

INFLUENCE OF CULTURE ON OCULAR HEALTH PRACTICES AMONG PATIENTS ATTENDING OPHTHALMIC CLINIC AT MERCY HOSPITAL/EYE CENTRE, ABAK, AKWA IBOM STATE

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Article History	Abstract
Original Research Article	<p><i>This study was conducted to assess the influence of culture on ocular health practices among patients attending ophthalmic clinic at mercy Hospital/Eye centre, Abak, Akwa Ibom State. The aim of the study was to identify cultural practices that positively influences ocular health, to identify cultural practices that negatively affect ocular health as well as the interactive effect between culture and ocular health. Related literatures were reviewed. The study anchored on Health Belief Model and Socio-cultural theory. Descriptive survey method was employed to ascertain the patient’s cultural influence on ocular health; collected data were analyzed and presented using tables and percentages. Hypothesis which stated that there is no significant relationship between positive ocular practices and educational level of patients attending Mercy Hospital/ eye center, Abak, Akwa Ibom State was tested using chi-square goodness of fitness test tool at 0.05 significant level, findings revealed that there was no significance difference between cultural practice and educational level. It will benefit the profession by reminding practitioners of those negative ocular health practices which they should emphasized and discourage during patients counseling and was recommended that patients should avoid putting any other thing in the eye except prescribed medication for a specified duration. Also government should make ocular care less expensive and accessible to all.</i></p> <p>Keyword: Culture, Ocular, Ophthalmic Clinic Health, Practice.</p>
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<p>Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.</p> <p>Citation: Dagogo-Brown, Igirigi Deinabobo, & Ekaette Isaac Johnson. (2026). <i>Influence of culture on ocular health practices among patients attending ophthalmic clinic at Mercy Hospital/Eye Centre, Abak, Akwa Ibom State.</i> UKR Journal of Medicine and Medical Research (UKRJMMR), 2(3), 74-80.</p>	

Introduction

Ocular Health is becoming an increasingly important issue in both the healthcare sector and society as a whole because undetected and untreated ocular conditions can lead to vision loss and blindness. The role of the eyes in mobility function and enjoyment of life underscores the importance of maintaining good ocular health, vision disorders has been cited as the forth most prevalent class of disability in the United States and most prevalent handicapping conditions in childhood (Lee et al (2019)). In adaptation of the definition of Health by the World Health Organization (WHO), ocular health is considered as a complete state of Physical, Social and Mental well-being in relation to vision and not necessarily the absence of disease or infirmity (WHO 2014).

In Nigeria, It is estimated that 1.13 million individuals aged 40years are currently blind. A further 2.7million adults aged 40 years are estimated to have moderate visual impairment and an additional 400,000 adults are severely visual impaired Mahdi et al (2014). However, Adhikari et al (2014). Noted that, there are simple preventive and corrective measures to maintain good vision and consequent enjoyment of lifelong ocular health. These include wearing eye safety devices (Safety glasses, protective goggles). While working with hazardous and airborne materials which lowers the risk of eye injuring, damage to vision, and complete loss of sight. Visiting eye care professionals for screening can lead to the detection; treatment, and prevention of many eye diseases. This is further illustrated by the fact that vision –screening and

proper care at ophthalmic centres and medical homes significantly decreased the permanent visual loss due to vision disorders and when vision in one eye is reduced because the eye is defective, there is greater possibility that the other eye will sympathize, further contributing to a deteriorating vision leading to visual loss and subsequent blindness (Atlanta, 2014).

The prevalence of ocular problems among Nigerians of different ages arising from aging, traumatic, genetic, Nutritional, environmental and occupational agents qualify it as a significantly overlooked health area which if left unchecked will contribute to further deterioration of vision and subsequent blindness. Culture connect humans to one another in ways that include shared values, beliefs, and practices concerning illness and health. It is a fact of human experience, one that must be examined critically due to the potential consequences for patients or misunderstandings within a culture or concerning culture more broadly. In healthcare, “Culture” can function as shorthand for clinician’s uncertainty or distress based on perceptions about differences or distinctiveness attributed to a group to which a patient, family or patient population is perceived to belong, for example, when a clinician characterizes a patient’s or surrogate’s decision about a medical treatment as “Cultural”, without further details this tends to mean that there is something about the professional, that the professional perceives this “cultural” something to be representative of a group and that the professional perceives decision making to belong to this group.

Furthermore, there are situations in which the specific content of a patient’s health- related values, beliefs, preferences or behaviour can and should be described with reference to culture, for example, religious commitments are one example of culture, which for some people, include specific values or prohibitions concerning medical interventions, such as Jehovah’s Witnessess” refusal of blood products. In all such cases, it is crucial for clinicians to understand the patient’s values as they may inform her treatment and care; these values may or may not personally agree to this commitment or be able to accommodate them in a healthcare setting, but he or she should recognize that, they are important to the patient.

However, relying on the word “Culture” or cultural as a means of conveying the clinicians, medical, orthodox or scientific views concerning ocular care, uncertainties arising from these views as opposed to patient’s cultural perceptions could be problematic in patient’s care resulting from misrepresentation, misattributions and misperceptions of behaviours and decisions. Despite that, an individual with visual challenges won’t have an optimal quality of life, there is little evidence detailing the indigenous Nigerian patients, perception on ocular health practices based on

cultural influence. Hence, this study explored the ocular health of patients attending ophthalmic clinic in Mercy Hospital/ Eye Center, Abak, Akwa Ibom State. The study provided answers to the following research questions:

1. What are the cultural practices that positively influence ocular health amongst patients attending ophthalmic clinic in Mercy Hospital /Eye Center, Abak, Akwa Ibom State?
2. What are the cultural practices that negatively affect ocular health amongst patients attending ophthalmic clinic in Mercy Hospital /Eye Center, Abak, Akwa Ibom State?
3. What are the interactive effect between culture and ocular health amongst patients attending ophthalmic clinic in Mercy Hospital /Eye Center, Abak, Akwa Ibom State?

Methodology

A descriptive cross-sectional study was adopted with a population consisting of three hundred and ninety-nine (399) patients attending Mercy Hospital/Eye Centre, Abak (Source: Health Information and Statistics Department of the Hospital, 2024). The sample size for the study was 40 which was selected using simple random sampling technique using fish and bowl method. The inclusion criteria were: patients aged 20 and above with ocular health diagnosis/complaint participated in the study. Patients from any of the major ethnic group in Akwa Ibom state with ocular complaints/diagnosis participated in the study. The exclusive criteria were: patients less than 20 years were not permitted to participate in the study as it is hope that they may not be conversant with the prevailing cultural practices on ocular health. Patients that were non-indigene of Akwa Ibom State were not included or allowed to participate in the study as the researcher was believed they may have a different cultural practices on ocular health and that help to avoid cultural infusion.

The instrument used for this study was a well-structured questionnaire. The instrument was validated by experts and the reliability coefficient was 0.74. A total of 40 copies of the questionnaire was administered to the sampled respondents over 3 days after explanation of the significance and purpose of the research work. Same copies of the questionnaire was retrieved, completed and was used in the study. The data was collected, collated, and analyzed to assess the influence of culture on Ocular Health practice of patients in Mercy Eye centre, Abak and converted to percentage, frequency table, bar chart and pie chart. Hypothesis was tested with chi-square statistical tool.

Results

The result of the study were presented below:

Table 1: Demographic distribution of respondents

Age	Frequency	Percentage
20 – 29 years	3	7.5
30 – 39 years	17	42.5
40 – 49 years	13	32.5
50 and above	7	17.5
Total	40	100
Gender	Frequency	Percentage
Female	35	87.5
Male	5	12.5
Total	40	100
Marital status	Frequency	Percentage
Married	25	62.5
Single	15	37.5
Divorced	-	-
Widower	-	-
Total	40	100
Educational level	Frequency	Percentage
No formal education	3	7.5
Primary school	17	42.5
Secondary school	13	32.5
Tertiary education	7	17.5
Total	40	100
Religion	Frequency	Percentage
Christianity	35	87.5
Islam	-	-
Traditional believers	5	12.5
Others	-	-
Total	40	100

Table 1 above shows that 3(7.5%) of respondents were within the age range of 20 – 29 years; 17(42.5%) were within 30 – 39 years, 13(32.5%) were within 40 – 49 years, 7(17.5%) were 50 years and above. 35(87.5%) were females and 5(12.5%) were males. 25(62.5%) were married, 15(37.5%) were single, nil divorced and nil widower. 24(60%) of respondents had secondary education, 16(40%) had tertiary education while non for no formal education and primary education. 35(87.5%) of respondents were Christian while 5(12.5%) were traditional believers.

Table 2: Frequency distribution showing cultural Practices on Ocular Health

S/N	Questions on cultural practices that influence ocular health	Yes	No
7	Do you experience or see persons with eye itching, redness, and tearing in your community or locality?	31(77.5%)	9(22.5%)
8	Can eye problem be treated in the hospital?	32(80.0%)	8(20.0%)
9	Do you see herbs as possible remedies for eye problems	22(55.0%)	18(45.0%)
10	Can breast milk be used as possible first aid for a baby's eye in your community?	23(57.5%)	17(42.5%)
11	Is urine effective in treating some eye conditions?	17(42.5%)	23(57.5%)
12	Does your community believe in having a regular access to an eye centre?	21(52.5%)	19(47.5%)
13	Do you prefer salt solution to eye drops in an emergency eye care?	29(72.5%)	11(27.5%)
14	Do you have pain in your eye?	31(77.5%)	9(22.5%)
15	Is onion juice good in treating eye problem?	33(82.5%)	7(17.5%)
16	Is lime juice good in treating eye problem?	22(55.0%)	18(45.0%)

17	Is it advisable to visit or consult an ophthalmologist once an eye problem begins?	24(60.0%)	16(40.0%)
18	Do you have any eye condition that requires a visual aid i.e. eye glasses?	33(82.5%)	7(17.5%)
19	Can the practice of orthodox ocular health protects one's eye sight?	28(70.0%)	12(30.0%)
20	Does regular visit to the ophthalmologist for an eye check prevents complications?	26(65.0%)	14(35.0%)
21	Can early detection of an eye disease help to cure the disease?	25(62.5%)	15(37.5%)

From the table above on cultural practices on ocular health, it shows that 31(77.5%) have experienced or seen persons with itching, redness and tearing in their communities while 9(22.5%) of respondents said no. Also, 32(80.0%) answered yes that can be treated in the hospitals while 8(20.5%) said yes to acknowledging herbs as possible remedies to eye problems while 18(45.5%) answered to the contrary. The table revealed that 23(57.5%) of respondents said yes to putting breast milk in the baby's eye while 17(42.5%) responded no. The table also revealed that 17(42.5%) of respondents sees urine as effective in treating some conditions while 23(57.5%) was on the contrary. Moreso, 21(52.5%) believe in having regular access to an eye care centre while 19(49.5%) refuted such belief. 29(72.5%) of respondents preferred salt solution to eye drops in emergency eye care contrarily to 11(27.5%) who did not. Majority of the respondents 31(77.5%) of the respondents affirmed to having pains while 9(22.5%) did not. The table also reported that 33(82.5%) admitted to

onion juice being good in treating eye problems, conversely, 7(17.5%) did not. Equally, 22(55.0%) sees lime juice as an effective eye care solution while 18(45.0%) opposed the view. In like manner, 24(60.0%) admitted that it is advisable to visit or consult an Ophthalmologist once an eye problem begins, but 16(40.0%) did not.

Furthermore, 33(82.5%) of respondents reported on the affirmative to having any eye conditions that requires using a visual aid i.e. eye glasses however, 7(17.5%) did not. Meanwhile, 28(70.0%) expressed optimism in the practice to protect one's eye sight while 12(30.0%) however did not. Similarly, 26(65.0%) of respondents were of the view that regular visit to the ophthalmologist for an eye check-up can be helpful in preventing complication although 14(35.0%) were not in the same view. And finally, 25(62.5%) were of the opinion that early detection of an eye disease can help to cure the disease, while 15(37.5%) of respondents reasoned on the opposite.

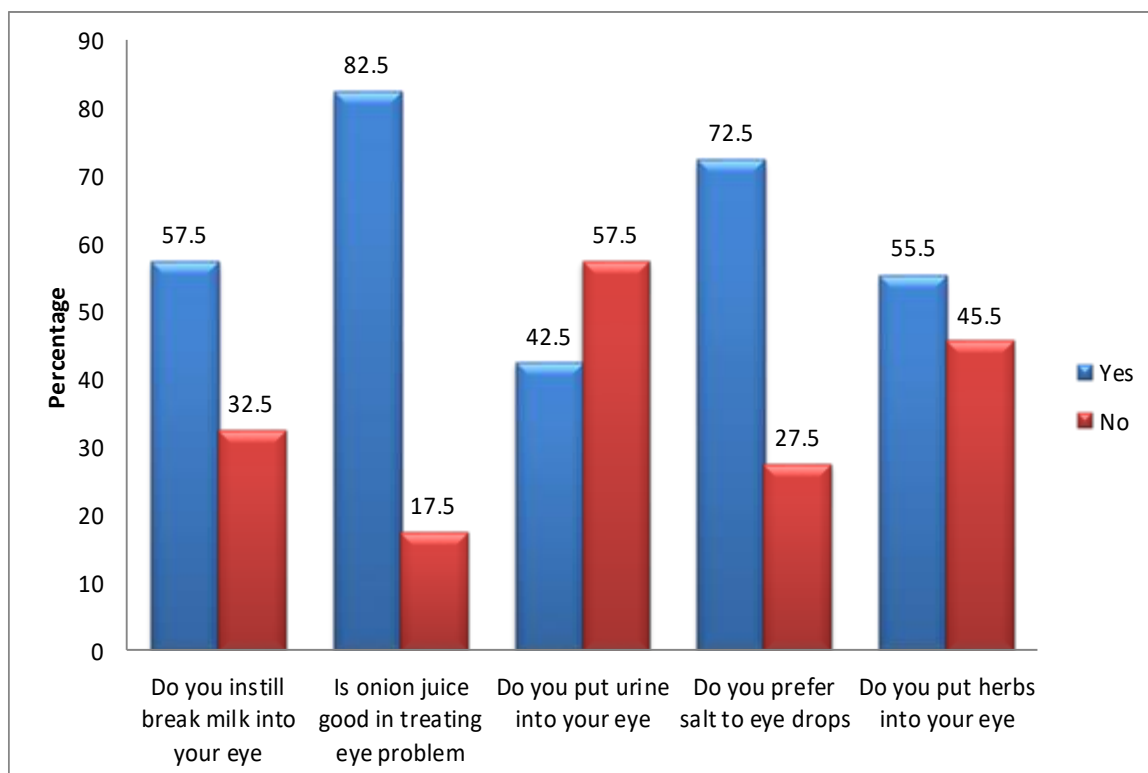


Figure 1: Bar Chart showing negative cultural practices on ocular health

Discussion of Findings

The Hypothesis: which stated that "There is no significant relationship between positive ocular health practices and educational level of patients attending ophthalmic clinic in Mercy Hospital/ Eye center ocular health was confirmed. This support the findings of the study conducted by Dorris et al (2016) who carried out a cross sectional study to assess the knowledge, practice and perceptions of trachoma and its control in the endemic communities in Norak country, Kenya, they found out that poor practices and related socio-cultural perceptions are important risk factors in sustaining trachoma infection and transmission.

According to a study by Rajiv Khandekar, et al. (2015). A cross sectional study was conducted in 2008 at seven regions of Oman. Arabic speaking nurses interviewed diabetics at clinics. They used a closed ended questionnaire with 15 questions. The responses were analyzed and the KAP were grouped into excellent (>80%), good (60 to 79%), average (40 to 59%), poor (20 to 39%) and very poor (<20%). They were also compared among epidemiologic variants. They found out that: of the 750 participants, 'Excellent', grade of knowledge about diagnosis and eye care was present in 547 (72.9%) and 135 (18%) persons respectively. The 'excellent' grade of attitude about eye involvement and eye care was found in 135 (18%) and 224 (29.9%) participants. The practice for undergoing eye check up and accepting treatment was of 'excellent' grade in 390 (52%) and 594 (79.2%) respectively. Age (OR = 0.98), Sharqiya region (OR = 25) and '5 to 9' duration of DM (OR = 2.1) were associated with the knowledge. '<1 year' duration (OR = 0.3) and Dhakhiliya region (OR = 39) were associated with the attitude while '5 to 9 year' duration (OR = 3.4) was associated with better practices.

Implication of the study to Nursing Profession

This study has exposed some cultural practices that Nurses did not know or may have skipped their memories so that they can appropriately pin point during health education and counseling to their patients. It will serve as a guide to Nurses during planning of health campaign, noting cultural practices such as putting urine in the eye and its attendant risk.

It will also give a clue to who needs what in the country, for example, couching is practiced in the North and their environment support transmission of diseases such as trachoma while the warm temperate climate of the south support onchocerciasis as well as instilling of breast milk in the eye.

Conclusion

From the study, it was revealed that despite much campaign and education, a lot of people are still indulging in traditional eye care instead of embracing the much

available ever ready, sophisticated eye care in a recognized health facility.

Recommendations

Based on findings from the study, the following recommendations were made:

1. Health education on the impact of negative ocular health practices on patients, such as complications and blindness from couching, putting urine, breast milk and vegetable matter in the eye.
2. Health campaign should be organized to educate the community on the need to refrain from these cultural practices.
3. There should be proper screening of pregnant women, to curb disease transmission, even with their spouses to minimize risk of reinfection.
4. Government should make ocular care less expensive to encourage the less privileged
5. Ocular care should be made available, accessible and affordable to the every community.
6. Proper training of traditional birth attendants on use of aseptic techniques during delivery.

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