



Cultural Blindness - Addressing the Gaps in Eye Care Delivery

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Introduction

As the world evolves into a more interconnected and multicultural landscape, the provision of eye care must be sensitive and tailored to meet the needs of varied populations. However, a lot of health care systems, including eye care, have a framework that is often based on cultural blindness. This means that cultural variations in patient care are not taken into consideration, especially when it comes to the social, economic, and educational hurdles that limit access to eye care. The term “cultural blindness” describes the failure to see or understand the impact of cultural diversity on health outcomes in the context of health care. Particularly in underprivileged and marginalized groups, this omission may reduce the efficacy of measures meant to enhance the delivery of eye care. In order to close this gap, inclusive policy frameworks, customized health communication, and a thorough grasp of cultural competency are needed.

Cultural blindness in the provision of eye care occurs when medical professionals adopt a “one-size-fits-all” mentality, treating every patient in the same way without taking into account the particular needs and viewpoints influenced by their cultural background. For example, individuals from different ethnic backgrounds could hold varying beliefs about eye health, place different levels of trust in healthcare providers, and approach seeking treatment in diverse manners. Studies have indicated that minority populations, especially those living in low- and middle-income countries (LMICs), frequently have higher rates of avoidable blindness and visual impairment because of delayed diagnosis and limited access to eye care services [1]. Numerous factors, including socioeconomic position, geographic obstacles, and a dearth of culturally sensitive health care options, contribute to this inequality. In the same vein, cultural blindness in the

provision of eye care strengthens barriers to treatment for vulnerable groups, thereby promoting disparities in health care. Cultural insensitivity might further restrict access to critical treatments in LMICs, where eye care services are already limited. In some cultures, in Africa for instance, there are traditional beliefs regarding blindness that can deter people from seeking medical attention until it is too late for an effective cure, such as the notion that vision loss is a normal aspect of aging or the result of witchcraft [2].

Despite the advancement of eye care technologies and services, cultural blindness continues to be a barrier to fair access to health care even in high-income countries (HICs). For example, due to communication issues, mistrust of the health care system, and a lack of culturally appropriate health education, immigrant and ethnic minority communities are less likely to receive regular eye exams or follow through on prescribed treatments [3]. This gap may lead to a delay in receiving treatment, exacerbation of diseases such as glaucoma and diabetic retinopathy, and an overall rise in avoidable vision loss. Additionally, cultural norms that prioritize the health care requirements of men present further challenges for women and children in many parts of the world when it comes to receiving eye care. There are well-documented gender differences in the availability of health care, and women living in rural regions are especially susceptible to avoidable blindness because they have less access to resources and education regarding eye health [4]. Hence, a multidimensional strategy that integrates cultural competency into public health campaigns, educational initiatives, and service delivery models is needed to address these disparities.

It is imperative that eye care professionals and organizations develop cultural competence in order to combat cultural

blindness. Cultural competency is the capacity of healthcare professionals to identify, respect, and effectively accommodate the linguistic and cultural needs of their patients. This entails acknowledging the cultural determinants that impact patients' health-related attitudes and behaviors, modifying health communication tactics to account for these variations, and guaranteeing that healthcare services are suitable and available to all patient groups. Culturally competent care in eye care is becoming increasingly evident. Research by Dreer LE, et al. [5] revealed improvements in glaucoma medication adherence rates among minority communities in the US when culturally appropriate interventions in eye health education were implemented. Culturally sensitive outreach campaigns have also been demonstrated to boost community participation in vision screening and treatment programs in sub-Saharan Africa, especially in rural areas where cultural preconceptions about blindness and disability sometimes discourage people from seeking care [6,7].

Health care professionals need specialized training in order to integrate cultural competence into the provision of eye care. This involves instruction on cultural awareness, communication, and community involvement in addition to the clinical components of care. Healthcare providers need to be prepared to have meaningful discussions with patients from a variety of backgrounds, identify their unique issues, and provide care that honors their cultural values and preferences. In addition to individual provider adjustments, systemic changes within healthcare organizations are necessary to overcome cultural blindness in the delivery of eye care. One way of achieving this, is by creating inclusive policies that give equity in health care delivery and access top priority. To guarantee that the eye care team reflects the cultural and linguistic diversity of the patient population they serve, health care organizations might, for instance, encourage diversity in their staff. Research indicates that patients who receive care from caregivers who are native speakers of their language or who share their cultural background typically experience better health outcomes [8].

Furthermore, cultural factors must be taken into account while designing eye care services. This entails creating health education resources that are readable by individuals with varying levels of literacy in a variety of languages and formats. For example, visual aids or community-based outreach activities may be more effective than written materials in communicating critical messages about eye health in areas with low literacy rates. Folklores and storytelling are important components of health education in many indigenous societies. Improved patient comprehension and participation can be greatly achieved by modifying health promotion tactics to conform to these cultural norms.

Conclusion

A change in thinking and approach that recognizes the varied requirements of patients and embraces cultural competency as a basic component of care is required to close the gaps in the provision of eye care and mitigation of cultural blindness. The cultural concerns that affect patient behavior, health-seeking behaviors, and treatment adherence must be identified and addressed by eye health care workers through training. To guarantee that eye care services are egalitarian, inclusive, and available to all populations, systemic adjustments at the institutional and policy levels are also required.

The need to provide culturally competent eye care has never been greater as the prevalence of visual impairment rises worldwide, particularly in underprivileged areas. We can enhance health outcomes for all patients, lessen health disparities, and make sure that no one is left behind in the battle against preventable blindness by promoting an inclusive and diverse culture within the healthcare system.

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