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ORIGINAL ARTICLE

Parents' awareness and perception of children's eye diseases in Nigeria

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KEYWORDS

Eyecare;
Vision;
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Abstract

Purpose: Most causes of childhood blindness are treatable or preventable. Knowledge of parents' awareness and perception of eye problems is important in helping to understand parents' eye care seeking behavior. This understanding becomes necessary as early detection and intervention can be effective when done at an early age.

Method: Study was carried out in Benin City, Nigeria. Thirty-five parents aged 38–54 years with a mean age of 43(±2) years were recruited. Twenty six were females and nine males. Ten eye care practitioners aged 30–45 years with a mean age of 40 (±2) were included. Seven were males and three were females. Data was analyzed qualitatively and in percentages.

Results: Majority of parents were aware of common eye problems: Blurry vision (85.7%), measles in eye (48.5%), cataract (74.3%), conjunctivitis (48.5%), itching and redness (74.3%), crossed eyes (34.3%), strabismus (57.1%), short sightedness (48.5%) and stye or hordeolum (57.1%). Too much carbohydrate, night reading and too much TV were some of the reasons given for bad eyesight. Self medication and use of local remedies for treatment of conjunctivitis was common practice (94.3%). Chloramphenicol eyedrop was the most common drug used for any eye problem before visiting a doctor (80.0%).

Conclusion: Parents are aware of common eye diseases in children but have wrong perception of their causes. Programs to increase public awareness of causes of eye problems and harmful effects of self medication are advocated for to expose inherent dangers.

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PALABRAS CLAVE

Cuidados oculares;
Visión;
Padres;
Niños;
Enfermedades

Concienciación y percepción de los padres sobre las enfermedades oculares infantiles en Nigeria

Resumen

Objetivo: Muchas de las causas de la ceguera infantil son tratables o prevenibles. Conocer el grado de concienciación y percepción de los padres sobre los problemas oculares es importante para ayudar a comprender el comportamiento de los mismos en relación a la detección de problemas oculares. Esta comprensión es necesaria, ya que la detección e intervención pueden resultar efectivas cuando se realizan a una edad temprana.

Método: El estudio se llevó a cabo en Benin City, Nigeria. Se seleccionó a treinta y cinco padres con edades comprendidas entre 38 y 54 años, con una edad media de 43(\pm 2) años, de los cuales veintiséis eran mujeres y nueve varones. Se incluyó a diez oftalmólogos con edades comprendidas entre 30 y 45 años, con una edad media de 40 (\pm 2) años, de los cuales siete eran varones y tres mujeres. Los datos se analizaron porcentual y cualitativamente.

Resultados: La mayoría de los padres eran conscientes de los problemas oculares comunes: visión borrosa (85,7%), manifestaciones oculares de la rubeola (48,5%), cataratas (74,3%), conjuntivitis (48,5%), picazón y enrojecimiento (74,3%), bizquera (34,3%), estrabismo (57,1%), miopía (48,5%) y orzuelos (57,1%). El exceso de carbohidratos, lectura nocturna y televisión fueron algunos de los motivos aducidos para la mala visión. La auto-medicación y el uso de remedios locales para el tratamiento de la conjuntivitis constituyeron una práctica común (94,3%). Los colirios de cloramfenicol fueron los fármacos más comúnmente utilizados para cualquier problema ocular, antes de visitar al médico (80,0%).

Conclusión: Los padres son conscientes de las enfermedades oculares comunes en los niños, aunque tienen una percepción errónea de sus causas. Proponemos la realización de programas para incrementar la concienciación pública sobre las causas de los problemas oculares y los efectos dañinos de la auto-medicación, para evitar daños inherentes.

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Introduction

Childhood blindness refers to a group of diseases and conditions occurring in childhood or early adolescence which if left untreated results in severe blindness or some visual impairment that are likely to be untreatable later in life.^{1,2} World Health Organization (WHO) defined blindness as a visual acuity less than 3/60 or a corresponding visual field loss of less than 10 diopters in the better eye with the best possible correction.³ By WHO criteria, there are 1.5 million children worldwide who are blind: 1.0 million in Asia, 0.3 million in Africa, 0.1 million in Latin America and 0.1 million in the rest of the world.³

Steinkullar⁴ estimated that about 5% of worldwide blindness involved children younger than 15 years of age. In developing countries, 50% of the population is in this age group. The prevalence of blindness in children varies from approximately 0.3 per 1000 children in wealthy regions of the world to 1.2 per 1000 in the poorer countries or regions.⁵ Three main reasons have been attributed to this. First, diseases that can lead to blindness such as measles, vitamin A deficiency and ophthalmia neonatorum are still prevalent in poor regions of the world. Second, there are fewer well equipped facilities and personnel trained in the management of treatable causes of blindness in poorer countries. Third, in rural areas, ignorance, poverty and superstitions

contribute to disease causation and propagation and these work against treatment and prevention.⁵

Senthilkumar et al.⁶ reported on parents' perception and awareness of children's eye diseases in Chennai, India and concluded that one of the prerequisites of health-seeking behavior is knowledge of disease and their symptoms, which seemed to be lacking in the parents of children studied.

Also, parental concerns about general developmental problems have been shown to be associated to the type of disease which may also cause blindness. These factors collectively impact negatively on the perception of eye diseases and encourage the use of harmful traditional eye medications which can result in avoidable blindness.⁷⁻¹⁰

Parents as primary care givers make decisions on seeking health care service for their children.¹¹ Understanding parents' perception and awareness of eye problems is important in understanding why some parents seek care for their children whereas others do not.¹²⁻¹⁴ This understanding becomes necessary because early detection and intervention serves best when given at an early age.¹⁵⁻¹⁷

The high number of blind years resulting from childhood blindness was one reason for the control of childhood blindness to become a priority for the World Health Organization/International Agency for Prevention of Blindness (WHO/IAPB) VISION 2020; The Right to Sight Program (WHO, 1997). Children who are blind must overcome a lifetime of

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