



# Experiences of Visually Impaired People Regarding Communication against Alcohol Abuse in Kenya

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## ABSTRACT

**Purpose:** This study explored the experiences of the visually impaired people in Kenya regarding Communication against alcohol abuse. On average, only about 10% of all communications from health services to the visually impaired participants are received in their preferred reading format. Little attention has been put on the specific aspects of information and media literacy suitable for disabled people, specifically for blind and partially sighted individuals.

**Methodology:** This study adopted phenomenological research design and took a qualitative approach. Qualitative research method was used to generate and analyze data. In that case, through using purposive sampling procedure, 25 Visual impairment participants were identified from rehabilitation centers and institutions for the PWDs in Nairobi County Kenya. Through in depth interviews, data was generated, recorded, transcribed, and analyzed thematically. The data presentation was made in narrative form as per the themes.

**Findings:** Findings indicated that many alcohol treatments and prevention messages are available through visual media; hence the visually impaired patients lost their autonomy by depending on friends and family for interpretation and decision making. In the clinics, their privacy was lost when the healthcare personnel had difficulties communicating with them and sought assistance from their family, friends or caregivers. The visually impaired patients felt stereotyped, and there was a widespread belief that the visually impaired could not make independent and correct decisions. As a result of the barriers presented, most visually impaired patients suffering from alcohol addiction had low self-esteem and faced the risk of missing treatment for alcohol abuse and rehabilitation.

**Research Implications and limitations:** Scarceness of the visually impaired with alcohol addiction was a potential limitation in this study; thus, purposive sampling was preferred. Additionally, since this research is qualitative research, it focused on gaining as much data as possible from a comparatively small sample size. It is a more flexible approach considering our study sample because it enables the participants to express themselves while providing data.

**Social Implications:** This paper highlights the need for user centered interventions when developing alcohol abuse prevention interventions in Kenya.

**KeyWords:** Health promotion; Healthcare messages; Visually Impaired people (VI); Alcohol abuse; PWD

## INTRODUCTION

In 2009, the Kenya National Population Census announced that the general disability rate in Kenya was 3.5%. This percentage translated to 1,330,312 million PWDs. Of this, the largest share was taken

by those with physical impairment (413,698), followed by visual impairment (331,594). Others are shown in the table below:

Ten years later, in August 2019, Kenya did its eighth Population and Housing Census. According to the KNBS 2019 census, about

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900,000 Kenyans, or 2.2% of the Kenyan population, live with a disability. In an analysis of disability by domain, mobility was the highest. About 0.4 million Kenyans, or about 42% of people with a disability, fell under the category. Visual impairment was still the second largest domain, with close to 0.35 million or close to 36% of the respondents reporting disability in seeing. The other domains of disability – cognition, self-care and communication occupied the remaining bit, with Albinism taking 0.02% of Kenya’s population.

**Table 1:** Population by the main type of Disability and Sex as at 2009

Type of Disability	Male	Female	Total	%
Visual	153,783	177,811	331,594	53.6
Hearing	89,840	97,978	187,818	52.2
Speech	86,783	75,020	161,803	46.4
Physical	198,071	215,627	413,698	52.1
Mental	75,139	60,954	136,093	44.8
Others	44,073	55,233	99,306	55.6
Total	647,689	682,623	1,330,312	51.3
% With Disability	3.4	3.5	3.5	-

**Source:** OHCHR-National Report (2011:7)

Of all the domains of disabilities, prevalence rates of people with mobility difficulties are highest, with prevalence from 2.0% to 0.2%. Visual impairment is the second highest, ranging between 1.7% and 0.1%. Finally, those with cognitive difficulties are third, with prevalence ranging from 1.3% to 0.2%.

These outcomes support the findings by and Global Disability Rights (2018) who state that of all the categories of people with disability in Kenya, those with visual impairment are the second largest population, with approximately 19.09% of the population [1]. The largest are those who are disabled in terms of mobility, with 26.2%. Auditory comes third with 12.4%, followed by Speech with 10.6%, Cognitive with 8.2%, and others share 23.6%

While the above data may represent the status of people with disability in Kenya, reports from the Development Initiative (2020) still suggest that the stigma associated with acknowledging disability might have prevented accurate reporting.

### Visual Impairment and access to communication messages against Alcohol Abuse in Kenya

In Kenya, 47.4% of PWDs report a lack of awareness of alcohol and Drug Abuse treatment and prevention information. Of these, 31% report that the biggest challenge was discrimination by society in terms of ensuring accessibility to drug information (NACADA).

Due to Communication and other system barriers experienced, blind people are significantly at risk for alcohol and drug abuse. In addition, studies by show that healthcare institutions have no specific consideration for the visually impaired despite recommendations to design medical facilities that suit Communication with the visually impaired [2,3].

Despite the high rates of alcoholism and substance abuse, alcohol prevention and health promotion activities scarcely ever target PWDs. The treatment gap between PWD in need of treatment and those receiving treatment for alcohol addiction is enormous. PWDs

are two and four times more likely to struggle with substance abuse when compared with the general population [4].

Argue that visual impairment is considered among the most fear-some disabilities, typically arousing emotional reactions of utmost loss of confidence and independence in individuals confronted with this disability [5].

Moreover revealed that the VI is continually perceived as strange and different by the general population. The findings correspond with, who found out that the VI were thought to be unsuccessful, unfulfilled, and not equal partners by people without disabilities [6]. Due to their limited abilities, those without disabilities expect less of them, and not much has changed despite efforts to raise awareness about disability.

Little scholarly attention has focused on the difficulties individuals with severe visual impairment have to deal with in their everyday lives. This study, hence, explored the experiences of the VI in Kenya regarding access to Communication against alcohol abuse [7].

### METHOD

This study adopted phenomenological research design. Qualitative research method was used to generate and analyze data. This study took the qualitative approach because the approach is used to understand complex opinions, experiences and concepts, thereby developing new insights into an existing research problem.

We also note that, while qualitative research is familiar in other fields, it is still comparatively underrepresented in research related to health services [8].

Through purposive sampling, 25 visually impaired participants were selected from rehabilitation centres that serve PWDs and institutions for the PWDs in Nairobi County. Purposive sampling was preferred because, as PWDs, the VI is regarded as vulnerable groups. Besides, the VIs that is alcohol and illicit drug users are hidden and difficult to access; therefore, the extreme case sampling, in purposive sampling, was applied in this study [9]. Data generation was through in depth interviews to attain qualitative data that is vivid, complex, and rich in details, which helped in developing a solid understanding of the behaviour patterns of this category of people. Participants were allowed to narrate their experiences freely, guided by probing questions that were designed to guide them on the areas of interest to the researcher. Each interview took approximately 70 minutes. Data from the interviews that were conducted were recorded, transcribed, and then analyzed thematically. The presentation was made in narrative form as per the themes.

### RESULTS

#### Lack of Privacy

Respondents suggested that they lacked privacy when accessing healthcare against alcohol abuse. Alcohol abuse prevention and healthcare messages were scarcely available in the format they (the visually impaired) could read on their own. Additionally, healthcare workers never knew how to communicate to those with visually impairment, especially through braille.

Lack of privacy or confidentiality was experienced when, while accessing healthcare services, their confidentiality was breached due to reliance on relatives and friends to read and interpret their med-

ical appointment letters and other medical documents on their behalf. Sometimes, when the healthcare personnel had difficulties communicating with the patient with visual impairment, they sought assistance from their caregivers, making them (the visually impaired) uncomfortable.

Owing to lack of accessible messages and the fact that they were afraid of exposing their health information to other parties, the visually impaired faced the risk of missing treatment against alcohol abuse and rehabilitation. In addition, they experienced low self-esteem as one of the impacts of losing patient confidentiality.

It is difficult to communicate my problem. I feel bad. The medical staffs are not facilitated. Since when I come to you (who can see) to tell things that are personal you discriminate, you don't understand what I'm going through since you are not disabled us should not pass through the same problems of discrimination by the society. Medical professionals and the society at large should learn how to support our needs without interfering with our privacy (April 2021, R 27).

### Lack of Autonomy

Participants reported that they felt they lacked the independence to freely make choices in their personal and social lives without seeking assistance [10]. The loss of autonomy contributed to a negative feeling when accessing healthcare messages.

When disseminating information against alcohol abuse, the use of unsuitable communication formats such as newspapers, posters, flyers, bulletins, brochures and magazines makes the visually impaired feel left out. During the interviews, they stated that health messages were primarily available through print media hence, not accessible to the blind.

In such circumstances, they generally felt abandoned by the system; thus, they were compelled to rely on the general population to access and interpret the messages because they could not read printed newspapers and magazines independently.

For instance, on November 17<sup>th</sup> 2019, the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) conducted an Anti-Alcohol and Drug Abuse Campaign walk in the country. The objective of the concept was to mobilize nationwide support for a nation free from alcohol, drugs and substance abuse. This was part of the annual nationwide campaigns conducted by NACADA. However, these campaigns are hardly accessible to the people with visual impairment because they are often publicized via print media and websites and are hardly available in braille format.

Not accessing health information without seeking assistance develops a negative psychological impact on the visually impaired because they lack independence in conducting their personal and social lives. We feel left out it is not good. We hear about these activities and campaigns from friends. Nowadays, we take our own initiative to distribute our own information, but not through those common initiatives like the newspapers, radio and television and so maybe you talk to a friend who is that who does alcohol abuse and advise him in a friendly way. The authority should consider the blind people in such initiatives (April 2021, R 14).

This Anti-drug something I don't know what you call it and the drugs something. It's not very active (NACADA), so I don't know what's happening nowadays. We also have few registered Visually

Impaired so I think the records do not really have a true representation of our numbers. We have been left out in these campaigns against alcohol. It is a challenge because we mostly rely on those we trust for information (April 2021, R 4).

### Stereotyping

The respondents felt that the general population often pictured them as lonely, nervous, fearful, and weak. Furthermore, the visually impaired felt that the general population believed that those who were visually impaired could not have access to alcohol, and it was not possible to have a visually impaired person suffering from alcohol addiction.

When accessing healthcare, the respondents reported that nearly all the healthcare professionals had unjustified fears and shared beliefs that the VI cannot perform tasks independently. During their communications, the visually impaired were presumed to be unable to make independent and correct decisions. Some were thought to be having other disabilities like intellectual disability. Others were perceived as mentally challenged, experienced unhealthy curiosity (for example, tested to see whether they can perform specific general tasks), or encountered what they felt was deliberate malice. Most of the alcoholics who were visually impaired thought that medical staff did not know that they required Communication about medication and rehabilitation provided via an alternative format.

For instance, R 9 discloses that she has never encountered any messages against alcohol targeting the VI. But, again, she believes that normal people have a shared belief that the visually impaired cannot consume alcohol or suffer from alcohol addiction. Thus, it was needless to develop tailored messages that communicate with them.

You know, I've never heard someone talking about us (the visually impaired) when it comes to treatment and prevention of alcohol addiction. It is because we have been forgotten. Many think that people with visually impaired impairment cannot take alcohol? They think we are abnormal and disability is inability to do anything. Same case too many healthcare workers they can hardly communicate to us properly (April 2021, R 9).

### Discrimination

When accessing messages against alcohol abuse and seeking alcoholism treatment and management, the interviewees also noted they were treated less favourably than the general population in similar circumstances. Discrimination was experienced when interacting with caregivers and other officers within the health facilities and rehabilitation centres. Almost all healthcare professionals could not use braille or present healthcare messages via Braille to visually impaired patients. Also, while the general population had ease access to premises, the visually impaired encountered mobility challenges because the buildings housing the public healthcare centres and social venues (like churches and public social halls), were not having ramps, had non-functional or non-existent elevators, and most public venues were overcrowded. One participant describes the experience as follows;

So, you see, most of us are disadvantaged because we can't access the places that those people are being called at. Because of that we are neglected. So, they just talk to the other people. We are sort of left out (April 2021, R9).

Another participant adds that, besides the healthcare attendants not having the skills to communicate with the VI patients appropriately, they were at times hostile. Such treatment made some of the patients with visual impairment feel they were not worthy enough to make requests, share their addiction problems or complain about the unfriendly health service.

They criticize us a lot rather than rather than advising. They are almost criticizing us, like scolding us against alcohol. It is not a good thing but we just endure (April 2021, R 14).

Some of the participants explained that, owing to perceived discrimination and rejection; they felt desperate leading to excessive alcoholism and drug abuse amongst some of the visually impaired.

I believe most of the visually impaired enter into alcoholism due to discrimination of the society and feeling left out in the society (April 2021, R 27).

For the men Yeah, mostly you can understand even from the background without asking them, you are able to understand these people are doing this because of segregation in the society (April 2021, R 14).

## DISCUSSION

The results confirm a scarcity of tailored messages that suit the needs of the VI. The available messages on alcohol abuse were accessed via media such as; the radio, television, social media and print. Whilst the visually impaired acknowledged the essential roles that the various media platforms play, most of them are not tailored to suit their needs as visually impaired and lacked adequate content tailored to improving their everyday social lives.

These findings corroborate with those of who state that only 10% of all communications from health services to the visually impaired participants are received in their preferred reading format, even though 96% of blind respondents prefer accessing communication messages in their preferred reading format [11]. Additionally, they face the challenge of losing autonomy and privacy regarding their experience accessing health care information and frequently relying on others to help them access health care information. However, some of the effects of not receiving information about good health practices via the preferred reading format could have been largely cushioned by caregivers and relatives.

Despite the blind having a right to receive healthcare information, they cannot access it in their preferred format. Most of them do not think that the medical staff knew how to provide information in their preferred format [12]. Most of them also believe that medical staff did not realize that they required an alternative format. They are also not aware that they are entitled to ask for healthcare information in a format they deem favourable.

In her studies, noted low awareness about the option to request alternative formats among visually impaired patients, mainly due to the reference to "other formats" being poorly situated on healthcare documents. Again, the healthcare workers did not tell the visually impaired patients to request information through alternative formats. Other visually impaired patients were informed that they could cope without an accessible format and felt unable to request their needs. Consequently, she adds that patient confidentiality is breached due to individuals relying on carers, relatives or friends to interpret information on their behalf.

Findings from reveal that in order to reduce inequalities in health-care, access to and provision of information is essential. However, information is seldom accessible and hardly meets the needs of the VI. In supporting this, state that when it comes to the needs of blind people, producing any tailored content can support them [13,14]. Yet, media owners and program producers are ignoring the vast population of the VI. Regarding tailored content meant for the VI, there is no question about the quality of content as there is no content.

Secondly, the analysis indicated that the visually impaired confront stereotyping and discrimination as forms of social stigma, which act as barriers towards accessing messages against alcohol abuse. Similar findings were realized in studies conducted by the University of Washington. The study reveals that historically, PWDs have been stigmatized. Furthermore, in many cultures, disability is often linked with curses, helplessness, disease and dependence. The study further adds that, disability stigma could be presented in the form of social avoidance, discrimination, and stereotyping.

Apart from experiencing difficulties accessing healthcare services, the blind feel that due to their disability, they are denied treatment [15].

Visually impaired people encounter formidable barriers when seeking information and substance use disorder treatment. Besides that, many treatment facilities are not fully accessible to PWDs. In addition, they experience various obstacles such as harmful attitudes and bias about people with substance and drug abuse, lack of staff training, and inaccessible methods and information in communication materials. Support this by stating that people with a disability report that their biggest challenge was discrimination by society in terms of ensuring accessibility to drug information [16].

Add that the broadcast media have been vastly engrossed in, and consumed by, a limited and one-dimensional focus on the able-bodied audience [17]. In matters to do with broadcasting health messages, the mass media seem to have done all this with some measurable degree of distinction; though, controversy looms when the blind audience is included.

Lastly, data suggest that the visually impaired experience loss of autonomy in making healthcare choices because they hardly receive health information in a preferred format. However, the effects of not receiving health information in a preferred reading format were primarily buffered by carers and relatives. This meant that they had a mutual negative feeling due to a lack of privacy.

Again, revealed that the partially sighted and blind people may have to seek assistance to read health information that is a format that is not readable. Thus, there is the risk of compromising client confidentiality [18]. The lack of ability to access health information had a harmful psychological impact. Loss of autonomy was the negative feeling that was frequently experienced. Even so, they opted for various coping strategies to access health information and services. Some participants depended totally on family support.

The three findings highlighted above corroborate findings, who revealed that the visually impaired operate at three levels depending on their facilitators and barriers. First, the level of an individual, which includes the absence of knowledge on health issues, limited knowledge of using Braille, and language and cultural barriers

associated with ethnicity. The second is the community barriers that include taboos within the society and deficient time for the visually impaired to grasp the information they are given. Thirdly, Communication of health messages could be done in various approaches such as friends, relatives, and health professionals as information providers, discussing their health related matters with other visually impaired people and health professionals.

## CONCLUSION

There is a need for user centered interventions when developing alcohol abuse prevention interventions in Kenya. For health messages to be valuable to the VI, there is a need to communicate in formats accessible to the visually impaired. Use of brailled messages and training of healthcare workers on how to communicate using braille should also be encouraged to enhance Communication of health solutions, autonomy, and adherence in this group. Content in media platforms, especially print, should also be tailored to suit their individual needs, and the visually impaired should be included in developing the messages as recipients and active participants.

Healthcare centres in Kenya need to have accessible health information policies, procedures and facilities to support visually impaired patients. That way, there will be improved access to healthcare centers and accessible information to assist the visually impaired people. In addition, healthcare workers should be trained to communicate well with visually impaired patients and understand and protect patient confidentiality through delivering health information in an accessible format.

Also, there is an obligation for education and raising awareness amongst the visually impaired to know their rights regarding receiving accessible health information. Therefore, government agencies that undertake public education and awareness campaigns against drug abuse, like NACADA, must vibrantly involve the visually impaired people to have their needs met and awareness levels raised. In addition, they should work with healthcare centres and media organizations to boost access to healthcare facilities and accessible information to the visually impaired.

Furthermore, the government (via the Ministry of Health) and media organizations should take the responsibility and accountability of providing timely information that is person centred, especially when disseminating messages to the visually impaired. Furthermore, the government should ensure full implementation of the Persons with Disability Bill 2020. The Bill was an amendment to the Persons with Disabilities Act. It was designed to provide for the functions of the national government and the county governments and for connected purposes in providing barrier free amenities to Persons with Disabilities (PWDs) in Kenya.

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## ETHICS

To uphold integrity of the research process, a research license was obtained from the National Commission for Science, Technology and Innovation Kenya (NACOSTI). In addition, informed consent was gained from participants after full disclosure of the study's nature and intention. The participants were also guaranteed the right to participate voluntarily. Adherence to informed consent was undertaken by clarifying to the participants the purpose, methods and risks likely to be encountered in this study. Participants were guaranteed protection from harm that could be caused by humiliation (personal embarrassment) and psychological stress or other influences that would probably cause adverse effects by adopting pseudonyms that ensured anonymity.

## COMPETING INTEREST

The authors of this paper hereby validate that there were no conflicts of interest (either financial or non-financial) when conducting the study.

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