

The Difficulties Related to Prescription of Eyeglasses to Children in Brazzaville

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Abstract

Introduction: Uncorrected refractive errors are the cause of amblyopia. They are responsible of school failure and sometimes introversion in extreme forms. The glasses are a simpler and less expensive solution. However their acceptance by the parental environment remains difficult in our context of exercise.

Objective: To list the main reasons of parental refusal on the wearing of glasses by their child.

Materials and Methods: Cross-sectional study conducted over a 6 month period. One question was ask to parents who had refused that their child wears glasses: Why do you refuse your child wear glasses? The following parameters were also been verified: child's school (public or private), parent's education level (inferior before the university, superior from the university).

Results: 221 parents on 302 (73.18%) had refused that their child wears glasses. Only 200 parents had agreed to reply to our question. The main responses were: The glasses are for adults (70%), glasses aggravate visual impairment (15%). Hundred ninety five children (97.5%) attend a public school. One hundred and fifty parents (75%) had a higher level of education.

Conclusion: A high proportion of parents in Brazzaville refuse that their child wears glasses on the grounds that he (she) is too young.

Keywords: Parent; Child; Glasses; Brazzaville

Introduction

Refractive disorders are a major cause of amblyopia in children. This amblyopia can be profound especially when causal disorder is not corrected. Amblyopia is often bilateral and asymmetrical with a guiding eye that ensures an almost normal or normal social and academic life [1]. It is not uncommon that the visual impairment of the severely ill eye to be seen only in adulthood during a routine examination.

In cases that ametropia is associated with a lack of visual axis parallelism (strabismus) or ocular static disorder (nystagmus), amblyopia can be very disabling. It is then a source of academic failure and sometimes even desocialization because of a very limited vision [1,2].

In the majority of these cases, glasses and orthopedic rehabilitation can be considered as a first simple and less expensive solution. However, in Brazzaville, the idea of prescribing glasses to a child often and almost intuitively arouses a rejection of the parental circle. The parents evoke several cultural or environmental reasons without any scientific logic. The purpose of this survey was to enumerate the main reasons for parental refusal concerning the wearing of glasses by their child.

Materials and Methods

This is a cross-sectional study conducted over a 6-month period (February 2016 - July 2016), performed in the Ophthalmology department of the Brazzaville University Hospital and at the Clinique Médicale de Brazzaville. Only parents of children aged 5 to 12 years were included. One question was ask to parents who had refused that their child wears glasses: Why do you refuse your child wears glasses? The following parameters were also been verified: child’s school (public or private), parent’s education level (inferior before the university, superior from the university).

Knowing whether the child was attending a public or private school made it possible to appreciate the socio-economic level of the family.

Results

A total of 302 children needed a glasses prescription over the study period, 221 parents (73.18%) refused the prescription of glasses for their child.

Only 200 parents were willing to participate in the survey and answer the question. The answers given are shown in table 1.

Parentale response	Effective	Frequency %
The glasses are for adults	140	70.0
Glasses exacerbate low vision	30	15.0
We have never worn glasses in our family	15	7.5
The glasses will prevent the child from playing	7	3.5
The glasses may pierce child’s eyes	5	2.5
The glasses are too expensive	3	1.5
Total	200	100

Table 1: Parental response motivating the refusal to prescribe glasses to their child at the Brazzaville University Hospital and the Clinique Médicale de Brazzaville between February 2016 and July 2016.

The distribution of the different schools attended was as follows:

- public School: 195 children (97.5% of cases).
- Private school: 5 children (2.5% of cases).

The educational level of parents was distributed as follows:

- Higher education level: 150 parents (75% of cases).
- Lower level of education: 50 parents (25% of cases).

Discussion

It is not common to come across in a big metropolis of Black Africa a child under 10 who wears glasses. This reality is even more striking in disadvantaged areas and in rural areas. In most of these countries the reality of wearing glasses is for people 40 years of age or older who have difficulty reading because of presbyopia [2]. This explains the high proportion of parents who think that glasses are only for adults. In Switzerland, the prescription of glasses in children has been liberalized to several categories of health professionals because of its ever-exponential need curve [3]. In rich countries the existence of diagnostic means adapted to the size of the child and a secure resuscitation environment makes it easy to prescribe glasses for children who are sometimes a few months old (seen the 05/08/2016: http://www.doctissimo.fr/html/sante/bien_voir/vision_enfant_niv2.htm). The second group of parents think that glasses have a bad effect on the sight of the child. They explain it by the fact that the few children who wore glasses around them had serious school problems and subsequently many professional difficulties because of their poor eyesight. We could not find a scientific publication that corroborated our reasoning. However, we are confident that in these environments the few children who wear glasses usually face serious illnesses (congenital glaucoma, strabismus, keratoconus...). The visual prognosis is obviously reserved if not bad in these cases [1,4,5]. The third group of parents think that their child should not wear glasses since they themselves had never worn. Although this was not the purpose of this survey, the parents in this third category were mostly craftsmen. They did manual work that did not necessarily require a vision of precision. The fourth and fifth grounds for refusal are difficult to explain. However, the last reason for refusal, the high purchase price of glasses, is directly related to poverty.

The parents interviewed had mostly high level of education. The refusal to see his child wearing glasses is therefore unrelated to parents' level of education. On the other hand there is a probable link with the socioeconomic level of the parents. Indeed the children were mostly educated in public schools. Public school is free in Brazzaville. The private school is paying and rarely within the reach of the average salary (seen this 05/08/2016: <https://eps.revues.org/2954>).

Conclusion

A large proportion of parents in Brazzaville refuse to have their child wear glasses. They wrongly think he/she is still too young. The Ophthalmologist should take the time to explain and try to convince these parents, because the child's academic and professional future depends on it.

Conflicts of Interest

None.

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