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Relationship between Socio Cultural Factors and Health Seeking Behaviour of the Visually Impaired in Eket Akwa Ibom State Nigeria

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ABSTRACT

Introduction: Access to quality eye care services remains a major challenge for visually impaired individuals in many rural communities, especially in Nigeria. Socio-cultural factors, such as traditional beliefs and educational attainment, often influence health-seeking behavior, leading to the underutilization of formal health services. This study investigates the relationship between socio-cultural factors and the health-seeking behavior of visually impaired individuals in Eket Senatorial District of Akwa Ibom State.

Materials and Methods: A cross-sectional survey was conducted among 400 visually impaired individuals drawn from 12 Local Government Areas in the Eket Senatorial District. Using proportionate stratified random sampling, approximately 33 to 34 participants were selected from each LGA: Onna, Ibeno, Okobo, Oron, Mbo, Urue-Offong/Oruko, Udung Uko, Eket, Esit-Eket, Eastern Obolo, Mkpat-Enin, and Ikot Abasi. The sampling frame was based on the Akwa Ibom State Traditional Edict, which lists all communities in the state. From this frame, 50 communities were randomly selected. Data were collected using structured interviewer-administered questionnaires, and analyzed using descriptive statistics and the Pearson Chi-square test to assess associations between socio-cultural factors and health-seeking behavior.

Results: The findings showed that educational level and cultural beliefs were the most significant socio-cultural factors influencing health-seeking behavior. A statistically significant association was observed between socio-cultural factors and health-seeking behavior ($\chi^2 = 89.56$, $p = 0.001$). Notably, over 60% of respondents with no formal education preferred alternative care such as native doctors and prayer houses, while those with at least secondary education were more likely to seek care at certified eye clinics.

Discussion: The findings indicate that a lack of awareness, educational limitations, and entrenched cultural beliefs contribute to the preference for alternative treatment options such as native doctors and prayer houses over formal eye care services. This highlights the critical role of socio-cultural context in shaping health-related decisions among visually impaired individuals.

Conclusion: There is an urgent need for government and health agencies to provide subsidies, establish more accessible eye care centers in rural communities, and launch public health education campaigns to encourage the use of accredited eye clinics. Addressing these socio-cultural barriers is essential for improving eye health outcomes among the visually impaired in Eket Senatorial District.

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Introduction

According to the World Health Organization, an estimated 39 million people worldwide are blind, while an additional 285 million live with some form of visual impairment [1]. Most cases of visual impairment and blindness occur in the world's poorest regions [2]. In developing countries such as Nigeria, individuals living with visual impairment often lack awareness of available treatment options, have limited access to eye care. In developing countries such as Nigeria, individuals living with visual impairments often face multiple barriers to accessing adequate eye care. These include a lack of awareness about available treatment options, limited access to healthcare facilities, and the rejection of orthodox medical care due to various socio-cultural and economic factors [3,4]. These challenges affect both men and women, leading to the underutilization of formal healthcare services. Moreover, the choice to seek modern healthcare including eye care is frequently influenced by deeply rooted traditional beliefs and long-established health-seeking behaviors [5]. Since behavior and lifestyle are often products of one's social and cultural environment, significant

variations in health-seeking behavior exist across different age groups and population segments [6]. The behavior we exhibit is also known to be part of our own coping mechanisms, which affects the use, delay in use and non-use of orthodox healthcare. Globally, patients in unprecedented numbers are seeking help outside conventional medicine-a trend that has been building since the late 1960s and has now reached a point where visits to alternative practitioners exceed those to orthodox healthcare providers [7]. In Nigeria and many other developing countries, it has been observed that patients often turn to alternative medical systems first when treating eye diseases [8]. These alternatives include traditional medical practitioners using unscientific herbal preparations, 'witch doctors' who claim to negotiate healing through spiritual means, and faith-based organizations such as churches offering intercessory prayers [8-10]. This contributes significantly to delays in utilizing orthodox eye care services and is a major cause of avoidable blindness, especially in cases where early detection and treatment could have preserved vision [11].

As the population ages in both developed and developing regions of the world, the burden of eye diseases will increase, these diseases on their own alone may not cause blindness [12]. Factors that encourage the utilization of modern eye care services play important roles in the prevention of blindness [12]. Hence, this study was conducted to examine the relationship between socio-cultural factors and health-seeking behavior among visually impaired individuals in Akwa Ibom State, Nigeria, with the aim of understanding how these factors influence their response to and treatment of visual impairment.

There has been a rise in the number of people with visual impairments especially among people who use the State Eye Clinic located in Uyo, Akwa Ibom State. As a primary eye care practitioner who performs comprehensive eye examination, diagnoses, manages ocular problems and contributes to the overall rehabilitations of such eye problems, records and primary contact interaction reveal that many of the visually impaired come from all over the 31 LGAs of the state. Further interaction with the affected persons (clients) and their relatives has also helped to identify socio-cultural factors as major factors responsible for visual impairment. This condition includes a range of vision loss, low vision and blindness. Specifically, it is described as impairment in vision that, even with correction, adversely affects an individual's optimal visual performance. The term includes both partial sight and blindness [13]. Records available at the State Eye Clinic, Akwa Ibom State revealed that, refractive errors, cataracts, glaucoma, trauma (including road traffic accidents), traditional harmful practices (like use of local herbal solutions on the eyes) and late presentation of certain other eye problems to the orthodox modern medical eye centres, because of the treatment seeking behaviour, are the major factors responsible for varying degrees of visual impairments and subsequently blindness. There are recorded cases of different types of eye diseases/defects that result in severe visual impairment and blindness but have not been officially reported yet. The leading causes of visual impairment/blindness are cataract, glaucoma and uncorrected refractive errors [14]. In 2024 World Glaucoma Week (WGW) celebration, about 20 eye care practitioners on a free vision screening for glaucoma at St. Luke's Hospital, Anua in Uyo LGA of Akwa Ibom State recorded about 350 cases of glaucoma with varying degrees of visual impairment/blindness in one day. Statistics at the State Eye Clinic show that cataract, followed by uncorrected refractive errors contribute more than glaucoma to visual impairment/blindness in Akwa Ibom State. These major blinding eye diseases/defects can be managed or treated in orthodox medical centers thereby preventing blindness, however, it is observable that the eye health seeking behaviour of some of the patients especially from far away villages within the State makes them come in too late to the clinic with serious ocular complications and impairment of vision due to initial poor treatment/management by traditional native doctors or practitioners.

There is a rising rate of visual impairment in Akwa Ibom State which may not just be due to physical/biological impairment but factors influencing response and treatment seeking behavior. This has not been thoroughly examined hence this study set out to fill the gap by investigating the relationship between socio-cultural factors and treatment seeking behavior of eye patients in Akwa Ibom State.

The study will among other things discover and establish some socio-cultural and economic factors hitherto not studied and documented that affect the treatment seeking behaviour of the visually impaired in Eket Senatorial District of Akwa Ibom State.

Materials and Methods

This study was conducted in Eket Senatorial District, Akwa Ibom State, located in the coastal South-South region of Nigeria.

An exploratory case study design was adopted, relying primarily on qualitative approaches. Data were collected using structured questionnaires and supplemented with personal interviews involving visually impaired individuals. and their close associates, such as spouses, family members, caregivers, and friends who consented to participate. According to the WHO criteria, Visual impairment was defined as presenting visual acuity worse than 6/18 in the better eye, and included moderate to severe visual impairment, as well as blindness (VA worse than 3/60), with consideration also given to reported difficulties in performing visual tasks such as reading, mobility, and facial recognition.

A total of 400 visually impaired individuals participated in the study. The sample size was determined using Cochran's formula for sample estimation in large populations, assuming a 95% confidence level, 5% margin of error, and 50% response distribution, resulting in 389 participants, which was rounded up to 400 to accommodate possible non-responses. Visual impairment was defined in accordance with the World Health Organization (WHO) classification, focusing on individuals with moderate to severe visual impairment or blindness, based on self-reported functional limitations and, where applicable, clinical records. Inclusion criteria required that participants be aged 18 years and above, reside permanently in one of the 12 selected LGAs in Eket Senatorial District, have lived with visual impairment for at least six months, and be willing and able to complete the questionnaire or interview, either independently or with assistance.

The research instrument used for data collection was a structured questionnaire, validated by an expert in the field to ensure it measured the intended concepts.

Validity of Research Instrument

As observed by Mohaian, validity refers to the degree to which a test measures what it purports to measure [15]. The instrument that was used for this study was presented to an expert for correction and contribution. Following the expert review, the revised questionnaire was pretested on a sample of 20 visually impaired individuals from a community outside the selected study LGAs to assess its clarity, relevance, and appropriateness. Feedback from the pretest was used to further refine the questionnaire, ensuring that all questions were easily understood and capable of eliciting valid responses. The final

version was deemed valid for measuring the socio-cultural factors and health-seeking behavior of visually impaired individuals in the study area. On the other hand, reliability refers to degree of consistency with which an instrument measures whatever it is measuring. For this study, the reliability coefficient of 0.89 was obtained through the Cronbach alpha reliability analysis. This implies that the instrument was reliable.

Data collected from the structured questionnaires were coded and analyzed using the Statistical Package for the Social Sciences (SPSS), Version 19.0. Descriptive statistics such as frequencies and percentages were used to summarize demographic information and key variables. To establish the relationship between socio-cultural factors (such as educational level and cultural beliefs) and health-seeking behavior among visually impaired individuals, the Pearson Chi-square (χ^2) test of association was employed. A significance level of $p < 0.05$ was used to determine statistical significance.

Results

Analysis of Respondents' Demography

The demographic analysis showed that 68.75% of respondents were male and 31.25% female, indicating a higher participation of males. This gender imbalance may reflect underlying socio-cultural dynamics within the study area, such as greater visibility or mobility of men in public spaces, or differences in access to community networks through which participants were identified [16].

The majority of respondents were Christians (95.5%), with smaller proportions identifying as Muslims (3.75%), and traditional worshippers (0.75%), and pagans (0.25%).

Table 1: Demographic Characteristics of the Respondents

Variables	Number of Respondents	Percentage (%)
Educational Qualification		
No formal education	131	32.75
Primary level	93	23.25
Secondary level	89	22.25
Post-secondary level	60	15.00
First degree level	20	5.00
Post graduate	7	1.75
Total	400	100.0
Occupation		
Student	125	31.25
Unemployed	60	15.00
Self-employed	55	13.75
Private sector	10	2.50
Civil servants	100	25.0
Politician	50	12.5
Total	400	100.0
Income		
Below N30,000	171	42.75
N31,000 – N50,000	100	25.00
N51,000 – N70,000	85	21.25
N71,000 – N90,000	30	7.50
N91,000 and above	14	3.50
Total	400	100.0

The data on the Table 1 above, reveals that the majority of respondents have no formal education (32.75%), while only a small fraction hold postgraduate degrees (1.75%). In terms of occupation, students make up the largest group (31.25%), whereas private sector employees represent the smallest proportion (13.75%). Regarding income, most respondents (42.75%) earn below ₦30,000, with only 3.5% earning ₦91,000 and above.

Socio-Cultural Factors Influencing Treatment Seeking Behaviour of Visually Impaired People

About 86.5% of the respondents said YES, while about 13.5% of the respondents were undecided on the question. However, the following socio-cultural factors were assumed by the respondents to influence the treatment seeking behaviour of visually impaired people as shown in Table 2 below.

Table 2: Socio-Cultural Beliefs and Practices that Influence the Treatment Seeking Behaviour of Visually Impaired People

Options	Number of Respondents	Percentage (%)
Witchcraft and visual impairment	198	49.50
Traditional beliefs/use of traditional medicine (couching and herbal solution)	82	20.50
Religious/faith-based beliefs and practice	120	30.00
Total	400	100.0

Analyses of the above raised question revealed that 198 respondents opted for witchcraft and visual impairment, 82 respondents chose traditional beliefs/use of traditional medicine (couching and herbal solution) while 120 respondents chose religious/faith-based beliefs and practices.

Cultural Beliefs on Possible Causes of Eye Problem

Do you believe that eye problem can be caused by witchcraft, will of enemies, family curses or act of God?

Table 3: Responses on Cultural Beliefs and Causes of Eye Problem

Options	Respondents	Percentage (%)
Witchcraft	356	89 0
Will of enemies	25	6.25
Family curse	14	3.50
Act of God	5	1.25
Total	400	100

Most respondents attributed visual impairment to supernatural causes, with witchcraft being the predominant belief, followed by the will of enemies and family curses. A smaller proportion believed the condition was an act of God.

Cultural Beliefs on Possible Cure of Eye Problem

What does your culture expect you to do when you have eye problem?

Table 4: Responses on Cultural Beliefs on Eye Problem Treatment

Options	Respondents	Percentage (%)
Pray	148	37.00
Go to chemist	44	11.00
Go to traditional medicine	160	40.00
Go to hospital or clinic	48	12.00
Total	400	100.0

The majority of respondents preferred traditional medicine and prayer as their primary health-seeking options for visual impairment, while fewer individuals chose visiting the chemist or hospital.

Reasons for the Choice of Eye Problem Cure Facility

Table 5: Reasons for the Choice of Eye Problem Cure

Options	Respondents	Percentage (%)
Lack of alternative sources of treatment	73	22.74
Pre-existing reputation	69	21.50
Use of influence of juju	39	12.15
Low cost of treatment	140	43.61

Among the respondents, the most common reason for choosing a particular treatment option was its low cost, followed by the lack of alternative sources, the pre-existing reputation of the treatment, and the influence of juju.

Table 6: Association between Socio-Cultural factor (Educational Level) and the Eye Health Treatment Seeking Behaviour of Visually Impaired People

Educational Level	Choice of Eye Treatment Facility				Total
	Prayer	Chemist	Traditional medicine	Hospital / Clinic	
Non-formal	56	10	60	5	131
Primary	49	9	25	10	93
Secondary	25	9	43	12	89
Post-secondary	15	10	29	6	60
First-degree	3	5	2	10	20
Post-graduate	0	1	1	5	7
Total	148	44	160	48	400

The relationship between the socio-cultural factor (Educational Levels of the Respondents) and eye health treatment seeking behaviour of visually impaired people (Choice of Eye Treatment Cure Facility) is presented in Table 5 above, and the test result revealed that there is a significant relationship between socio-cultural factor (Educational Level) and the eye health treatment seeking behaviour of visually impaired people, (see Table 8 below). However, the strength of the relationship was tested using the Cramer's V test (see Table 8 below) it revealed that although the relationship is significant but it is a weak one.

Table 7: Contingency Table of the Relationship between Cultural Beliefs and Eye Treatment Facility

Cultural Beliefs	Choice of Eye Treatment Facility				Total
	Prayer	Chemist	Traditional Medicine	Hospital / Clinic	
Witchcraft	130	31	150	45	356
Will of Enemies	10	8	6	1	25
Family Curse	5	4	4	1	14
Act of God	3	1	0	1	5
Total	148	44	160	48	400

The relationship between the socio-cultural factor (Cultural Beliefs) and eye health treatment seeking behaviour of visually impaired people (Choice of Eye Treatment Cure Facility) is presented in Table 6 above. Using Pearson Chi-square test of association, the test result revealed that there is a significant relationship between socio-cultural factor (Cultural Beliefs) and the eye health treatment seeking behaviour of visually impaired people, (χ^2=23.29,p=0.006). However, the strength of the relationship was tested using the Cramer's V test (*Cramer*' s V=0.139,*P*=0.006), it revealed that although the relationship is significant but it is a weak one. This implied that socio-cultural factors matter but they are just one piece of a more complex set of influences on treatment-seeking behavior of visually impaired people.

Table 8: Chi-Square Test of Relationship between Socio-Cultural Factors and eye Health Treatment Seeking Behaviour

Socio-Cultural Factors	Test	Statistic	p-value
Educational Level	Pearson Chi-square	89.56	0.001
	Cramer's V	0.273	0.001
Cultural Beliefs	Pearson Chi-square	23.29	0.006
	Cramer's V	0.139	0.006

Discussion

The demographic analysis revealed that the study area consisted of both males and females with the male gender dominating in percentage composition. The dominance of the male gender in this study may be a reflection of the gender status with regards to visual impairments in the province. However, this result contradicts with findings of [17]. This scholar reported a high prevalence of visual impairment among the females in Iran.

From the results, there is a significant relationship between socio-cultural factors and the eye treatment seeking behaviour of people living with visual impairment (Table 8). This means that a person's cultural background, beliefs, and social influences affect how and where they look for treatment for their eye problems. So, things like traditions, customs, or what their community thinks can influence whether they visit a hospital, a traditional healer, or try other types of care. This is consistent with the findings of [18,19]. While the former reported that cultural beliefs affect the awareness and recognition of severity of illness, gender, availability of service and acceptability of service, the latter opined that culture shapes health seeking behaviours and serves as the lenses for perceiving and interpreting experiences [20]. also authenticated that the choice of health care, whether self-care, home remedies, formal public health system and/or consultation with traditional healers and spiritualist are intricately linked with cultural beliefs. This belief has led to different patterns of health-seeking and prevention, as well as mismatched provision of care [21]. This could be due to the influence of the traditional system where belief systems that have been passed from generation to generation have permeated every aspect of the individuals' lives. These had been affirmed in this study where the prevailing socio-cultural factors influencing the health seeking behaviour of people in this district were witchcraft, traditional beliefs/use of traditional medicine (couching and herbal solution) and religious/faith-based beliefs and practice (Table 2). The domineering role of these factors in this study shares similarities with the findings of other researchers in health-related studies [22]. For instance, Pramukh and Palkumar in their study on health seeking behaviour among people suffering from cardiovascular disorders reported that in the traditional system, cardiovascular disorders are attributed to certain deviant behaviours and for that reason, they believe in the power of prayers and rituals that enable some herbs to heal their diseased conditions [23]. reported that religious and spiritual factors influencing health seeking behaviour are cultural conceptualization of enemy ship and 'selling of diseases', (where enemies were perceived as selling diseases to their victims through malevolent spirits such as witchcraft) the use of the traditional health care providers such as the traditional spiritualists, diviners, herbalists becomes imperative because it is the belief that their treatments work in ways that the orthodox medicine may not. These perceived views about the etiology of the eye problems by respondents further determined their preferred place of treatment. This is practically true as 77% of the respondent chose to visit native doctors and prayer houses for their treatment (Tables 3 and 4). The weak negative relationship which was seen between socio-cultural factors and people consulting eye clinics and hospitals (Table 8) should not be overlooked but rather calls for a serious concern as this implies that as the socio-cultural factors increase, the rate of people consulting eye health care sectors and hospitals will be decreasing.

The general attribution of eye problems to witchcraft and powers of darkness as the causative agents by respondents in this study (Tables 3) may invariably point to the dominating influence of cultural beliefs over orthodox medical health care services in this senatorial district [24]. Similar inferences were made by and Jegede where they ascribed in their studies the preternatural explanation of health-related problems to evil machinations of the enemy through the practice of witchcraft. This cultural belief further predisposed 77 % of visually impaired persons in this study to visit prayer houses/churches and native doctors where they believe they can instantly seek solutions and cure to their problems (Table 4). The low percentage (12%) of people who sought eye clinics for their treatment in this study is worrisome and this may imply that either awareness on the efficacies of eye clinics and hospitals in solving ocular problems does not exist or such establishments (eye clinics and hospitals) are rarely found in this senatorial district which would have better informed their choice of health care providers.

Conclusion

This study has revealed that socio-cultural factors are important determinants with regards to where the eye patients can seek treatment in the senatorial district. It also showed that there are intricate relationships (positive and negative) existing between socio-cultural and health seeking behavior of visually impaired persons in Eket Senatorial district, that is, the more educated and sensitized about the effectiveness of orthodox treatment, the more they seek treatment from eye clinics and hospitals. Conclusively, this study provided a baseline public health information to optometrists, as well as other health care personnel on the effective management strategies of this infirmity in the senatorial district.

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