

# Original Research Article

## THE IMPACT OF MATURITY ON ROLE OF HEAD AND EYE ON OCULAR MOTIONS TO INTERSECTION SCANNING CONDUCT

### ABSTRACT:

**Objectives:** The Objectives of researchers of this study are to find out if there was a relationship between age and the input of head and hand actions on scanning conduct at crossings. Impending junctions necessitates scanning a broad region, which necessitates big lateral head turns and eye movements.

**Methodology:** We selected 53 participants in two age sets: 27 older (14 females and 19 males; 62-82 years) and 25 youngers (11 females and 14 males; 23-42 years) with visual acuity that fulfilled MA driver's license standards (minimum 21/41 modified or unmodified). Randomized control data, as well as vehicle position, speed, and heading, and info regarding other programmed automobiles, remained gathered at a rate of 32 cycles per second (rpm). With the help of a six-camera remote digital authentication scheme operating at 60 Hz, data on head and eye movements were acquired. This research was conducted at People Medical College Hospital, Nawabshah from April 2020 to March 2021.

**Results:** When driving in a simulator, 29 drivers over the age of 28 were monitored to see how their eyes and heads moved as they drove. It was determined that there were two types of scans for each of the city's 19 four-way intersections: eye-only scans (which contained only eye actions) and head-plus-eye scans (head and eye movements). Experienced drivers' head-eye scans (47.7% vs. 55%), as well as eye-only scans, were lower than expected (9.3 percent vs. 11.2 percent). In head-eye scans, skilled drivers showed the lower head and visual attention percentage compared to younger drivers. Among senior drivers, more eye-only scans (7 vs. 6) were performed, even though there were lesser head-eye scans (just 2). If you look at all-gaze scans, you won't see any ageing effects. According to our results, eye and head motions have a significant influence in development of cognitive deficits. Our findings show that eye and head motions both contribute to age-related impairments in intersection scanning, emphasizing the necessity of evaluating both eye and head movements.

**Conclusion:** To evaluate head motions, and to highlight the necessity for training programmed for senior drivers this can emphasize before approaching the junction.

**Keywords:** Maturity, Head and Eye, Ocular Motions, Intersection Scanning Conduct.

### INTRODUCTION

Drivers must examine a broad field of vision before approaching a junction. T-junctions with stop control intersections, for example, generally have a clean sight triangle with a sight angle of around 170°. This implies that drivers must scan about 85 degrees to the left and right before exiting the junction. Oculomotor range for humans is about 55°; however, such eye movements are exceedingly unusual since they are unpleasant, and also most natural eye saccades seldom surpass 15°. Scans of around 87° necessitate substantial adjacent head movements also ocular saccades [1]. The head-in-the-biosphere and eye-in-the-head motions must be monitored in order to fully characterize scanning activity during crossings. glance in the universe is a mix of head in the biosphere and the eye in hand movements (mentioned to as gaze, head, and eye, correspondingly, in remainder of this research). Multiple problems remain unsolved despite the fact that older drivers monitor intersections less aggressively than younger drivers [2]. Start by asking yourself if age-related scanning deficits occur more in the head-motion element or the eye-motion component of scans. To make up for the lack of head movement, elderly drivers may increase eye movements, but this has not been well studied. Tritten's, in numerous driving simulator tests, following a lead car may have resulted in reduced or poorer sensing at intersections due to age-related deterioration. When following a lead vehicle, the driver must maintain track of the position,

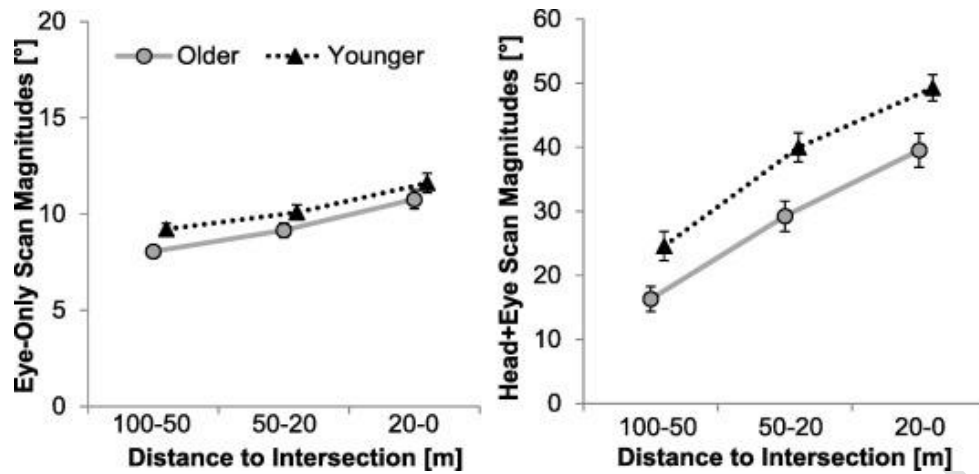
speed, and brake lights of the lead car, which might cause the driver. As a corollary, the motorist may spend more time looking straight ahead and fewer scans while approaching a junction. These questions are critical for gaining an understanding of older drivers' scanning deficiencies and creating training programs to enhance scanning [4]. In all trials for which only head movements were observed, scans in which the driver moved his or her eyes while moving his or her head were not identified, and in scans in which themes encouraged their head and eyes, entire amount of eye movement was not quantified. It's possible that the volume and scope of scanning at crossings were both overstated. For example, it's unclear whether age effects reported in studies that captured gaze in a virtual environment nonetheless did not separately record head place are primarily owing to age-linked changes in head or eye movement behavior. Eye and head movements are a significant contributor to gaze-scanning behavior, according to a suggested research [5].

The Objectives of researchers of this study are to find out if there was a relationship between age and the input of head and hand actions on scanning conduct at crossings. Impending junctions necessitates scanning a broad region, which necessitates big lateral head turns and eye movements.

## **METHODOLOGY**

We selected 53 participants in two age sets: 27 older (14 females and 19 males; 62-82 years) and 25 younger (11 females and 14 males; 23-42 years) with visual acuity that fulfilled MA driver's license standards (minimum 21/41 modified or unmodified). Age stations were formed to provide for a clear distinction of older and fresher sets, and remained created on age choices utilized in previous research examining impact of age on vehicle behavior. Subjects had to be existing drivers with at least two years of driving knowledge and no eye disorders that might impair image quality or visual field. Sixteen participants were eliminated from the research due to discomfort in the simulator (N = 11; 3 younger and 9 older) or difficulties with the eye-tracking software (N = 7; 3 younger and 5 old age). 7 participants (3 younger and 4 older) were eliminated before the research started due to the significant noise in their gaze data. The remaining individuals completed the investigation. Therefore, 12 older and 19 younger people were included in the study. There was no huge discrepancy between the older and younger people when it came to visual acuity and contrast sensitivity (Table 1). Researchers from the People Medical College Hospital Nawabshah, Pakistan, conducted the study from April 2020 to March 2021. As a result of the central monitor's placement of a speedometer and a clock, they were put on the dashboard. In addition to the completely automated Ford Crown Victoria controls and dashboard, a three-degree adjustable base seat was included (Fig. 1). Randomized control data, as well as vehicle position, speed, and heading, and info regarding other programmed automobiles, remained gathered at a rate of 32 cycles per second (rpm). With the help of a six-camera remote digital authentication scheme operating at 60 Hz, data on head and eye movements were acquired.

**Fig. 1.** Distance to intersection [m]



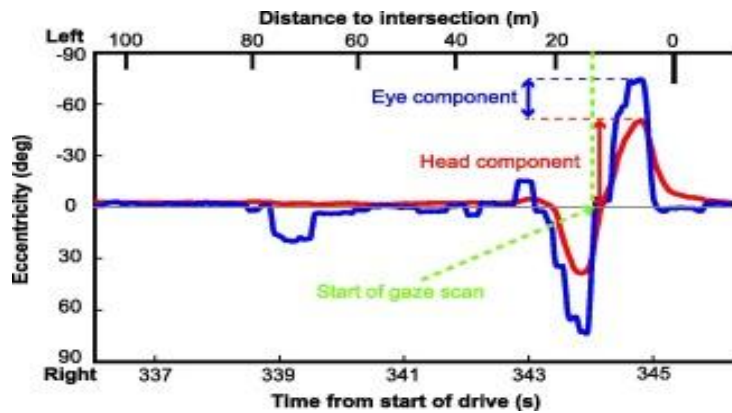
**Table 1.** Age, Male, Visual acuity, Contrast sensitivity, annual milwage and driving skill distribution between the older and younger people

Factor	Younger (N = 12)	Older (N = 16)
Age [years], average	28.7 (6.8)	68.6 (7.8)
Male [N] (percentage)	8 (52)	8 (66)
Visual acuity, average	0.08 (0.06) 21/18	0.01 (0.08) 22/22
Contrast sensitivity, average	2.79 (0.08)	2.72 (0.08)
Annual mileage [Kilometers], Average	1178	2872
Driving skill, Average	7	48

**Table 2.** Size of head driver

Distance to Connection	Arrangement of Scan	Size of Head drive
110–55	head + eye	>5
	eye-only	<6
55–25	head + eye	>7
	eye-only	<8
25–0	head + eye	>11
	eye-only	<11

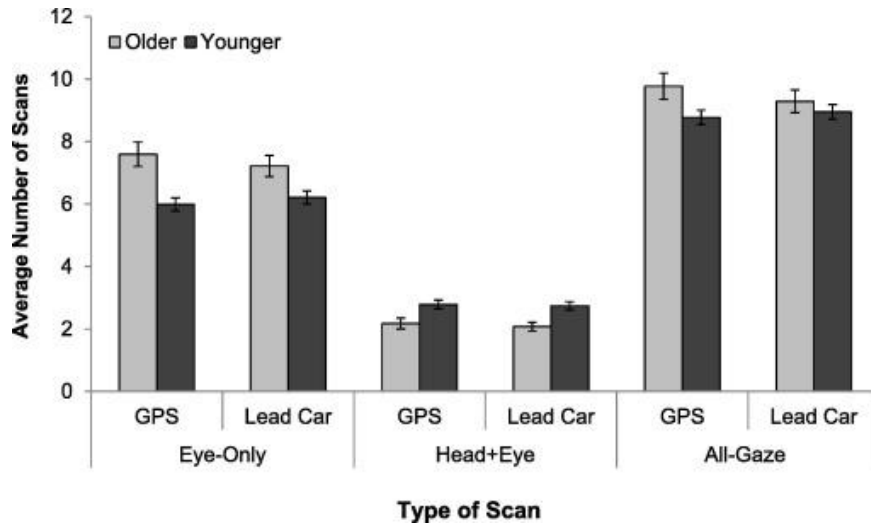
**Fig. 2.** Time from start of drive (s)



## RESULTS

GPS drivers (18.2 mph) had the same average speed approaching a junction as lead vehicle drivers (18.6 mph;  $p = .5$ ). But from the other hand, younger persons entered the junction at a faster average speed (19.2 mph;  $p = .007$ ). Using just eye-only scans, average sum of saccades per scan was 3.26, though not any major variance among older and younger drivers (average 3.5 and 3.08, individually;  $F(1, 26) = 2.87$ ;  $p = .2$ ). Results depict the mean values for scans with nothing but the eyes, scans with the head and the eyes, and scans including all eyes. Older individuals had smaller eye-only scans ( $b = 0.09$ ,  $SE = 0.04$ ;  $t = 3.59$ ;  $p = .017$ ), reduced body scans ( $b = 0.25$ ,  $SE = 0.06$ ;  $t = 5.6$ ;  $p = .004$ ), and larger  $b = 0.19$ ,  $SE = 0.07$ ;  $t = 4.94$ ;  $p = .008$ ) than younger age groups. The supplement examination of the eye-only scans indicated that older participants had smaller average eye saccades than younger subjects ( $6.5^\circ$  and  $7.5^\circ$ , accordingly,  $b = 0.08$ ,  $SE = 0.05$ ;  $t = 3.08$ ;  $p = .05$ ). The kind of direction had no influence on the amplitudes: eye-only scans,  $b = 0.02$ ,  $SE = 0.03$ ;  $t = 0.08$ ;  $p = .49$ , head + eye,  $b = 0.07$ ,  $SE = 0.05$ ;  $t = 1.55$ ;  $p = .14$ , or eye-only scans,  $b = 0.04$ ,  $SE = 0.04$ ;  $t = 1.06$ ;  $p = .4$ . The scanning sizes for eye solitary and head + eye for older and younger participants in apiece of 3 distance ranges are presented individually (left - eye only; right - head + eye). Results depict this (left - eye only; right - head + eye). People were scanned using eye-only and head-eye scans as they entered.  $b = 0.16$ ,  $SE = 0.05$ ,  $t = 6.59$ ,  $p = .002$ , and closer range remained larger than halfway,  $b = 0.25$ ,  $SE = 0.06$ ,  $t = 9.02$ ,  $p = .003$ . Substantial changes took place in head-eye scans between midrange and long range, as well as between close range and midrange, with  $b = 0.37$ ,  $SE = 0.07$ ,  $t = 7.88$ , and  $p = .002$ , correspondingly.

**Fig 3.** Type of scans



**Table 3.** Distance Bin , Mean, Number if scans and range

Distance Bin	Mean [m]*	Number of scans	Range [m]
Medium	25–55	36.4	2508
Close	0–25	7.8	2439
Far	55–110	77.6	2543

**Fig. 4.** Distance of scanning



## DISCUSSION

The existing research sought to explore impact of age and driving with either the guiding vehicle on positive proportion of eye and head movements to eye movements during an effectively integrated. We were specifically interested in whether older patients had fewer and smaller scans overall [6]. **What percentage of older participants contributed less head and/or eye area to scans, if at all, besides if using a guiding cart resulted in less scanning, especially for older persons [7].** Persons over the age of 65 conducted fewer all-gaze scans (eye scans and head-and-eye scans) than fresher individuals. It remained owing to the fact that older adults performed fewer eye-only scans and fewer head-and-eye scans than younger people. We became particularly successful in forming the impact of age on presence or absence of head and eye motion elements in scans that comprised very substantial head movement (head + eye

scans) [8]. This is in line with the findings of Bowers, Bronsted, Spano, Goldstein, and Pali's earlier investigation, which found that the maximum head movement magnitudes were lowered in older individuals. Due to the fact that older individuals have less neck rotation flexibility than younger individuals, particularly big head motions are more difficult to achieve [9]. In addition, we found that the head-eye scans of old age participants had very minor eye movement fraction, and minor head movements were not compensated for by a larger eye movement fraction [10].

## **CONCLUSION**

It was determined that age and help type had an influence on gaze scanning at intersections. While the effect was small, having a Lead Car at connection did reduce sum of scans at the intersection. As a result, age effects on large head + eye scans were much more pronounced (which included significant head movement and ocular movements). Compared to younger drivers, older drivers did fewer head-and-eye-scans, in addition mean scan scale remained lower. As a result, experienced drivers did not increase their eye movements to compensate for head movement deficits during head plus eye scans.

## **Ethical Approval:**

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

## **Consent**

As per international standard or university standard, Participants' written consent has been collected and preserved by the author(s).

## **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

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