Introduction

Despite growing numbers of Nigerian children who need eyeglasses, there are still several families that do not get glasses for their children. Comments from the field suggest that carers (parents and guardians) are reluctant to purchase glasses for their children because of perceived high cost. To increase the number of families buying glasses, we undertook a study to find the best price for glasses based on what carers are willing to pay (WTP), and factors affecting their choice. We also wanted to understand barriers to buying glasses in Cross River State and the profile of children attending follow-up visits at eye clinics.

Aim

To provide data to plan an evidence-based children's spectacle scheme in Nigeria as part of improved eye care programmes for children.

Objectives

- To explore barriers and facilitators influencing families' choice to bring children to eye health clinics on referral after vision screening in schools
- To describe children who attended eye examinations in Cross River State, Nigeria
- To determine the perceptions and key decision-making factors in the purchase of spectacles
- To determine carers' WTP for a pair of spectacles to correct their children's vision

A study on parents' and guardians' selection criteria, and their willingness to pay for public sector children's spectacles in Cross River State, Nigeria

Implemented by: Queen's University Belfast Brien Holden Vision Institute

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Data we collected

- 1. Statements from 10 focus groups with carers of children who had undergone vision screening in school and were then referred for a follow-up eye exam at a local clinic.
- 2. Demographic profiles of 3,185 children who attended the four eye clinics in Cross River State (Calabar, Ugep, Ikom, Ogoja) from May 1, 2017 to June 31, 2019.
- 3. Survey results from 137 carers who brought their children to the four eye clinics from August 1 to October 31, 2019 to determine their willingness-to-pay for a pair of corrective glasses for their children, plus key decision-making factors influencing their choice about purchasing glasses.





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Results

The data revealed that carers believed good vision is important for children to function properly, thus improving their health and well-being. Participants also had great concerns that poor vision interferes with children's education or could lead to blindness:

"Some may be withdrawn from school [expelled] if their vision [problems] are not properly managed."

Carers' lack of knowledge, particularly about the cost or need for a follow-up eye exam, was the biggest barrier to bringing their children for further eyecare. However, the good care provided by eye clinics was widely recognized by the participants and so could help motivate carers to seek further care for their children:

[parents will bring their children for an eye exam at the hospital because] the specialist will know what to do if anything goes wrong".

Of the 3,185 children (6 to 18 years old) who visited the clinics, about two-thirds of them were boys and were children from urban areas. There were 413 children (13%) who were vision impaired, and 35 children (1.1%) were blind in the eye seeing clearer.

When assessing vision impairment and blindness in the eye seeing more poorly, there were 500 children who needed a pair of corrective eyeglasses. Only one in 10 of them had ever worn eyeglasses; and about 75% of them were shortsighted. Almost 95% of the 500 children were corrected to normal vision with a pair of eyeglasses. Participants who earned less than N50,000 a month were willing to pay N3,600, whereas those who earned more than N50,000 were willing to pay N4,400 for a pair of eyeglasses for their children. About half the participants stated they would be willing to pay at least N3,600 for a pair of eyeglasses in the future.

As the participants' income increases, the worse their children's eyesight was; and if their children were shortsighted, the more willing the participants were to pay more for a pair of eyeglasses for their children.

Most of the carers who brought their children to the clinic did so because it is in a convenient location. An attractive and suitable design was the most important factor when selecting the eyeglass frame for their children. The carers felt that the frames offered at the clinics were of good design and quality.



Calabar Child Eye Health Clinic

"Continue the good work you are doing ... [to] create awareness, sensitize [the people] ... so we will have a wonderful society where our children will live [a good life] and there will not be as many cases of vision problems."

Conclusion

Even though 9 out of 10 children with poor vision could have this problem easily corrected with a pair of eyeglasses, almost all the children in the study area who needed eyeglasses did not have them. Health education will help sensitize carers and the public on the importance of seeking eye care for their children, including corrective lenses. Using the WTP study findings, we can plan and test a cross subsidization strategy that can improve spectacle uptake among children in Cross River State.

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