Author's response to reviews

Title: Children's and their teachers' perceptions of what is good and what is bad for eyes: a qualitative study in Pakistan

Authors:

Khabir Ahmad (khabir.ahmad@aku.edu)
Mohammad A Khan (pico@pess.comsats.net.pk)
Mohammad D Khan (pico@pess.comsats.net.pk)
Mohammad B Qureshi (pico@pess.comsats.net.pk)
Clare Gilbert (Clare.Gilbert@lshtm.ac.uk)

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Author's response to reviews: see over
<table>
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<th>Reviewer’s comments</th>
<th>Authors’ response</th>
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<tr>
<td>1. In addition to the global perspective on childhood eye/vision-related problems, information/data on these problems in Pakistan would be useful here to give a context to the data presented.</td>
<td>We have responded by including the following in the revised manuscript: Almost 50% Pakistan’s total population of around 154 million are children, but nationally representative data on childhood eye diseases are lacking.</td>
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<td>2. Page 4, para 3 – Please provide data on trachoma (if relevant) and Vitamin A deficiency for Pakistan.</td>
<td>We included the following in the revised manuscript: Pakistan has been classified by the WHO as a country with severe sub-clinical vitamin A deficiency (VAD) in parts or whole of the country, and studies conducted in different areas of Pakistan show that 32-43% children under 5 have deficient serum vitamin A levels. Trachoma is endemic in parts of the country.</td>
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<td>3. Page 4, last line – Please provide reference for trauma being the major cause of blindness in children.</td>
<td>The reference has been provided.</td>
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<td>4. Some description (if available) of visual status/eye problems of the children who participated would be useful for better understanding of these data.</td>
<td>We did not assess visual status of children who participated in the study.</td>
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<td>5. Page 6 – Please provide the age distribution of the children who participated.</td>
<td>Children were selected by age group (9-12 years). We did not collect data that could be used to calculate the age distribution of the children who participated.</td>
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<td>6. Page 6 – It is mentioned that 40 children in each of the four schools were chosen randomly. Please elaborate– were they chosen from the attendance register or by any other means, and who chose these children (investigators or teachers)?</td>
<td>In each school, 40 children were randomly selected by age group (9-12 years) from the attendance register by the principal investigator (KA). Teachers or school administrators had no role in the selection of children.</td>
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<td>7. Please comment on any possible bias in the sample selected, for example - children with healthy eyes or those considered smart by the teachers.</td>
<td>They were randomly selected and each child of the eligible age group had an equal chance of being selected.</td>
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<td>8. Tables 1 to 3 – a. In the text on pages 9 and 10, “teachers” are also mentioned when referring to the data in these Tables. However, data on teachers are not shown in these Tables.</td>
<td>The suggested changes have been made.</td>
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<td>b. It would be useful to have distribution of these data for – different age groups (9-10, 11-12 years), the two genders (boys and girls), and the type of school (government, private). It is possible that there are differences among these groups.</td>
<td>This study was designed to elicit themes that could be used to develop a large study to quantitatively measure children's and their teachers’ perceptions. The sample size is adequate for a qualitative study, but not for quantitative evaluation. We believe that the large number of different</td>
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themes that have emerged and the small sample size would not allow for any meaningful comparison of the results by gender, types of school or any other variable.

It has been changed to Appearance

c. Table 2 – It is not clear what is meant by “characteristics related to unfriendly”.

It has been changed to Appearance

9. Please also specify the type of school in the text were verbatim of teachers are given (as is done for children).

The suggested changes have been made.

10. Pages 11 and 12 – Please provide number of children for the various percentages presented in the text, and vice-versa.

The suggested changes have been made.

11. Tables 4 and 5 –
a. Please provide percentages for the frequencies

We have not amended the manuscript accordingly. %s are not useful when more than one response is possible/ participant.

Please refer to our response to comment 8 b

b. Was there any difference in responses for the two genders and between the teachers of government and private schools?

Please refer to our response to comment 8 b

12. Table 6 - It would be useful to have distribution of these data for – different age groups (9-10, 11-12 years), the two genders (boys and girls), and the type of school (government, private). It is possible that there are differences among these groups.

We have amended the manuscript accordingly: The results provide important insights into the understandings of common eye diseases among children in Pakistan where health education is not an integral component of primary schools curriculum. Although children in primary schools are not taught about eyes, most children as well as their teachers had a good knowledge of various characteristics of healthy eyes, including seeing well and giving good cosmetic appearance.

Please refer to our response to comment 8 b

13. Page 12, para 2 contd on page 13 – It would be useful to put this discussion in the context of what is taught about eyes to the school children in Pakistan

We have added the following: The leading cause of red eyes in Pakistan is viral conjunctivitis (which gets better on its own), and trachoma is endemic in parts of the country where it is an important cause of irritable, red eyes.

14. Page 13, para 1 – What are the leading causes of red eye in children in Pakistan? Please provide the national/local context in which these data can be utilized. The discussion about trachoma could be shortened.

We agree and have amended the manuscript accordingly. However, there is evidence that in Islamic countries, where females do not go outside unless completely covered, that vitamin D deficiency can be a problem.

15. Page 14, para 1 – The discussion on avoidance of sun and the resulting Vitamin D deficiency is a little far-fetched. Caps, hats and sunglasses are recommended to protect eyes against sunlight and not avoiding sun altogether.

We have added the following: The leading cause of red eyes in Pakistan is viral conjunctivitis (which gets better on its own), and trachoma is endemic in parts of the country where it is an important cause of irritable, red eyes.
16. Page 15, para 1 – Again, please provide Pakistan context for discussion related to Vitamin A deficiency. The following has been added: School health education about vitamin A deficiency in Pakistan is essential, particularly for girls, who need to be made aware of daily vitamin A requirements, and of foods rich in vitamin A (e.g. breast milk, liver, eggs, yellow fruits and dark green leafy vegetables), so that will be able to provide their future children with a healthy diet.

17. Page 15, para 1 – The options provided by the students to keep their eyes healthy, in a way, reflects what their parents think and what is generally done/followed in the society. For example – use of kohl is so common that it is now part of culture/tradition. Therefore, it would be interesting to elaborate on the social context for the options provided by the children. We agree and have added the following to the manuscript: It is interesting to note that the options provided by the students to keep their eyes healthy, in a way, may reflect what their parents may think and what is generally done/followed in the society. For example, use of kohl in Pakistan is so common that it is now part of culture/tradition as are use of rose water and eye drops without prescription. Please refer to our response to comment 8 b

18. These data can be used to draw recommendations about what could/should be taught to school children in Pakistan and what should be known to their teachers. Any significant differences in perceptions between the government and private school children, and between boys and girls could also be addressed in these recommendations.

Minor Revisions
1. Page 5, lines 1-3 – It may not be fully correct to say that trauma care drains away resources from cataract services. A different perspective on this could be that childhood ocular trauma is indeed a major concern in Pakistan, then spending on trauma services to save vision of a child who is likely to live many more number of years as compared with an old person with cataract is probably justified. The point here is that visual impairment in childhood has a long-term impact as compared with visual impairment in old age. Hence, please modify this statement

Page 5, lines 4-5 - Is reference 11 appropriate for this statement? Yes It is

We agree and have modified the statement accordingly:

3. Page 6 – Please explain what is meant by “what would you do if an accident injures your eye?” It means what action(s)/step(s) would you take if your eyes get injured?

Results
4. Page 11 – Table IV next to Figure 8,9 should read Table VI. The suggested correction has been made.

5. Figures 1 and 2; Figures 3, 4 and 5; Figures 6 and 7; Figures 8 and 9 can be combined We agree, but this needs to be taken care of by the BMC layout section if the paper is accepted for publication.