Quest Journals
Journal of Medical and Dental Science Research
Volume 11~ Issue 6 (2024) pp: 187-191
ISSN(Online) : 2394-076X ISSN (Print):2394-0751
www.questjournals.org

Research Paper

A Study to Assess the Coping Strategies in Patients with Low Vision or Blindness in a Selected Hospital, Puducherry

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ABSTRACT:
Vision, the most dominant of our senses, plays a critical role in every facet and stage of our lives. The main objective of the study to assess the coping strategies among the patient with low vison or blindness.The research approach used for this study was quantitative research approach.A descriptive research design was adopted for this present study. By using convenient sampling technique, 30 patients with low vision or blindness were selected for the present study. The present study reveals thatin pretest 23(76.7%) whose having inadequate knowledge and 7(23.3%) having moderate level of knowledge. In post-test 23(76.7%) whose having adequate knowledge and 7(23.3%) having moderate level of knowledge.The finding concluded that majority of them had low coping strategies in patients with low vision or blindness.
Keywords:*Low vision, Coping, Blindness*

R*eceived 14 June, 2024; Revised 25 June, 2024* ***A****ccepted 28 June, 2024* © *The author(s) 2024.* ***P****ublished with open access at* ***www.questjournals.org***

I. Introduction:

Vision is crucial for daily life, and vision impairment occurs when an eye condition affects the visual system. The leading causes of vision impairment and blindness are refractive errors, cataracts, diabetic retinopathy, glaucoma, and age-related macular degeneration. People with low vision have a poor quality of life, affecting their ability to perform daily activities, read, earn, and perform personal care. Visual aids can help people with low vision. Low vision can be partially sighted or legally blind, with a visual acuity between 20/70 and 20/200 with conventional prescription lenses. Blindness is the inability to see or a lack of vision, and can be corrected with eyeglasses, contact lenses, eye drops, or other medical therapy. Coping strategies are essential for individuals acquiring vision problems, as they help them face difficulties and overcome problems. A maladaptive cycle of disengaging coping strategies can lead to lower emotional health, and being diagnosed with RP is associated with developing depressive symptoms, poor mental wellbeing, and lower levels of general happiness with life.

NEED FOR THE STUDY

Low vision is a global health issue, with 2.2 billion people globally experiencing near or distance vision impairment. The main conditions causing distance vision impairment are cataract, refractive error, age-related macular degeneration, glaucoma, and diabetic retinopathy. In the USA, 2,000 workers sustain eye injuries daily, but safety experts believe proper eye protection can reduce the severity or prevent 90% of these injuries. In India, the prevalence of blindness is 0.36%, with leading causes being cataract, severe visual impairment, and moderate visual impairment. Most of these conditions are due to avoidable causes, with treatable causes being 68.1% and 85.7% respectively. The prevalence of blindness and visual impairment is highest in the 80+ age group, followed by the 70-79 age group, 60-69 age group, and 50-59 age group. In Tamil Nadu, the prevalence of blindness is 4 per 1000 population, and in Puducherry, the prevalence of visual impairment is 6.37%. Understanding coping strategies used by people with low vision and blindness may help design interventions.

STATEMENT OF THE PROBLEM

A study to assess the coping strategies in patients with low vision or blindness in a selected hospital, Puducherry

OBJECTIVES OF THE STUDY

- To assess the coping strategies among the patient with low vison or blindness
- To associate coping strategies among the patient with low vison or blindness with selected demographic variables

II. Research Methodology:

A quantitative research approach and descriptive research design was selected for the present study. The present study was on 30 patients with low vision or blindness in a selected hospitalwho meet the inclusion criteria. Usingconvenient sampling technique, the samples were selected for the present study. The tool consists of demographic variables and modified Coping scale.The data of the study was evaluated by using descriptive and inferential statistics.

III. Major Finding

Regarding the age in years, the majority 18 (60%) were in the age group of 41-50 years, 6 (20%) were in the age group of 31-40 years and 6(20%) were in the age group of 41-50 years. In the aspect of religion majority, 24 (80%) were Hindu, 3 (10%) were Muslim and 3 (10%) were Christian. In the aspect of education, majority 10 (33%) were completed high school and 15 (50%) were completed higher secondary. Regarding family income, the data shows that 15 (50%) come under Rs.10000-20000 and 10 (33%) come under Rs.5000-10000. With regards to marital status, 25 (83%) were married and 5 (17%) were unmarried. In the aspect of types of family majority, 15 (50%) were belong to nuclear family and 10 (33%) were belong to joint family. With regards to duration of blindness, majority, 20 (67%) were in 1-5years and 8 (27%) in 5-10years. Regarding previous experience in participation, 25(83%) had no previous experience and 5 (17%) had previous experience in participation in research.

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IV. Results And Discussion

The study was conducted to assess the coping strategies in patients with low vision or blindness in a selected hospital, Puducherry.The table 1 reveals the frequency and percentage wise distribution of the level of coping strategies in patients with low vision or blindness. The finding shows that that, majority 22 (73%)of them had low coping**,** 8 (27%) of them had moderate coping strategies in patients with low vision or blindness.

The table 2 shows that there is no significance association between age, gender, educational status, religion, Income, Marital status,Employment status, types of family, how blindness occurs, how long are you suffer from blindness, previous experience in research activity with coping strategies among the patient with low vison or blindness.

Table 1: Frequency and percentage wise distribution of the level of coping strategies in patients with low vision or blindness. N=30

S.NO	COPING STRATEGIES	FREQUENCY (n)	PERCENTAGE %
1.	Low Coping	22	73%
2.	Moderate Coping	8	27%
3.	High Coping	0	0%

Figure 1: Frequency and percentage wise distribution level of coping strategies in patients with low vision or blindness

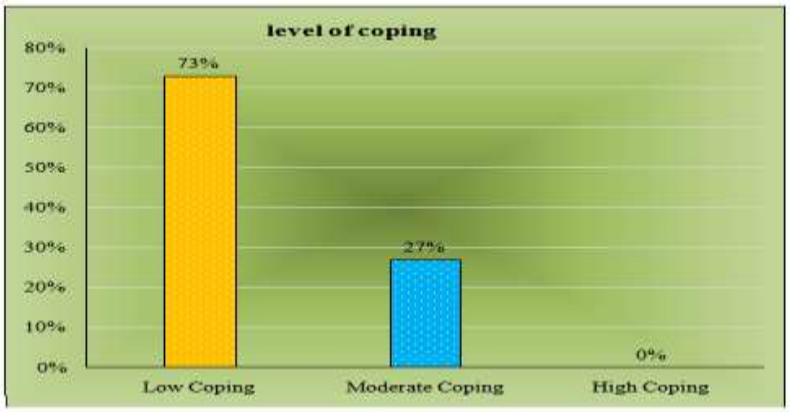

Table 2: Association of the coping strategies among the patient with low vison or blindness with selected demographic variables N = 30

S.No	Demographic variables	Frequency (n)	X^2 value
1	**Age in years**		$X^2 = 1.673$ p =0.433 (NS)
	a) 20- 30 years	0	
	b) 31- 40 years	6	
	c) 41 – 50 year	18	
	d) 51 and above	6	
2.	**Gender**		$X^2 = 0.614$ p = 0.741 (NS)
	a) Male	18	
	b) Female	12	
	c) Transgender	0	
	d) Others	0	
3	**Religion**		$X^2 = 3.485$ p = 0.323 (NS)
	a) Hindu	24	
	b) Muslim	3	
	c) Christian	3	
	d) Others		
4.	**Educational Status**		$X^2 = 2.548$ p =0.280 (NS)
	a) Primary school		
	b) High school	10	
	c) Higher secondary school	15	
	d) Graduate	5	
5.	**Income**		$X^2 = 1.088$ p = 0.580 (NS)
	a) 5000- 10,000	10	
	b) 10,000 -20,000	15	
	c) 20,000- 30,000	5	
	d) 50,000 and above		
6.	**Marital Status**		X^2 =1.364 p = 0.243 (NS)
	a) Married	25	
	b) Unmarried	5	

	c) Window	0	
	d) Single	0	
7.	**Employment status:**		X^2 = .164 p = 0.572 (NS)
	a) Government employee		
	b) Private employee	16	
	c) Farmer	12	
	d) Un employee	2	
8	**Types of family**		X^2 = 0.104 p = 0.949 (NS)
	a) Joint Family	10	
	b) Nuclear	15	
9.	**How blindness occur for you**		X2 = 1.088 p = 0.580 (NS)
	a) Congenital	5	
	b) Accidental	25	
10.	**How long are you suffer from blindness**		X^2 = 1.104 p = 0.749 (NS)
	a) 1-5 year	20	
	b) 5 -10 years	8	
	c) Above	2	
11	**Previous experience in participation of any research activity**		X^2 = 0.308 p = 0.612 (NS)
	a) Yes	5	
	b) No	25	
12	**After blindness how u fell now**		**K**
	a) Happy	0	
	b) Sad	30	

***p<0.05 - Significant; p<0.01 - Highly Significant; K- constant**

V. Conclusion:

The study findings concluded that majority of them had low coping strategies in patients with low vision or blindness.There is no significance association between age, gender, educational status, religion, Income, Marital status, Employment status, types of family, how blindness occurs, how long are you suffer from blindness, previous experience in research activity with coping strategies among the patient with low vison or blindness.

VI. Recommendations:

- Same study can be conducted with large samples.
- Same study to can be conducted regarding knowledge on etiological of low vision or blindness.

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