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# Low Vision: Attitude towards the Use of Prescribed Glasses

**Sumayya Kabir Dandago**
Nurse Officer, University Health Service, Bayero University Kano, Nigeria
**Adamu Dalhatu**
Lecturer, Department of Nursing Science, Bayero University Kano, Nigeria

***Abstract:***
*This is a paper written on low vision and the attitude of people towards those using prescribed glasses. The main objective of the paper is to address the issue of stigma associated with the use of prescribed glasses in relation to people with low vision, including the effects the stigma has on personal, behavioral as well as psychological aspects of individuals affected. The paper is a product of desk research work, where relevant authoritative positions on low vision and the use of prescribed medical glasses were expressed for analysis and interpretation. The paper is about an extrapolation on the attitudes of people towards the users of prescribed medical glasses for improvement on the vision power of those persons that have low vision or suffering from the danger of losing their sights. It is concluded from the extrapolation that acceptance of glasses for the correction of vision among people is not encouraging, particularly when children are concerned. This is due to the lingering misconception in the minds of individuals regarding use of glasses and its users. Initiation of support groups, mass media and provision of information about vision problems in school health curriculum would go a long way in dispelling the misconceptions and distorted beliefs about use of glasses.*

***Keywords****: Low vision, glasses, bullying, children*

## 1. Introduction

Low vision has different definitions/description, depending on who is defining/describing it. According to the World Health Organization (WHO), a range of visual acuity from 20/70 to 20/400 (inclusive) is considered moderate visual impairment or low vision. At its core, low vision is an uncorrectable vision loss that impairs one's ability to function normally and perform the activities needed to live independently. The actual visual acuity causing this disability varies from person to person (Pasner, 2016). This means that although a person's eyesight is impaired, he/she is not totally blind, and with vision enhancers, a person with low vision can have the vision improved but not totally corrected. And the condition is permanent.

As we age, our eyes change too. Many of these changes in vision can be corrected by glasses or contact lenses. However, if your eye doctor tells you that your vision cannot be fully corrected with ordinary prescription lenses, medical treatment, or surgery, and you still have some usable vision, you have what is called 'low vision.' Having low vision means that even with regular glasses, contact lenses, medication, or surgery, you may find it difficult to perform everyday tasks, such as reading your mail, shopping, preparing meals, and signing your name (Duffy, 2018).

Having "low vision" is not the same as being "blind". For example, your doctor may tell you that you have a blind or blank spot in the center of your vision that limits your ability to read or see people's faces; nevertheless, you can still get around using your side (or peripheral) vision. Or you may have problems seeing well with your peripheral (or side) vision, but still see clearly enough to read the newspaper using your central vision (Duffy, 2018).

Low vision in essence is an uncorrectable vision loss that impairs one's ability to function normally and perform the activities needed to live independently (Pasner, 2016). This is reason why a person with low vision is for life, dependent on the use of vision aids and devices and especially magnifying glasses.

Glasses, also known as eyeglasses or spectacles, are devices consisting of glass or hard plastic lenses mounted in a frame that holds them in front of a person's eyes, typically using a bridge over the nose and arms which rest over the ears. Glasses are typically used for vision correction, such as with reading glasses and glasses used for nearsightedness (Turbert&Gudgel, 2017). Users of Glasses are the people that wear glasses permanently or temporarily for the correction of vision.

In most of the societies, there is this notion that people who wear glasses are nerdy, shy, awkward, weak, clumsy, and sometimes even visually handicapped. This results in name calling and teasing among children, which affects a child's mental being and general wellbeing, as teasing is a form of bullying, and bullying affects individual's self-worth, confidence, and overall mental health.

This paper wishes to address the issue of stigma associated with the use of prescribed glasses in relation to people with low vision, including the effects the stigma has on personal, behavioral as well as psychological aspects of individuals

affected. The paper also wishes to mention possible recommendations provided to avert the negative perceptions of people on individuals who wear prescribed glasses, especially children.

## 2. Literature Review

### *2.1. Concept of Low Vision*

Low vision is the term used to describe significant visual impairment that can't be corrected fully with glasses, contact lenses, medication, or eye surgery (Pasner 2016). It includes loss of best-corrected visual acuity (BVCA) to worse than 20/70 in the better eye; significant visual field loss; tunnel vision (lack of vision in the periphery) and blind spots are examples of visual field loss; and legal blindness. (Turbert&Gudgel, 2017)

The most common types of low vision include the following: loss of central vision; loss of peripheral (side) vision; night blindness; blurred vision; and hazy vision (Pasber 2016). Certain eye diseases can cause low vision. These include, but not limited to, uncorrected refractive errors; cataract; age-related macular degeneration; glaucoma; and diabetic retinopathy. These conditions can occur at any age but are more common in older people. However, normal aging of the eye does not lead to low vision. Eye injuries can also cause low vision. Low vision may also result from eye cancer, albinism, or a brain injury. (Turbert&Gudgel, 2017)

There are many signs of vision loss, including finding it difficult or impossible to read, write, shop, watch television, drive a car, recognize faces, etc. It may be difficult to set dials or manage glare. With low vision, you might have trouble picking out and matching the color of your clothes. The lights may seem dimmer than they used to, making work or household chores more difficult (Duffy 2018). All these indicate that in low vision, sight is not completely lost, but significantly impaired, and that normal living and activities are significantly affected.

### *2.2. Patterns of Vision and Vision Loss*

Central vision is the detailed vision we use when we look directly at something. Macular degeneration (AMD) affects central vision. Diabetic retinopathy can affect central or peripheral vision (Turbert&Gudgel, 2017). This is because diabetic retinopathy damages blood vessels inside the retina at the back of the eye.

Peripheral vision is the less detailed vision we use to see everything around the edges. Glaucoma affects peripheral vision first. Strokes can affect one side of the peripheral vision (Turbert&Gudgel, 2017).

Contrast sensitivity, on the other hand, is the ability to distinguish between objects of similar tones like milk in a white cup or to distinguish facial features. All eye problems can decrease contrast sensitivity (Turbert&Gudgel, 2017). Depth perception is the ability to judge the position of objects. New vision loss in one eye can affect depth perception, such as the height of a step (Turbert&Gudgel, 2017). Again, Visual processing is about how the lens in our eye focuses light rays onto our retina. The retina converts these light rays into signals that are sent through the optic nerve to our brain, where they are interpreted as the images we see. A problem with any of these processes affects our vision in various ways (Turbert&Gudgel, 2017). This is due to the fact that one eye function or the other is affected in any eye problem.

### *2.3. Diagnosis and Treatment of Low Vision*

Complete eye examination usually begins with questions about one's medical history and any vision problems one might be experiencing. Test designed to check vision and to check for eye diseases such as test for visual acuity (Turbert&Gudgel, 2017). Low vision is a permanent loss of vision that won't improve with eyeglasses, medicine, or surgery. If a person has low vision, there is no treatment that will give him back his vision. Instead, one will need to learn new ways to use one's remaining vision to complete everyday tasks and maintain one's quality of life. Hence, the person starts the process of rehabilitation (Duffy 2018).

### *2.4. Management of Low Vision*

#### 2.4.1. Medical Management

This includes prescription of low vision aids and devices by the physician to aid with activities of daily living. Low vision aids examples: Magnifying spectacles: Magnifying spectacles are worn like eyeglasses to keep your hands free. They can be used for reading, threading a needle, or doing other close-up tasks (Turbert&Gudgel, 2017). Stand magnifiers: These magnifiers rest above the object you are looking at. This helps to keep the lens at a proper distance. Being on a stand also is helpful to people who have a tremor or arthritis. Some stand magnifiers have built-in lights (Turbert&Gudgel, 2017). Hand magnifiers: There are magnifiers designed to help with different amounts of vision. Some models have built-in lights (Turbert&Gudgel, 2017). Telescopes: These are used to see objects or signs far away. Some telescopes can be attached to eyeglasses. Others are held like binoculars (Turbert&Gudgel, 2017). Video magnifiers: These electronic devices make printed pages, pictures, or other small objects look bigger. You often can adjust them to meet your special vision needs. For instance, with some magnifiers you can add contrast to make printed words darker. There are a lot of new video magnifiers. Talk with your ophthalmologist about which ones can help you (Turbert&Gudgel, 2017).

Low vision devices examples: Audio books and electronic books: With audio books, you can listen to text that is read aloud. With electronic books like Kindle®, Nook® and others, you can increase word size and contrast(Turbert&Gudgel, 2017). Smart phones and tablets: let you change word size, adjust lighting and use voice commands. There also are many apps to choose from, such as programs that read material aloud, magnify, or illuminate, another app, Eye Note, is free for Apple products. It scans and identifies the denomination of U.S. paper money (Turbert&Gudgel, 2017). Computers that can read aloud or magnify what is on the screen (Turbert&Gudgel, 2017).Talking

items such as watches, timers, blood pressure cuffs, and blood sugar machines (Turbert&Gudgel, 2017). Large-print books, newspapers, magazines, playing cards and bank checks (Turbert&Gudgel, 2017). Telephones, thermostats, watches and remote controls with large-sized numbers and high contrast colors (Turbert&Gudgel, 2017).

2.4.2. Nursing Management (Rehabilitation)

Extending the role of the ophthalmic nurse practitioner can promote delivery of a more effective health care service and reduce waiting times. This is significant, because the predicted growth of the older population means that common ocular diseases such as age-related macular degeneration will increase the incidence of visual impairment. Owen et al (2003) estimate that there are currently 214,000 people in the UK with visual impairment caused by age-related macular degeneration. This number is expected to increase to 239,000 by the year 2011. Stanford (1998) points out that no matter how cost-effective a health system may appear, it must address patients' needs and meet the standards necessary to optimize care (Watkinson & Scott, 2004).

According to Watkinson & Scott (2004), meeting patients' needs is central to clinical governance. For patients with visual impairment, the role of clinical governance is to ensure that the right thing is done at the right time and that it is done well. This is the basis for delivering excellent clinical care (Department of Health, 1999). The fundamental principles of care apply across all areas of health care practice. It is the application of these principles that is important and challenging. This can be achieved in a variety of clinical settings: in hospital, in outpatients, in A&E, and in the community. Moore and Miller (2003) point out that care for patients with visual impairment must be carefully individualized, while fostering normalization. Effective communication and, most importantly, acknowledging the patient with visual impairment as a human being with the same range of needs and feelings as a person who has normal sight, may achieve this (Watkinson & Scott, 2004).

An awareness and understanding of the concept of individual needs, and how best to address them are very essential. Maslow's (1954) five-stage hierarchy of needs model serves as a useful basis for considering these needs. The model is underpinned by the theory of human motivation, which has five classes of need arranged in hierarchical order from the most basic up to the highest level. Gratification of needs is the key concept of this theory. When a need is gratified at one particular level, the next highest need emerges. The following discussion demonstrates how this theory translates into practice in meeting the needs of both young and older patients with visual impairment (Watkinson & Scott, 2004).

## 3. Methodology

The paper is a product of desk research work, where relevant authoritative positions on low vision and the use of prescribed medical glasses were expressed for analysis and interpretation. The paper is about an extrapolation on the interplay between low vision and use of prescribed medical glasses for improvement on the vision power of those persons that have low vision or suffering from the danger of losing their sights.

## 4.Low Vision

Many research works and studies have been conducted, which mostly aimed at determining the prevalence and impact of low vision among school children, teenagers as well as adults. Many researches have also been carried out to determine what efforts have been made towards managing as well as treating low vision. Even though researches have been made on attitude and perception of people towards glasses and glasses users for the correction of vision, not enough studies have been conducted.

As we age, our eyes change too. Many of these changes in vision can be corrected by glasses or contact lenses. However, if your eye doctor tells you that your vision cannot be fully corrected with ordinary prescription lenses, medical treatment, or surgery, and you still have some usable vision, you have what is called 'low vision.' Having low vision means that even with regular glasses, contact lenses, medication, or surgery, you may find it difficult to perform everyday tasks, such as reading your mail, shopping, preparing meals, and signing your name (Duffy, 2018).

Vision function is classified in 4 broad categories, according to the International Classification of Diseases -10 (Update and Revision 2006), viz:

- Normal vision
- Moderate vision impairment
- Severe vision impairment
- Blindness

Moderate vision impairment combined with severe vision impairment is grouped under the term "low vision": low vision taken together with blindness represents all vision impairment (WHO, 2017).

According to recent estimates, the major global causes of moderate to severe vision impairment are:

uncorrected refractive errors, 53%

un-operated cataract, 25%

age-related macular degeneration 4%

glaucoma, 2%

Diabetic retinopathy 1% (WHO, 2017).

The World Health Organization has declared that blindness and visual impairment affect 37 million and 124 million individuals worldwide, respectively. Over 90% of individuals with blindness and low vision live in developing countries (Khorrami-Najed, Sarabandi, Akbari&Askarizadeh, 2016).

In a study conducted by Kingo&Ndawi (2009) on 'Prevalence and causes of low vision among schoolchildren in Kibaha District, Tanzania', primary schoolchildren were recruited for the study. The inclusion criterion was individual

child with low vision of less than 6/18. Visual examination was used for screening the children to identify those with vision less than 6 /18. Snellen's chart was used to measure visual acuity of the children with low vision. A total of 400 (6-17 years) schoolchildren were screened. Thirty-eight (9.5%) had low vision. The prevalence of low vision was statistically higher (N = 33; 87%) among 12-17years old than among 6-11 years old (13%) ($P < 0.05$). Of the 38 children with low vision, the prevalence in females (68%) was statistically higher than in males (32%). There were multiples causes of low vision among affected children. Congenital anomalies accounted for the largest proportion (65%) of the causes of low vision. In twenty-three (60%) of the children (12-17 years), low vision was due to retinopathies. Fifty-five percent of the children with refractive error were aged between 6-11 years. Among the cases, 8 (54%) had low vision caused by uncorrected refractive errors while the rest (46%) were due to other types of refractive errors. Two children had corneal scars; one with central and another with whole corneal scar.

In a research carried out by Entekume, Patel, Sivasubramaniam, Gilbert, Ezelum, Murthy &Rabiu (2011) on 'Prevalence, causes, and risk factors for functional low vision in Nigeria: results from the national survey of blindness and visual impairment', 13,591 individuals were examined in 305 clusters (response rate, 89.9%). The crude prevalence of Functional Low Vision, FLV was 3.5% (95% confidence interval, 3.1-3.9%). This was lower than the prevalence of blindness, which was 4.2%. Glaucoma was the most common cause and age, the most important risk factor. There are estimated to be approximately 5000 adults with FLV per million populations and 340 who are totally blind. Only 9.3% of those with FLV were of working age and literate.

Emerole, Emerole&Nneli (2013) discovered that in the Nigerian National blindness and visual impairment survey, cataract and trachoma (41.20% and 35.30% respectively) were leading causes of low vision. They also concluded that low vision has profound effects on the quality of life of persons affected as it reduces productivity and economic well-being of affected persons and their families

A review of literature of low vision in Nigeria was done with emphasis on etiology and impact and it was found that mismanagement of ocular manifestation of childhood measles and congenital anomalies accounted for 50.00% and 25.00% respectively of visual impairment among the inmates of the rehabilitation school for the blind in Afara- Umuahia, Abia State (Emerole et al. 2013).

Low vision and visual defects lead to a variety of public health, social, and economic problems, especially in developing countries. In the past decade, evaluations of health and eye care have increasingly focused on health-related quality of life (QOL) as a criterion for treatment. Recent studies however have shown that visual disability affects a person's QOL by limiting social interactions and independence (Khorrami-Najed et al. 2016).

The mobility domain of QOL is reduced in patients with low vision or other eye defects when compared to normal individuals. In fact, there is a monotonic relationship between changes in visual function and those in QOL. Social and economic conditions, personal characteristics, and the values and norms of indigenous and local populations are all factors affecting the impact of disease and health problems on a person's daily activities and his or her QOL (Khorrami-Najed et al., 2016).

In a journal published by Middle East African Journal of Ophthalmology, on a work on 'Survey of Low Vision among Students Attending Schools for the Blind in Nigeria: A Descriptive and Interventional Study' by Mosuro,Ajaiyeoba, Bekibele, Eniola&Adedokun(2012), a total of 86 students were included in the study and the mean age was 19.4 ± 8.19 years out of which twenty-six (30%) were under 16 years of age. The most common cause of blindness was found to be bilateral measles keratopathy/vitamin A deficiency (VAD) in 25 students (29.1%). It was also found that the most common site affected was the cornea in 25 students (29.1%), the lens in 23 (26.7%), and the retina/optic nerve in 16 (18.6%). Preventable blindness was determined to occur mainly from measles keratopathy/VAD (29.1%). In the cause of the study, eleven students benefited from refraction and correction with visual aids; two having severe visual impairment (SVI), and nine having visual impairment (VI) after correction.

Mosuro et al. (2012), claim that elimination of childhood blindness is a priority because blind children have a lifetime of blindness and deprivation ahead of them. This includes fewer opportunities for education, employment, earning potential and social relationships. Early onset blindness can also have adverse effects on social, emotional, and psychomotor development. It is a well-documented fact that blind children have a higher death rate than their sighted counterparts.

There is on-going research on advanced aids to assist the visually challenged. This is because the burden and impact of low vision on quality of life of persons affected, the nation and economy are enormous and undetermined (Emerole et al. 2013).

It was recommended by Emerole et al. (2013) that in order to promote visual health in the country, there is the need for Health education as to the importance of childhood immunization against measles and the routine immunization of adolescent girls against rubella. Cataract surgery and provision of low vision aids and devices for blind and low vision persons as rehabilitation are also recommended.

According to Khorrami-Najed et al. (2016), determining the influence of various factors associated with impaired vision on the QOL of patients with low vision or blindness in different countries and different cultures is necessary and very important. Thus, they recommend that evaluation of the influence of visual impairment on daily activities, emotional state, social participation, and mobility is very valuable. This is because research in this will facilitate better provision of services for individuals with blindness and impaired vision.

Facilities and skilled personnel for managing conditions that require surgery especially in the young are severely lacking in developing countries. Other causes of poor vision in these children are retinopathy of prematurity, hereditary retinal dystrophies, disorders of the central nervous system, and congenital anomalies; however, these are more common in developed countries because of the better medical facilities to treat and prevent the avoidable causes of blindness.

Children that are younger than 5 years of age need to be treated as soon visual impairment is discovered to mitigate the risk of amblyopia. Correction with spectacles for refractive errors and low vision services for children with incurable visual loss should also be a priority (Mosuro et al., 2012).

It can be deduced from all of the research works mentioned above that the causes of low vision, particularly among children are preventable and/or avoidable. Also, low vision or any other eye defect when not treated early can result in total blindness which is more detrimental to the social, economic and mental health of individuals. Majority of people who later become blind is as a result of lack of knowledge on how to seek for medical attention or take precautions with regards to their eye at an early stage.

**5.Glasses and Its Users**

In our everyday activities, in one way or the other, we come across people who wear glasses. But then it's like most of us who do not use spectacles do not understand what it is like to have to always be dependent on spectacles for vision, and so we ridicule and shun them away, associating a kind of stigma to their situation, thereby increasing their self-consciousness and de-stabilizing them emotionally (in addition to their eye problem) and, hence, worsening their conditions.

Imagine if you as a spectacle wearer had to face a reality where people looked down on you because you were wearing glasses. Even though it is hard to imagine, this is nevertheless the reality in many developing countries where wearing glasses carries a stigma. For school children with poor eyesight, the outcome is often a poor school performance and frustrating school years. Because even though the problem often could be easily solved by a pair of glasses, the children are not given glasses because it is not socially acceptable. Ultimately, it makes more young people drop out of school because they cannot complete it without having vision correction surgery, but on the other hand will not wear spectacles, either (Aarhus University, 2012).

Majority of the people prescribed glasses are self-conscious. They like to think about others perception of their use of glasses. The notion that peoples who wear glasses are not cool makes a lot of people having eye difficulties shy away from the use of the glasses even when it is prescribed by their physician. This results in changes in their self-outlook and self-esteem which in most cases is negative. This in turn results in the not achieving correction of the problem and in most cases worsening of the situation.

The diagnosis of vision problems in children often comes with a prescription for glasses. The American Association for Pediatric Ophthalmology and Strabismus (AAPOS) states that, as children are still growing, "glasses may play an important role in ensuring normal development of vision." Children who wear glasses could face bullying that can turn a solution for poor eyesight into a new problem altogether. Bullying is associated with the development of anxiety, depression, and other mental health disorders (Howard, 2017).

The film and television industry perpetuates stereotypes of individuals who wear glasses. As Ann Zawistoski (2013), co-founder of annual awareness event "the Great Glasses Play Day", explains, this contributes to the misconceptions "that people in glasses are nerdy or shy or clumsy or awkward or weak." For instance, the 1999 film "She's All That" features nerdy high school art student Laney Boggs, played by Rachael Leigh Cook. Laney wears glasses, which are the first things to go when she undergoes a glamorous makeover toward the end of the film. This is not an uncommon depiction. Zawistoski (2013)notes that the popular book and movie franchise "Harry Potter" fights these stereotypes as the titular character, a popular hero and star athlete, dons' glasses while his meticulous, brilliant best friend does not. While the perpetuation of these stereotypes is not solely responsible for children being bullied for wearing glasses, it reinforces misconceptions and serves as fodder for bullies (Howard, 2017).

Bullying can affect a child's self-worth, confidence, and overall mental health. There are many red flags that indicate a child might be getting bullied for wearing glasses. For instance, if a child refuses to go to school or refuses to wear glasses, this often means the child is being teased. Children struggling with bullying also often seek validation from family members. In this respect, if a child is told he or she "looks funny" with glasses, that individual might go home and ask siblings or parents if they think he or she "looks funny" when wearing glasses. Though some still believe teasing is a natural part of childhood, bullying can have adverse effects that permeate the child's physical, emotional, and social development and academic life (Howard, 2017).

In research conducted on 'Attitudes and Beliefs of Undergraduate Students to Spectacle Wear' by Felix & Ebenezer (2017), of the 500 undergraduates from the Kwame Nkrumah University of Science and Technology (KNUST) included, 54.2% of respondents saw people who wore eyeglasses as visually handicapped, while 14.6% believed that eyeglasses were meant for old people. 27.8% of the respondents believed that they would be teased if they wore glasses. 57.2% said people who wear spectacles look professional. This led to the conclusion that acceptance of glasses for the correction of refractive errors among KNUST undergraduates is not encouraging.

A study of prevalence and determinants of spectacle non-wear among rural Chinese secondary school children reports that 62.3% of the children were not wearing correction, despite the fact that they would benefit from doing so. Liping, Lam & Lu et al (2010) studied the attitude of students, parents and teachers toward glasses use in rural China and reported that 'inconvenience' was ranked as an important reason for not wearing glasses among all student's groups, while parents reported 'too busy with work' as the major reason for not making children comply with glasses wear. Another study reported that a significant percentage (38.38%) of the respondents will not use glasses if prescribed, while 51% of parent participants in another study will not allow their children to use prescribed glasses (Ebeige, Kio & Okafor, 2013).

A study conducted by Adeoti (2009) on "Beliefs and attitude towards spectacles" revealed that of the 198 participants, majority i.e., 141 (71.21%) were between 21 and 50 years, and that all but 4 (3.7%) of those that use glasses

had good experiences. However, a significant percentage (38.38%) of the participants will not use glasses if prescribed, and 102 (51.52%) participants will not allow their children to use prescribed glasses. This led to the conclusion that acceptance of glasses for correction of refractive errors is not encouraging, and that this is particularly serious when children are concerned.

In Nigeria, it is widely believed that children or young people should not have eye problems and as such should have no need to wear glasses. This therefore imposes some kind of stigma on anyone who wears glasses. A lot of young persons grow up with this mindset and would not seek help when they have problems with their eyes for fear, they would be told to wear glasses. Others believe that glasses damage and weaken the eyes and they only wear it when it was absolutely necessary or on special occasion (Ebeige, Kio & Okafor, 2013).

In research conducted on "Attitude and Beliefs of Nigerian Undergraduates to Spectacle Wear" by Ebeige, Kio & Okafor (2013), 500 undergraduates of the University of Benin, Nigeria with age range from 18 to 30 years were used. Fifty-seven per cent of respondents saw people who wore eyeglasses as visually handicapped, while 60% believed that eyeglasses were meant for old people. Majority of the respondents (56%) believed that they would be teased if they wore glasses. This brought about the conclusion that knowledge of refractive errors and acceptance of glasses for the correction of refractive errors among Nigerian undergraduates is not encouraging.

## 6. Conclusion and Recommendation

### *6.1. Conclusion*

Low vision in essence is an uncorrectable vision loss that impairs one's ability to function normally and perform the activities needed to live independently. That is why a person with low vision is for life dependent on the use of vision aids and devices and especially magnifying glasses.

However, in most of the societies, there is this notion that people who wear glasses are nerdy, shy, awkward, weak, clumsy, and sometimes even visually handicapped. This results in name calling and teasing among children, which affects a child's mental being and general wellbeing, as teasing is a form of bullying, and bullying affects individual's self-worth, confidence, and overall mental health.

Zawistoski (2013) once said: 'I just came across this lovely, and heartbreaking post from Almost All the Truth, "A Kinder New Year in Glasses." She talks about how important it is for all people to be kind to each other and especially not to call names. It got me thinking about the name calling that so often comes from the stereotypes around glasses: that people in glasses are nerdy or shy or clumsy or awkward or weak. Just take a look at the TV Tropes page for Glasses.

For those that have never been to TV Tropes, it's a site that categorizes so many writing conventions and devices, especially as they relate to fiction in TV shows, movies, books, and more. A word of warning, it can be an extremely fascinating, time-wasting site (Zawistoski, 2013). But back to the glasses, it seems that glasses show up most often to indicate that a character is smart or nerdy, weak, or unattractive. There are exceptions of course; my favorite being Harry Potter, where the smartest characters didn't wear glasses, and Harry, the hero (and a popular athlete in school) did wear them (Zawistoski, 2013).

But those exceptions are few and far between. It's clear how these ideas, as untrue as they are, can lead to teasing and unfair assumptions about kids who wear glasses. And given how important it is that children who need glasses wear them, there is the need to push against those ideas whenever possible. There is the need to take away the stigma of wearing glasses and instead celebrate the great things that glasses can do for our children:

- Glasses help our children to see well, they do not define our children's intelligence or abilities.
- Glasses can be a way for our children to express their personality and individuality, but they do not define our children's personalities.
- Simply put, glasses help our children to do what they love, better!

### *6.2. Rrecommendations*

Thanks to current fashion trends where even celebrities are now seen wearing glasses for fashion and beautification, as well as the increased awareness on the importance of wearing glasses for correction of vision, many people have now realized that wearing of glasses does not necessarily mean you are blind. However, there still lingers in the minds of the educated populace, certain misconceptions regarding refractive errors and the use of glasses in correcting them.

All patients visiting the eye clinics should be made aware of the good outcome's eyeglasses offer to the eyes more especially when their present eye condition calls for a spectacle prescription. This would help to erase any false information and deep-rooted taboos regarding spectacle usage.

Initiation of support groups, mass media and provision of information about eye health in school health curriculum would go a long way in dispelling the misconceptions and the distorted facts about spectacles.

Acceptance of glasses for the correction of refractive errors is not encouraging. This is particularly serious when children are concerned. A health education to enlighten the populace about the benefits of wearing prescribed glasses and the dangers of not using them when needed is necessary.

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