}\text{£}\hat{\delta}\hat{\text{E}}\text{x} \text{G}\epsilon\hat{\text{o}}\text{u}\epsilon\text{u} \text{Eh}\hat{\text{A}} \text{E}\ddot{\text{O}}^{\cdot}; \text{P}\text{o}\hat{\text{I}} \text{u}\hat{\text{o}}\hat{\text{U}}^{\circledR} \text{ö}\backslash^{\cdot} \gg \hat{\delta}^{\circledR} ?$

(A) $|\hat{\text{O}}\}_{\mu}\text{P}^{\circledR}, \text{P}\hat{\text{A}}\frac{1}{2}\mu\hat{\text{A}}$

(B) $\text{P}\text{on}^{\cdot\circledR}$

(C) (A) $\text{C}\hat{\text{O}}\hat{\text{O}}^{\circledR}$ (B).

11. $\text{P}\text{s} \text{u}\hat{\text{o}}\hat{\text{U}}^{\circledR} \text{ö}\backslash^{\cdot} \hat{\text{A}}\text{x} \text{£}\text{O}\hat{\text{O}}^{\cdot} \text{A}\hat{\text{O}}\hat{\text{A}}\nu\hat{\text{O}}\text{B} \div \text{P}\hat{\text{O}}\hat{\text{A}}\text{P}\hat{\text{O}}.$

(C) (A) ©00® (B)

12) Ps uôÚ® ö\÷ÁB GBÖ ÁôUSÖv GkzuÀ GBÓôÀ GBÚ ?

(A) ÁôÊ® ö£ôÊx PsPoÍ uôÚ® ö\´ J´! UöPôÒQ÷ÓB
GBÖ ÁôUSÖv GkzuÀ.

(B) CÓcu |£° uÚx PsPoÍ uôÚ® ö\´Q÷ÓB GBÖ
J´! UöPôÒDuÀ BS®.

(C) GxÄ® CÄo».

13) Ps uôÚ® ö\´ Á´x Áµ®! GBÚ ?

(A) 30 Á´vOS ÷©À

(B) 10 Á´vOS ÷©À

(C) AoÚzx Á´vÚ,®

14) PsPÎB Gcu £Svo´ uôÚ©ôP, Ps £ô°oÁ CÇcuÁ°PDUS
©ô00 AÖoÁ]Qao\ ö\´»ô®.

(A) ö»Bi (öuôkÂÀo»)

(B) öµmiÚô (ÂÈzvøµ)

(C) Pô°}A (ÂÈöÁs£h»®)

**(B) $\hat{A}\hat{E}\ \ddot{o}\acute{A}s\mathfrak{f}h\gg^{\circledR}$ GB£x öuÎÁöÚ, JÎ Fk,Ä® £Sv ©ÖÖ®
ö\ÀPÍöÀ BÚx, PsoB •B£SvUS Eoū-öp EÖÍx.**

**(C) $\hat{A}\hat{E}\ddot{o}\acute{A}s\mathfrak{f}h\gg^{\circledR}$ GB£x öuÎÁöÚ PsPÍB Co©°B CÖv
£Sv̄-öp EÖÍx.**

16) $\hat{A}\hat{E}\ddot{o}\acute{A}s\mathfrak{f}h\gg^{\circledR}$ £ö°oÁ CÇ̄! GBÓöÀ GBÚ ?

**(A) $\hat{A}\hat{E}\ddot{o}\acute{A}s\mathfrak{f}h\gg^{\circledR}$ £ö°oÁ CÇ̄! GB£x $\hat{A}\hat{E}\ddot{o}\acute{A}s\mathfrak{f}h\gg^{\circledR}$
öÁso©̄-öp ©öÔ, JÎ Fk,QÓ uBo© £öv̄! AohCx, |£>B
£ö°oÁ CÇ̄°o£ HÖ£kzxuÀ BS®.**

**(B) $\hat{A}\hat{E}\ \ddot{o}\acute{A}s\mathfrak{f}h\gg^{\circledR}$ £ö°oÁ CÇ̄! GB£x $\hat{A}\hat{E}\ \ddot{o}\acute{A}s\mathfrak{f}h\gg^{\circledR}$
öuÎÁöPÄ®, BÚöÀ |£>B £ö°oÁ CÇ̄°o£ HÖ£kzxuÀ
BS®.**

**(C) $\hat{A}\hat{E}\ddot{o}\acute{A}s\mathfrak{f}h\gg^{\circledR}$ & öuÎÁöPÄ®, JÎ Fk,QÓuBo©
C̄-À£öPÄ®, £ö°oÁ uBo© |BÓöp C,zuÀ BS®.**

**17) (Pö°)A) $\hat{A}\hat{E}\ddot{o}\acute{A}s\mathfrak{f}h\gg^{\circledR}$ zou AuöÁx CÓcu |£>B PsPoÍ GzuoÚ
©o ÷ |µzvÖSÒ }UP® ö\̄ ÷Ásk®.**

(A) 6 ©o ÷ |µzvÖSÒ

(B) 8 ©o ÷ |µzvÖSÒ

(C) 9 ©o ÷ |µzvÖSÒ

ÂÈöÁshf»zouöfö,zxuÀ BS®.

(B)ÂÈzvoµο̄ }UQ, ©öÖÖ ÂÈzvoµο̄ öfö,zxuÀ

(C)GxÄ® CÀo».

19) RÌÁ,ÁÚÁΘÖB̄ δ° GÀ»δ® PsPoÍ uóÚ® ö\´·i´õx?

(A) G´mì ÷|δ´ EΘÍÁ°PÒ

(B) E´° Cµzu AÊzu® EΘÍÁ°PÒ

(C) \°UPοµ ÷|δ´ EΘÍÁ°PÒ

20) ÂÈöÁsfh»® fδ°oÁ CÇ´µΘPδÚ Pöµn|PÒ GBÚ ?

(A) öuöÖÖ ÷|δ´ Q,°, ÂfzxPÒ

(B) Fmha\zx SoÓfökpÒ

(C) (A) ©ÖÖ® (B)

21) Ps Á|Q GBÓδÀ GBÚ ?

**(A) Ps Á|Q GBfx PsPoÍ fu´fkzv, ÷\´zx, fõxPõzx
÷uoÁ´fk® öföÊx Ps ©öÖÖ AÖoÁ |Qao\US öPökzx
EuÄuÀ ©ÖÖ® Bµó´a|US® EuÄQÓx.**

(B) Ps Á|Q GBfx PsPoÍ }UP® ö\´QÓx.

(C) CxÄ® CÀo»

(B) $\text{Eu}^{\text{f}}\text{kzu}^{\text{f}}\text{kQ}\acute{\text{O}}\text{x}$.

(C) (A) $\text{C}\text{O}\ddot{\text{O}}^{\text{R}}$ (B)

23) J , $\text{[}\text{E}^{\circ}\text{C}\acute{\text{O}}\text{c}\text{u}\text{Eh}\div\acute{\text{U}}\text{ (PsPo}\acute{\text{I}}\text{ } \text{]UP}^{\text{R}}$ $\text{ö}\backslash\acute{\text{A}}\text{u}\text{OS}$) $\text{GB}\acute{\text{U}}\text{ ö}\backslash\text{ }^{\text{f}}$
 $\div\acute{\text{A}}\text{sk}^{\text{R}}$?

(A) $\text{PsPo}\acute{\text{I}}\text{ } \text{‰}\text{oi}^{\text{2}}\text{R}$, $\text{“B } \hat{\text{A}}\text{]}\hat{\text{O}}\text{o}^{\text{f}}$ $\text{AonUP } \div\acute{\text{A}}\text{sk}^{\text{R}}$.

(B) $\text{PsP}\hat{\text{I}}\text{B} \ll\text{x D}\mu\text{C}\acute{\text{O}}\acute{\text{U}}\text{ xoo}^{\text{f}}$ $\text{Cmk Ps } \acute{\text{A}}\text{[QOS}$
 $\text{öu}\text{>}^{\text{f}}\hat{\text{A}}\text{UP } \div\acute{\text{A}}\text{sk}^{\text{R}}$.

(C) (A) $\text{C}\text{O}\ddot{\text{O}}^{\text{R}}$ (B).

24) $\text{u}\acute{\text{O}}\acute{\text{U}}^{\text{R}}$ $\text{ö}\backslash\text{ }^{\text{f}}$ $\text{fmh Psob Gcu } \text{fSv } \text{f}^{\text{f}}\text{B E}\acute{\text{O}}\acute{\text{I}}\text{u}\acute{\text{O}}\text{P E}\acute{\text{O}}\acute{\text{I}}\text{x}$?

(A) $\text{PsP}\hat{\text{I}}\text{B A}\text{o}\acute{\text{U}}\text{zx } \text{fSvPD}^{\text{R}}$

(B) $\hat{\text{A}}\text{E}\acute{\text{ö}}\hat{\text{A}}\text{s}\text{f}\text{h}\text{>}^{\text{R}}$ Cmk^{R}

(C) $\text{Gx}\ddot{\text{A}}^{\text{R}}$ $\text{C}\hat{\text{A}}\text{o}\text{»}$.

25) $\text{u}\acute{\text{O}}\acute{\text{U}}^{\text{R}}$ $\text{ö}\backslash\text{ }^{\text{f}}$ $\text{fmh PsP}\acute{\text{O}}\text{ G}\hat{\text{A}}\text{E}\acute{\text{A}}\acute{\text{ö}}\ddot{\text{O}}\text{ } \text{f}^{\text{f}}\text{B E}\acute{\text{O}}\acute{\text{I}}\text{u}\acute{\text{O}}\text{P E}\acute{\text{O}}\acute{\text{I}}\text{x}$?

(A) $\text{Ps } \acute{\text{A}}\text{[Q}^{\circ}\hat{\text{A}}\text{ } \text{Eu}^{\text{f}}\text{kzu}\ddot{\text{A}}^{\text{R}}$, $\text{f}\acute{\text{ö}}\text{xP}\acute{\text{ö}}\text{UP}\ddot{\text{A}}^{\text{R}}$

(B) $\text{Ps } \text{C}_{,\text{zx}}\hat{\text{A}}^{\circ}\text{P}\hat{\text{I}}\text{h}^{\text{R}}$ $\text{B}\mu\acute{\text{ö}}^{\text{f}}\text{a}\text{[US } \text{öP}\acute{\text{ö}}\text{kUP}^{\text{f}}\text{kQ}\acute{\text{O}}\text{x}$.

Sv & I

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÷u°Á°PDUPôÚ SÔ̄|PÒ :& RÌUPsh ÷PÒÂPÎÀ E|PDUS Gx \>̄ôÚ £vÀ GBÖ {oÚUQÔ̄P÷Í Acu £vo»

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<p>Á>o\ Gs.</p>	<p>÷PÒÂPÒ</p>	<p>•ÊÁx® HOÖU öPôÒQ÷ÓB</p>	<p>HOÖU öPôÒ Q÷ÓB.</p>	<p>SÇ̄ £zvÀ</p>	<p>©ÖU Q÷ÓB</p>	<p>•Ê Áx® ©ÖU Q÷ÓB</p>
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<p>2.</p>	<p>PsuôÚ® ö\Áx GB£x C̄OoP •oÓPDUS Gv°©oÓ̄ôÚ ö\À BS®.</p>					
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<p>5.</p>	<p>PsuôÚ® ö\Áx GB£x J, PiÚ©ôÚ ö\À BS®.</p>					
<p>6.</p>	<p>PsuôÚ® ö\Áx GB£x J, _ >©00̄ ö\À BS®.</p>					
<p>7.</p>	<p>PsuôÚ® ö\Áx GB£x \mh̄£i J, S00̄ ö\À BS®.</p>					
<p>8.</p>	<p>CÓcuÁ°PÍB PsPÍB £Svō ÷Áö0ö,Á°PDoh̄ PsPÍÀ ö£ö,zx® ö£öÊx, C0CuÁ°PÍB Az©ö Ao©v ö£0öx.</p>					
<p>9.</p>	<p>PsuôÚ® ö\Áx £00̄ Â̄,£ Poí E0ÁÚ°PÍh® P»cuô̄Ä ö\²® ö£öÊx E0ÁÚ°PDUS Coh÷̄ôÚ □on̄ £á-UP̄£L00̄x</p>					

2	ÁðìUoP°À Ao©vo⁻ ^°So»UQÓx.					
1	EhÀ B÷μôUQ⁻©ôP E0Í AoÚzx 					
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1	PsuôÚ® ö\`Áx GB£x J, B£zuôÚ					
5	ö\`À BS®.					
1	J,Á° PsuôÚ® ö\`ÁuôÀ Cμsk 					
6	£°PÒ £ô°oÁ ö£ÖQBÓÚ°.					

LESSON PLAN
ON EYE
DONATION

Name of the student investigator : K.Valarmathi

Topic : Eye Donation

Group : Non medical degree student

Place : Komarapalayam

Duration : 45minutis

Method of Teaching : Lecture cum Discussion

Audio Visual Aids : LCD Projector

Medium of instruction : English& Tamil

Previous Knowledge of participants : Basic knowledge about eye donation

General objectives:Non medical degree students will be able to acquire scientific knowledge regarding eye donation and practices the same within the clinical settings with desirable skill and attitude.

Specific Objectives: On completion of the topic non medical degree students will able to

1. Define organ donation & Transplantation
2. Discuss important of organ donation
3. List the Types of donors
4. List the Organs and Tissues for donation
5. Enlist the Types of organs supplied by living donation
6. Discuss difference between Coma & Brain dead
7. Enumerate the Organ and tissues preservation time
8. Explain the Criteria for donation
9. Describe the eye donation
10. Identify the role of society regarding organ donation

Time	Specific objectives	Content	Teacher student activities
2mts		<p>Introduction: For many doctors, nurses and the general public the term life support calls up the ventilator. However there are many types of life support, one of them being organ transplants. Today, science has made improvement in the field of transplantation to the point that most transplant operations are considered risk. Organ donation takes healthy organs and tissues from one person for transplantation into another. Experts say that the organs from one donor can save or help as many as 50 people.</p>	Teacher student activities Teacher introduction of topic and student listening
3mts	Define organ donation & transplantation	<p>Organ donation It refers to the gifting of an organ or tissue to a needed person with organ failure by the person who is willing to donate organ.</p> <p>Transplantation It refers to the transfer of human organs, tissues from a donor to a recipient with the aim of restoring functions in the body.</p> <p>(or)</p> <p>It is the moving of an organ from one body to another or from a donor site to another location on the patients own body, for the purpose of replacing the recipients damaged or absent organ.</p>	Teacher explanation of definition of organ donation and transplantation
3mts	Discuss the importance of organ donation	<p>Important of Organ donation:</p> <ul style="list-style-type: none"> ➤ India around 6000 people die every day waiting for organ transplant. ➤ Every 17 minutes someone dies waiting for transplant. ➤ Every 13minutes someone is added to a waiting list. ➤ There are more than 87,000 patients listed awaiting an organ transplant. ➤ However issue that exists is a supply and demand problem. ➤ 14people die each day while waiting for a life-saving kidney transplant. ➤ Every 20mintus someone is added the kidney transplant. ➤ There is a severe shortage of organs for life –saving transplants. 	Teacher explanation of importance of organ donation, student listening

3mts	List the types of donor	<p>Types of donors:</p> <p>1.After death(deceased donation)</p> <p>2.Braindead person</p> <p>3.Living donation</p> <p>After death: It is also known as cadaver donation. who have been declared brain dead and where organ are kept viable by ventilator or other mechanism until they can be excised for transplantation or those who have donated their organ after death.</p> <p>Brain dead:</p> <ul style="list-style-type: none"> ➤ Absence of spontaneous movement and response to stimulus. ➤ Absence of spontaneous respiration ➤ Absence of brain stem reflexes ➤ Reversible etiology must be considered and excluded prior to the diagnosing of brain death. <p>Living donation: When a person donate an organ for transplantation to a needed person with organ failure.</p>	
3mts	List out the organs and tissues can be donated	<p>Organs for donation</p> <p>The commonly transplanted and donated organs are</p> <ul style="list-style-type: none"> ❖ Kidney ❖ Heart ❖ Lungs ❖ Liver ❖ Pancreas ❖ Intestine <p>Tissues for donation</p> <ul style="list-style-type: none"> ➤ Cornea ➤ Skin ➤ Heart valves ➤ Bone, Bone marrow ➤ Connective tissue 	Teacher exp what are all tissues can students are l
2mts	Enlist the organs supplied by living donors	<p>Types of organs supplied by living donation</p> <p>Kidney{entire organ}</p> <p>This is the most frequent type of living organ donation. Living individuals can donate one of their two well functioning kidneys.</p> <p>Liver{segment}</p> <p>Although lung lobes do not regenerate, individuals can donate</p>	Teacher exp what are all organs can students are l

		<p>a lobe of one lung. The donors lung must be right volume and size in order to be a correct match.</p> <p>Pancreas{portion}</p> <p>Individuals can also donate a portion of the pancreas.</p> <p>Intestine{portion}</p> <p>Although very rare it is possible to donate a portion of the intestine</p>	
5mts	<p>Discuss the difference between brain death and coma</p>	<p>Difference between Brain dead and Coma</p> <p>Cardiac death criteria</p> <ul style="list-style-type: none"> ➤ Patient has no cardiac respiratory activity ➤ Acceptable donations, Tissues& Eyes ➤ Body must be kept cool before tissues are removed ➤ Removal within 12to 24 hours <p>Brain death criteria</p> <ul style="list-style-type: none"> ➤ Absence of spontaneous movement and response to stimulus ➤ Absence of spontaneous respiration ➤ Absence of brain stem reflexes ➤ Reversible etiology must be considered and excluded prior to the diagnosing of brain death ➤ Brain death occurs when the brain is unable to receive blood and oxygen because of a severe injury, such as trauma or cerebral bleed. ➤ But the heart is still beating because the person has been medically cared for on mechanical ventilation. <p>Coma what does it mean?</p> <ul style="list-style-type: none"> ❖ Coma and brain dead death are not the same thing. ❖ When someone is in a coma, they are in a deeply unconscious state from which they may or may not recover. ❖ The brain continuous to function when someone is unconscious because it can still be supplied with blood and oxygen. 	<p>Teacher exp brain dead v students are l</p>
5mts	<p>Enumerate the organ preservation time</p>	<p>Organ preservation time</p> <p>Heart-4hours</p> <p>Lungs-6hours</p> <p>Liver-12hours</p> <p>Pancreas-12hours</p> <p>Kidney-30hours</p>	<p>Teacher exp organ preser students are l</p>

		<p>Intestine-6hours</p> <p>Tissue preservation time</p> <p>Eye tissue is stored for no more than 7days</p> <p>Transplanted within 4-6hours after death</p> <p>Heart valves tissue cannot be used in less than 4 weeks</p> <p>It can be stored up to 10 years</p>	
2mts	Describe the organ donor criteria	<p>Organ donor criteria</p> <p>Age is generally less than 80, but is based on patient's current medical history.</p> <ul style="list-style-type: none"> ❖ Dead by neurologic criteria "Brain dead" ❖ Dead by cardio-pulmonary criteria ❖ Medical history is examined at the time of death ❖ Free of HIV <p>Tissue donor criteria</p> <p>Donations occur after cardiac death</p> <ul style="list-style-type: none"> ❖ Age is <70 years ❖ Recovered within 24 hours after death ❖ No active, transmissible disease ❖ No autoimmune disorder 	Teacher explains organ donation, students are listening
12mts	Explain eye donation	<p>Eye donation</p> <p>Eye donation is an act of donating one's eyes after his/her death. Only corneal blinks can be benefited through its process not other blinks. It is an act of charity, purely for the benefit of the society and is totally voluntary. It is done after death.</p> <p>Cornea: It is a clear, transparent, tissue covering in front of the eye. It serves as a window to allow light to enter the eye. Vision will be dramatically reduced or lost if the cornea becomes cloudy due to disease, injury, or infection.</p> <p>Corneal blindness: It is a visual impairment that occurs from the cornea becoming clouded, scarred, or any other infection that affects the transparency of the cornea, making a person blind.</p> <p>Corneal transplantation: It involves replacing a diseased cornea with a new one. When the cornea becomes cloudy, light cannot penetrate the eye to reach the light-sensitive retina. Poor vision or blindness may result. In corneal transplant surgery,</p>	Teacher explains eye donation, students are listening Teacher explains corneal transplantation, students are listening

		<p>the surgeon removes the central portion of the cloudy cornea and replaces it with a clear cornea, usually donated through an eye bank.</p> <p>Causes of corneal blindness:</p> <p>The cornea can get damaged through</p> <ul style="list-style-type: none"> ❖ Accidents ❖ Chemical burns ❖ Flying debris ❖ Infections ❖ Malnutrition <p>Children: While playing with sharp objects example: Bows, Arrows, Pen, Pencil, Blade, Toys etc.</p> <p>Eye donor criteria:</p> <ul style="list-style-type: none"> ❖ Anyone of any age can donate eye ❖ Spectacles users ❖ Eye surgery person ❖ Blind people can also donate their corneas. <p>Who cannot be an eye donors:</p> <p>Person with</p> <ul style="list-style-type: none"> ❖ Rabies ❖ Tetanus ❖ AIDS ❖ Jaundice ❖ Cancer ❖ Gangrene ❖ Septicemia <p>Eye bank: It is a charitable organization and is not for profit. They are purely functioning for the benefit of the society.</p> <p>Functions of eye bank:</p> <ul style="list-style-type: none"> ✓ Tissue retrieval ✓ Tissue processing ✓ Tissue evaluation ✓ Serological testing ✓ Tissue distribution <p>How to remove the eyes:</p> <ol style="list-style-type: none"> 1. Eyes have to be removed within 6-8 hours of after death. 2. So, let no time be lost in informing the nearest eye bank. 3. Switch off fans (or on the AC) and put wet cotton cloth over the closed eyelids. 	<p>Teacher exp eye bank, listening</p> <p>Teacher exp role of societ and tissue dor</p>
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2mts	Identify the role of society for organ and tissue donation	<p>4.It will keep the eye balls moist, Raise head with a pillow.</p> <p>5.The eye bank team carefully removes the eyes without disfiguring the face</p> <p>Role of society</p> <ol style="list-style-type: none"> 1. Society plays a crucial role in transparent program especially in case of cadaver transplant. 2. There is urgent need for increased public awareness regarding eye donation. 3. Greater effort must be taken to dispel public concerns regarding the same. 4. Organ and tissue donation can give new twist to tragedy. 5.Remember organs wasted are lives lost. <p>Conclusion:</p> <p>Organ and tissues transplant offer patients a new chance of health productive normal lives and return them their families, friends and communities. The need for donor is much greater than actual number of donors our commitment to organ and tissue donation can save lives, we have the power and right to change some ones world.</p> <p>Post evaluation questions:</p> <ol style="list-style-type: none"> 1. What is organ transplantation? 2. Within how many hours eye can removed from the person after death? 3. What is corneal transplantation? 4. Explain functions of eye bank? 5. Explain role of society for organ and tissue donation? 	
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PHOTOGRAPHS

RESEACHER GIVING VIDEO ASSISTED TEACHING ON EYE DONATION TO THE NON MEDICAL DEGREE STUDENTS

