



Attitudes towards contact lenses: A comparative study of teenagers and their parents

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ABSTRACT

Purpose: This two-phase survey aimed to identify the beliefs and attitudes that create a barrier towards contact lens (CL) fitting among adolescents (aged 12–18 years) and their parents attending eye care practitioner clinics in Italy (phase 1) and Iberia (Spain and Portugal; phase 2). In phase 2, the sample was further focused, by limiting it to those adolescents who did not already wear CL.

Methods: The extent to which CL satisfy aesthetic, visual, and practical needs and their effectiveness, safety, and comfort in the general population and in adolescents was rated by respondents on a 5-point Likert scale.

Results: In phase 1, approximately one-third of adolescents ($n = 146$) and parents ($n = 114$) were CL wearers. Most adolescents (77.5% of 223) and parents (66.2% of 230) expressed a high interest in CL use in phase 2 despite none of the adolescents currently wearing CL. Parents, but not adolescents, perceived that CL were significantly less safe in adolescents than in the general population ($p < 0.05$) in phases 1 and 2. Across both phases, adolescents and parents agreed that CL met an aesthetic need in adolescents ($p < 0.05$ versus general population). Among 50% of parents (mainly mothers), significant concerns regarding CL were difficulties following instructions and taking care of the CL and potential eye damage, which, in mothers, led them to show less agreement towards CL use by the adolescent ($p < 0.001$).

Conclusions: These findings highlight an essential need for improved education on CL use in the population.

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1. Introduction

Correctable visual impairment is common among children and adolescents, with 25.4% of 6–18 years old in the US and 27.5% of 16–24 years old in the UK, Italy, France, and Germany reported to require visual correction [1,2]. Evidence supports contact lenses (CL) as an effective, safe, and convenient treatment modality for refractive errors in children and adolescents [3,4]. Moreover, recent studies reported significant improvements in the quality of life and self-perception (physical appearance, athletic competence,

and social acceptance) of children (8–12 years of age) and adolescents (13–17 years of age) following refractive correction with CL when compared with glasses [5,6]. Despite these findings, only a fraction (27.9%) of those adolescents who are eligible to wear CL use this option in European countries [1].

It is evident that illness beliefs can strongly influence health-related behaviour [7,8], including those of subjects requiring visual correction [9,10]. Such observations imply that a successful person-centered approach in CL practice requires an understanding of the potential user's beliefs. Few studies to date have evaluated the issues surrounding CL use in adolescents. From analyses in other healthcare fields, it is apparent that parents' attitudes and beliefs exert a significant impact on adolescent health-related behaviour. For example, parental influence can reinforce non-smoking decisions and shape positive or negative eating habits [11–14]. Given the requirement for parental consent when initiating corrective treatment with CL, the beliefs and attitudes of parents are likely to influence the use of CL in adolescents.

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Therefore, the objective of this two-phase survey was to understand and clarify the beliefs and attitudes that could create a barrier towards CL fitting among adolescents and their parents in European countries.

2. Methods

This two-phase study was conducted in adolescents and their parents attending Eye Care Practitioner (ECP) clinics in Italy (phase 1; 2008) and Iberia (Spain and Portugal; phase 2; 2009). Results from the preliminary phase 1 of the study in Italy were used to inform and guide the design of the phase 2 evaluation in Iberia.

The study was designed to address the following primary questions:

- Is there a real interest for CL wear among adolescents?
- Could parents' opinions be a barrier to the use of CL by teenagers?
- According to parents and adolescents, which beliefs about CL could be barriers to CL wear in adolescents?
- Are the ECPs providing enough information about CL to the adolescents and parents?
- Does the parents' experience of CL influence adolescent opinion?

2.1. Study population

Adolescents (between 12 and 18 years of age) and their parents were included in both phases of the study. While both phases of the study included adolescents visiting ECP clinics, the sample population in phase 2 was limited to those not wearing CL. Institutional review board approval or informed consent was not required, as respondents were already patients in optical outlets, optometry or ophthalmology clinics that participated in the study.

2.2. Questionnaire

Beliefs and attitudes towards CL in adolescents and parents were evaluated using an 11- and 13-item questionnaire, respectively, in phase 1 of the study. The questionnaire was designed to capture opinion on the extent to which CL satisfy aesthetic, visual, and practical needs as well as respondents' attitudes regarding the effectiveness, safety, and comfort of CL in the general population (the opinions and the attitudes were measured through questions that did not take into consideration a particular age) and in adolescents (in this case the questions requested a specific opinion relating to adolescent). For these questions, respondents rated their answers on a 5-point Likert scale that ranged from 1 (completely disagree) to 5 (completely agree). Additional questions evaluated visual correction preferences (glasses, CL, both CL and glasses, refractive surgery); objection to a specific type of CL (disposable, rigid gas permeable

[RGP], or soft conventional); respondent behaviour in the event that they expressed a willingness to wear CL (consult an ophthalmologist, consult an optometrist, consult both an ophthalmologist and an optometrist, buy CL from an optician outlet, or buy CL from a chemist outlet); and parental consent with respect to their child's use of CL (from 1 [completely disagree] to 5 [completely agree]). Demographic information was also collected in the initial section of the questionnaire.

A modified version of the questionnaire was utilised in phase 2 of the study, which incorporated additional questions on concerns with CL use and CL practices of ECPs. Overall, questionnaires distributed to adolescents and parents in phase 2 comprised 30 and 18 items, respectively. All questionnaires in each study phase were completed anonymously and self-reported.

3. Statistical analyses

Analyses of responses from adolescents and parents are presented descriptively. However, specific pair-wise comparisons of responses (general population versus adolescents; CL wearers versus non-wearers) were undertaken using the Mann–Whitney *U* and Wilcoxon Signed Ranks tests for categorical and continuous variables, respectively. Spearman's Correlation Coefficient and Mann–Whitney tests were utilised to calculate the strength of the relationship between age or gender (parents) and response ratings. Statistical significance was accepted at $p < 0.05$.

4. Results

4.1. Phase 1 (Italy)

A total of 146 adolescents (mean age [$\pm$ SD] 15.4 ± 2.2 years; 86 females and 60 males) and 114 parents (mean age 46.5 ± 6.3 years; 59 females and 59 males) participated in the preliminary phase of the study. In total, 63% of the adolescent study population had refractive errors. Among adolescents and parents, approximately one-third of each population were CL wearers (50 [34.2%] and 41 [36.0%], respectively).

Parents' attitudes towards CL wear differed according to the population under consideration (general population or adolescents) whereas opinions among adolescents were similar irrespective of the population considered (Figs. 1 and 2). As shown by mean agreement scores, parents perceived CL as significantly less effective, comfortable, and safe, and significantly less able to meet visual and practical needs in adolescents than in the general population (all $p < 0.05$; Fig. 2).

Both adolescents and parents agreed that CL met an aesthetic need in the adolescent population (Figs. 1 and 2).

The majority of adolescents (66%) and parents (65%) expressed a preference for both CL and glasses. Overall, 25% and 30% of

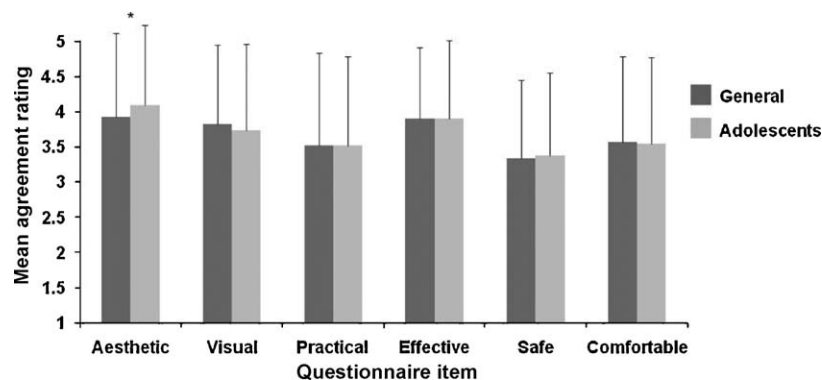


Fig. 1. Attitudes towards contact lens use among adolescents in phase 1 (mean agreement rating $\pm$ SD). Pair-wise comparisons of the general population versus adolescents did not reach significance for 5 questionnaire items. Only the first comparison relating to the 'aesthetic need' was significant (Wilcoxon paired test; * $p < 0.05$).

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