Factors Affecting Eye Care–Seeking Behavior of Parents for Their Children

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ABSTRACT

Purpose. Most of the causes of childhood blindness are either treatable or preventable. Eye care–seeking behavior (ESB) of parents for their children plays a pivotal role in reducing this problem. This study was done because there was a sparsity of literature in this context and with a view to help eye care professionals plan better programs and to identify factors facilitating and/or hindering ESB of parents for their school-going children in an urban area.

Methods. This study adopted a qualitative snapshot narrative study design. In-depth interviews and focus group discussions were conducted in areas of Chennai with parents and eye care professionals selected through stratified purposive sampling. Parents were based on those who sought care and did not seek care after a school eye screening program and on their socioeconomic status. Data were transcribed to English, familiarized, and inductive coded, and themes were formed. Redundancy was considered as end point of data collection.

Results. Two focus group discussions and 11 in-depth interviews were conducted. Squint, redness or watering of eyes, eye irritation, headache, family history of ocular diseases, severity, and repetitiveness of symptoms facilitate parents seeking eye care for their wards/children. Economic status was an important barrier reported to affect the ESB. Logistic factors like taking appointment with doctor, taking leave from work, transport, and traveling distance were noted.

Conclusions. This study shows the facilitating factors and barriers for ESB of the Chennai urban parents for their wards. The results suggest that efforts needed to be put to overcome the barriers through planned awareness programs.

Key Words: eye care–seeking behavior, schoolchildren, barriers in eye care seeking, qualitative study, urban parents

CHILDHOOD BLINDNESS has been given a high priority by the World Health Organization in its “VISION 2020: Right to Sight” program not only because it contributes to 4 to 5% of the world’s blindness but also because many of the causes of childhood blindness are treatable or preventable. Early intervention can reduce the burden of this problem, and it is possible only if the parents perceive their child’s vision problem and seek eye care. Hence, knowing parents’ perceptions and behavior regarding eye-related problems of their wards is crucial in understanding why some parents show concern and seek early care for their children whereas others do not. Although care-seeking behavior of adults has been studied, less is known about the eye care–seeking behavior (ESB) for children. “Eye care–seeking behavior” was defined for the purposes of this study as any action performed in recognition of symptoms or in prevention of eye problems by the individuals and by those around them. An understanding of this behavior is essential and necessary to plan interventions and formulate policies. Clinicians and practicing optometrists should consider these factors while planning treatment schedules and counseling patients. This study was undertaken to address these issues by understanding the factors influencing ESB of Chennai urban parents for their wards. For this purpose, a qualitative research design was chosen to investigate the beliefs and behaviors of parents in seeking eye care for their children.

The objective of the study is to identify the factors that facilitate and hinder ESB of parents for their school-aged children.

METHODS

This qualitative study adopted a snapshot study narrative design, and data were collected using in-depth interviews (IDIs) and focus group discussions (FGDs) of parents of school-aged children.

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and eye care practitioners (ECPs) (the interview guides are available as appendices at http://links.lww.com/OPX/A133). Because of the sparse literature in this context and to find answers for complex human behavior in nature, a qualitative design only would bring out the attitudes and perception and provide rich and explanatory details. Hence, IDIs and FGDs were used for collecting data. The study used a conceptual framework with domains based on the health belief model. These domains were incorporated into interview guidelines after being tested for efficiency with mock interviews.

Two sampling strategies were used in this study.

**Strategy I**

Stratified purposive sampling for parents of school-aged children, for which parents were identified through preexisting school (government and public) screening data and hospital records. The stratification attributes were (1) parents who sought eye care for their children with any eye problem; (2) parents who did not seek eye care for their children with eye problems; (3) upper socioeconomic status (SES); parents of upper or upper middle SES; (4) middle SES: parents of lower middle SES; (5) lower SES: parents of upper lower or lower SES. Parents of children aged between 5 and 12 years, who are residing with one or more children at least for the past 1 year, who can understand and speak Tamil or English language comfortably, and who were willing to participate and share their views were recruited. Parents of children with special needs or multiple disabilities were excluded from the study.

**Strategy II**

Homogeneous sampling was adopted to recruit ECPs (ophthalmologists and optometrists) practicing independently or working in tertiary eye care hospitals. The interviews and discussions were conducted in various localities of Chennai (Teynampet, Vadapalani, Kolathuvancheri, Royapettah, and Ashok Nagar). Eye care practitioners with a minimum of 3 years of work experience who were willing to participate were included in the study. Eye care practitioners who had never done pediatric consultation were excluded from the study.

All interviews and discussions were conducted by the principal investigator (DSK), and voice recordings were made after obtaining informed consent from the participants. Two FGDs and 11 IDIs were conducted among parents. One FGD and three IDIs were conducted with optometrists, and three IDIs were conducted with ophthalmologists. The interviews and discussions were conducted either in English or Tamil.

The FGDs and IDIs were conducted until redundancy of responses was obtained in every domain. Verbatim transcription of all English interviews was done. All Tamil interviews were transcribed integrally into English, ensuring the entirety of meaning in the context of the words. The analysis of textual data began by data familiarization by repeated readings. The familiarized data were then coded using both deductive and inductive approach, and themes were generated.

The study was approved by the Institutional Review Board and Ethics Committee of Vision Research Foundation, Chennai.

**RESULTS**

Thirty-five parents participated in FGD or IDI; among them, five were male and 30 were female. The mean age (±SD) of the participants was 33 (±4) years. Fifteen of them had sought care for their children, and 20 of them did not seek care. The eye problems for which the children had been referred were refractive error (n = 20), amblyopia (n = 3), conjunctivitis (n = 1), ocularr trauma (n = 1), and nasolacrimal duct obstruction (n = 1). Twelve of them belonged to high SES, whereas 14 belonged to middle SES and nine were from low SES. Sixteen ECPs participated in FGD or IDI; among them, three were male and 13 were female. The mean age (±SD) of the ECPs who participated was 34 (±7) years. The average work experience of the ECPs was 10 (±4.5) years. Of the 16 ECPs, four were independent practitioners whereas the rest were working in a tertiary center.

The themes that emerged out of the IDI and FGD are symptoms, family history, importance of school screening, perceived importance of eyes, and barriers for eye care seeking. Each of these themes is explained below, and certain important statements made by the participants are given for substantiation.

**Symptoms**

Parents expressed the following symptoms in their children to be of concern and as reasons to visit an eye care center: blurred vision, squint, watering or discharge from the eyes, making mistakes while writing, headache, eye irritation, rubbing of eyes, red eye, sitting too close to watch television, frequent blinking, not writing in a straight line, and burning sensation of the eyes. The parents who had sought care for their children were aware of many of these symptoms when compared with those who had not sought care. Some of the symptoms like “headache” were neglected or attributed to problems other than vision. For example, some of these parents related “making mistakes while writing and inability to write in a straight line” to academics rather than to a vision problem. Parents had major concern and sought care immediately for manifest or visible ocular symptoms like redness and watering. In addition to these symptoms, parents were also concerned by recurrent trips and falls of their child or if the child’s teacher expressed her suspicion of an eye problem. Apart from these symptoms, the ECPs mentioned that some parents seek care even in the case of attention deficit and reversal of writings (laterally inverted). Some ECPs stated that repeated complaints and urging from the child obliged parents to seek care, which was also corroborated by a few parents who had sought care.

“If child says I cannot see letters,” “cannot see the letters on board,” “it’s difficult for me to write,” parents will bring. Other than that, “When writing from the board, when there are many mistakes, and when teachers say so, we will think he is studying properly but why there are mistakes while writing, so we’ll understand and bring the child for checkup.” (Interview no. 08i—35-year-old mother, upper middle SES, previously sought care for her son)

“Complaining of not able to see in the distance will not be taken seriously in the first go; it has to be repetitive or they have to find it themselves that the child is not able to see. The teachers should complain...Otherwise it’s not taken seriously.” (Interview with Optometrist no. 04f—FGD)
Family History

Positive ocular family history, especially in the siblings, parents, and grandparents was an important factor that influenced parents to seek eye care for their children. In addition, some parents and ECPs mentioned that friends or neighbors who had eye problems prompted them to seek care. History of refractive error, squint, and night blindness in the family was predominantly stated as reasons to seek care. In the presence of a positive family history, the child’s visual and ocular complaints or symptoms were taken more seriously by parents. Even in the presence of a positive family history, some parents of low SES did not seek care, fearing that their child may be diagnosed with a similar ocular problem, which may engender social consequences (like the stigma of wearing glasses) and economic burden. A negative family history hinders parents to seek care as they compare the child with other family members and presume that the child would also grow up like them.

“Sibling in the family having a high refractive error—that is a very common practice of the parent to bring the other sibling for eye examination.” (Interview no. 06i—Ophthalmologist with 16 years of work experience, practicing in an eye care center)

“When the parents are normal and no one in the family wears glasses or any problem is existing and if the child says ‘I can’t see,' I don’t think they would definitely take him.” (Interview with Optometrist no. 04f—FGD)

Importance of School Screening

Many parents and ECPs believed that school vision screening is important to identify children with eye problems. Most ECPs and some parents of upper and middle SES expressed that identifying the problem earlier through school vision screening facilitates early diagnosis and treatment to avoid further deterioration of sight or complications. However, a few ECPs said that some parents ignore the school screening results as they suspect its validity. Other reasons for negligence of positive school vision screening results were the absence of any symptom or complaint; there also existed a myth among parents that eye problems cannot occur in children.

“I prefer being screened by school, everyone should take part and pick up people as early as possible, in the preventive stages rather than going to a tertiary problem and then treating” (Interview no. 24i—Ophthalmologist with 10 years of work experience, practicing in an eye care center).

Perceived Importance of Eye as an Important Organ

Many parents felt that eyes are important not only for good vision but also for better functioning and independence. They related good vision to better quality of life, especially to psychological factors like self-confidence and self-image. Some parents who sought care expressed that good eye sight is essential for good academic performance. Hence, parents tend to seek eye care just before the school examinations because they felt that good vision is necessary to do well in examinations. Where there was a fear of the child losing sight or going blind, parents gave high priority to eye care. The perceived benefits of appropriate treatment were thought to be prevention of severe visual disability or ocular complications.

“All parts in the body are important, but the most important is eye. So we should take care of the eye even if it is a small problem.” (Interview no. 20i—31-year-old mother of a primary school boy, upper lower SES, previously sought care for her son with injury)

“Just like how, for a human being, two hands and two legs are important, the two eyes are also very important. Only then their future will be good.” (Interview no. 11i—50-year-old father, upper middle SES, previously sought care for his son for refractive amblyopia)

“They have to be confident in life… blurred vision is not good for the kid. Moreover, it will lead to other problems—mental problems, which can be avoided. It is depression basically … They cannot see, so they cannot cooperate with others.” (Interview no. 23i—30-year-old mother of a primary school boy, upper SES, previously sought care for her son)

Barriers for Eye Care Seeking

Economic Barrier

Parents voiced several factors when asked about the difficulties they faced while seeking eye care. Most of the parents of lower and middle SES cited economic barriers. Parents, especially those of lower SES, expressed concerns in affordability of eye care in the hospital for eye care. Being unaware of the consultation and treatment charges posed a fear, which impeded them from seeking care.

“Cannot afford the money. We will not know how the budget is if we go there (hospital).” (Interview with parents no. 25f—FGD)

“Economic hardship is the biggest barrier… Expenses can of course have involved fees, interventional things, be it surgery, medication, be it glasses, all expensive recurrent expenses of things like glasses.” (Interview no. 15i—Pediatric Ophthalmologist with 13 years of work experience, practicing in a tertiary eye hospital)

Logistical Barriers

Parents, irrespective of their SES, reported logistic barriers like the difficulty of getting an appointment with a doctor, taking leave from work, finding transport, and traveling long distances. The presence of these barriers was corroborated by the ECP. A few parents complained that the hospital working times were not convenient, that locating the hospital was difficult, that communication with the doctors was problematic, that doctors were not available in an emergency, and that the government assistants demanded bribes. A few parents expressed that they were hesitant to seek eye care because of the necessity to make multiple visits to confirm the diagnosis. They could not make choices between public and private clinics as each one had their own pros and cons.
Barriers Caused by Issues in the Family

Parents stated family circumstances like the lack of cooperation from family members for visiting the eye care center, the pressures of household work, and of single parenting as barriers to seeking care. In addition, ECPs stated that other family members, especially the in-laws in a joint family, act as barriers by stating their difference of opinions, creating doubts regarding the child’s need for medical care, and sometimes confusing parents, not allowing them to seek care. In some cases, the mother herself fear that she might be blamed for the child’s eye problem and hence may not seek care. Eye care practitioners stated poor literacy and the lack of awareness about eye problems among parents and family members as a main barrier to seeking eye care.

“Few parents will be feeling ‘work, work, we can eat if we go to work,’ because of that, they are going to work. Sometimes, doctors will not be there. In government hospitals at particular time only doctor is available, if we go to emergency, also sometimes doctors are not there…” (Interview no. 20i—31-year-old mother of a primary school boy, upper lower SES, previously sought care for her son)

“In first attempt, they don’t diagnose the problem, need to go 4 to 5 times and should take 4 to 5 days’ leave. We’ll not have money… Fear that whether fees will be more” (Interview with parents no. 25f—FGD)

Concerns about Spectacle Prescription

A few parents conveyed that they hesitate to seek care because of the reluctance to make their child wear glasses. Social stigma regarding the wearing of glasses was more often stated by parents having a girl child as they felt it is cosmetically unappealing.

“They feel their kid will look bad with the specs, that is a social stigma… beauty becomes their first priority, I feel which is not correct… At that age, vision is more important than beauty I feel …. the only thing is the society will tease their kid” (Interview no. 23i—30-year-old mother of a primary school boy, upper SES, previously sought care for her son)

DISCUSSION

The factors affecting ESB plays a pivotal role in prevention and control of blindness in children because many of the causes of blindness are preventable or treatable. To the best of our knowledge, this was the first study to focus on the factors affecting eye care seeking for children. Along with parents, the ECPs were interviewed to obtain the attitudes and perception of parents through the pediatric consultation experience of the ECP. This work throws light on several factors like the importance of symptoms, the perceived importance of vision, and the importance of school screening in eye care seeking. In addition, this study has brought out several new logistic barriers, the knowledge of which can be of great help when planning outreach programs, health education activities, health programs, or policies targeting childhood visual well-being.

Age and sex did not surface as factors among parents, although other studies have reflected them as important factors.6,7 This finding—that parents did not discriminate between children based on their age and sex—was a positive one. More than age and sex, symptoms and their perceived severity were reported as determinants for seeking eye care. This importance was also reflected by the fact that parents were more concerned about the symptoms before the school examinations. This clearly highlights the fact that the parents take more concern on ocular conditions when it interferes with academic performance. Family members and their perceptions in seeking eye care played an important role. This was a finding unique to India as the social background of India is to joint families where elderly members take the decisions. Although this may have several advantages, it hinders mothers in taking decisions for their children. Even family history plays a vital role in the ESB. Positive ocular family history was one of the factors prompting the parents to seek care for their children. On the other hand, low and middle SES parents had trouble in seeking care despite being aware of the symptoms and their consequences. Ganz et al.8 also cited that children who had other family members with diagnosed eye conditions were significantly more likely to have a diagnosed eye condition themselves than children lacking family members with diagnosed eye conditions. Parents of low SES relied more on school screening services, which was a factor that was also brought out by Yawn et al.9 and Kimel10 in their interviews. However, the validity of such services in densely populated and unstandardized low-resource settings like India needs to be considered.

Parents with middle and low SES faced a lot of financial constraints. Studies by Nirmalan et al.11 and Krishnatray et al.12 reported financial constraint as a main barrier for eye care seeking among participants aged 40 years and older and children, respectively. The socioeconomic barrier varied from loss of daily wages while bringing the child to an eye care center to the cost for buying spectacles and hospital consultation. In India, Krishnatray et al.12 reported cost of transportation, medicine, registration fee charged at the hospital, and loss of daily wages due to bringing the child to the hospital as the barriers, and loss of daily wages was the most weighted barrier. Likewise, studies done to understand the reason for delay for eye care after parental notification of a failed school vision screening test reported the economic factor as a barrier.9,10 Parents stated that they do not know whether to seek care in a private clinic or an eye hospital. The distance to travel to an eye care center was cited as a barrier by parents and ECPs. Fixing appointments with the doctors and fixing appointments with the same doctor in the subsequent visits were also cited as difficulties faced by parents. Eye care practitioners and parents quoted similar factors for eye care seeking. A study done by Yawn et al.9 reported limited availability of convenient eye care appointments as a barrier, and this is substantiated by our result.

Economic and logistic barriers were spelt out more lucidly by parents compared with ECPs. On the other hand, ECPs could state with greater clarity the symptoms and perception of parents about eye problems. The economic status was a predominant barrier for low socioeconomic class parents, whereas logistic barriers
seemed to play a vital role for other groups. Parents of children who had been taken for eye care were more knowledgeable on the symptoms and perception of eye problems.

Although this study brought in new perceptions about barriers and factors affecting eye care seeking, its limitations need to be considered during extrapolation of findings. This study was done in an urban area and among parents whose children went to school and the findings may not apply to rural areas or non-school-going children. This study, however, has shed some light on modifiable factors. The timings of eye care centers, the language of communication, and the scheduling of follow-up visits should be taken into consideration while conducting outreach camps and eye care centers. Because school screening helps parents identify problems and seek care for their wards, it should be standardized and validated before implementation. While creating awareness programs on childhood problems, factors like the importance of ocular symptoms in seeking care and the fear of spectacle wearing need to be highlighted.

CONCLUSIONS

Potential factors facilitating eye care seeking were ocular complaints from the child, remarks from the child’s teacher, school vision screening notification, observation of symptoms by parents themselves, and positive ocular family history. Lack of money, lack of time, difficulty in fixing appointment, language barrier, and lack of cooperation from family members were the likely barriers for eye care seeking.

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APPENDIX

The appendices, interview guides for parents and eye care practitioners, are available at http://links.lww.com/OPX/A133.

REFERENCES


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