

**Sir,
 Parental inability to detect eye diseases in children:
 barriers to access of childhood eye-care services in south
 India**

One of the impediments to reducing blindness in developing countries is the limited access to eye-care services.¹ This study is a part of a population-based prevalence survey, Pavagada Pediatric Eye Disease Study-2, with an aim to determine the prevalence of childhood blindness and ocular morbidity in children ≤ 15 years and to determine the barriers to access of paediatric eye care among mothers with children who were detected to have eye disease.

Case report

Eight thousand five hundred fifty-three children, residing in the two sub-districts of Pavagada and Madhugiri in Tumkur district, Karnataka state, south India were screened by a single ophthalmologist in makeshift eye clinics. Five hundred fifty-nine children (6.54%) were found to have ocular morbidity. Five hundred and ten mothers of the 559 children were requested to complete a questionnaire about the barriers they came across when they tried to access paediatric eye care. Forty-nine mothers with more than one child, answered the questionnaire separately for each child.

There was no statistically significant difference between the responses given by mothers with male or female children, those in urban or rural areas, and between literate or illiterate mothers (Tables 1 and 2).

Comment

The paediatric eye-care service delivery in India is based on provision of tertiary eye care and school screening programs.² The main drawback of this system is that it depends on the parents to recognise that their child has a problem and bring the child in for an examination. In a study by Nirmalan PK *et al*³ on the impact of visual impairment on functional vision in children, about 40% of the children with visual impairment, perceived themselves to have vision equivalent to their normal-sighted peers. It is also found that self-care activities were less dependent on vision than other tasks.⁴ We found 43.59% of the mothers with children who had an uncorrected visual acuity of <6/18 to no PL felt that their child was able to see adequately. Only 32.34% of the mothers who felt that their children did not have any serious eye problem were illiterate. The rest were literate and yet missed out the fact that their child was visually impaired. The other reason for not accessing eye care was due to the fatalistic attitude, that it is god's will that the child has an eye disease. When we compared those with ≤ 8 years of schooling (including illiterates) *vs* the group with 9 to > 12 years of schooling,

Table 1 Responses to questions regarding perceptions of barriers to access of childhood eye-care services

Question n = 559	No, % of respondents who said 'yes' (number, %)
1. I feel that the child did not have a serious eye problem	397 (71.02)
2. I feel that child is able to see adequately, since he/she is managing everyday activities	364 (65.12)
3. I was afraid that seeking health care would reveal a problem and cause worry	0
4. I don't know where to go for eye check-up	0
5. Eye check-up is not a priority since the child has other medical problems	0
6. I have no money to go for an eye check-up for the child	0
7. I have no one to escort me (mother) and the child to the hospital	0
8. It is god's will that the child is blind/has an eye problem	46 (8.23)
9. If I take my child to the hospital, I will lose my daily wages	5 (0.89)
10. I had consulted a doctor and he said that the child was too young to be treated	3 (0.54)

Table 2 Barrier to access of eye care: comparison between illiterate mothers to ≤ 8 yrs of schooling and those 9 to > 12 years of schooling

Question n = 510	Respondents who said 'yes' and were illiterate to 8 years of schooling N = 295 (number, %)	Respondents who said 'yes' and had 9 to > 12 years schooling N = 215 (number, %)	P-value
I feel that the child did not have a serious eye problem	213, 72.20%	144, 66.98%	0.2034
I feel that child is able to see adequately, since he/she is managing everyday activities	195, 66.10%	134, 62.33%	0.3788
It is god's will that the child is blind/has an eye problem	32, 10.85%	12, 5.58%	0.0365
If I take my child to the hospital, I will lose my daily wages	4, 1.36%	1, 0.47%	0.5801*
I had consulted a doctor and he said that the child was too young to be treated	10, 3.39%	0	—

*Yates' P-value.

Only those questions with a positive response have been shown in the table.

we found that mothers in the former group had a fatalistic attitude. It is well documented that fatalistic attitude is prevalent in less educated societies and is a barrier to positive health behaviour and adversely affects health outcomes.⁵

Results from this study show that the main barrier to access of eye care was the parents' inability to detect that the child had any eye problem. Hence it is important to develop awareness programs to educate the parents on various common eye diseases. Educating teachers and community workers in screening of eye diseases would also help in early detection.

Conflict of interest

The authors declare no conflict of interest.

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Sir, Comment on 'Licence to save: a UK survey of anti-VEGF use for the eye in 2015'

We read with great interest the article 'Licence to Save: a UK survey of anti-VEGF use for the eye in 2015'.¹ It is a particularly pertinent and well-timed article given the recently declared 'crisis' the NHS is experiencing. We are writing to highlight the potential influence this article may have now that the 'Getting It Right the First Time' (GIRFT; <http://www.gettingitrightfirsttime.com>) project will eventually extend to subspecialties such as ophthalmology. The GIRFT project was initially piloted in orthopaedics, financially supported by the NHS PCC (Primary Care Commissioning). The GIRFT project is a comprehensive review of service seeking improvement through the careful analysis of existing care pathways, patient experience, waiting times, service costs, cost commissioning, surgical targets, and outcomes, with the aim of developing a more standardized improved national service (<http://www.gettingitrightfirsttime.com/downloads/GIRFT-National-Report.pdf>). It will be interesting to see if this service review in ophthalmology will impact on drug licensing and our current anti-VEGF practices.

Conflict of interest

The authors declare no conflict of interest.

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Sir, Comments on 'Treatment patterns of ranibizumab intravitreal injection and dexamethasone intravitreal implant for retinal vein occlusion in the USA'

We commend a study comparing ophthalmology clinic visit frequency for patients receiving ranibizumab and dexamethasone for retinal vein occlusion (RVO).¹ The case is made that visit burden for both treatments may not be significantly different, but highlights the importance of