Reviewer's report

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

Version: 1 Date: 20 July 2005

Reviewer: Rakhi Dandona

Reviewer's report:

General

-------------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Introduction

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.

2. Page 4, para 3 – Please provide data on trachoma (if relevant) and Vitamin A deficiency for Pakistan.

3. Page 4, last line – Please provide reference for trauma being the major cause of blindness in children.

Methods

4. Some description (if available) of visual status/eye problems of the children who participated would be useful for better understanding of these data.

5. Page 6 – Please provide the age distribution of the children who participated.

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)?

7. Please comment on any possible bias in the sample selected, for example - children with healthy eyes or those considered smart by the teachers.

Results

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

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

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

11. Tables 4 and 5 –
   a. Please provide percentages for the frequencies.
   b. Was there any difference in responses for the two genders and between the teachers of government and private schools?

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.

Discussion
This section is poorly structured, is not readable in its current form, and does not do justice to the interesting and useful data reported in this paper.

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.

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.

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.

16. Page 15, para 1 – Again, please provide Pakistan context for discussion related to Vitamin A deficiency.

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.

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 Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Introduction

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 if 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 visua
impairment in old age. Hence, please modify this statement.

2. Page 5, lines 4-5 - Is reference 11 appropriate for this statement?

Methods

3. Page 6 – Please explain what is meant by “what would you do is an accident injures your eye?”

Results

4. Page 11 – Table IV next to Figure 8,9 should read Table VI.

5. Figures 1 and 2; Figures 3, 4 and 5; Figures 6 and 7; Figures 8 and 9 can be combined.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.