



AUDIENCE RECEPTION OF ALCOHOL ABUSE MESSAGES AMONG THE VISUALLY IMPAIRED IN KENYA

Abook Brianⁱ,

Abraham Kiprop Mulwo,

Fredrick Njoroge

School of Information Sciences,

Department of Communication Studies,

Moi University,

Kenya

Abstract:

Visual impairment is viewed as one of the most threatening disabilities. About 40-50 per cent of the people with disabilities who have visual impairment may be categorized as heavy drinkers. Most studies conducted to establish the information needs of visually impaired people have concentrated on the format of the information. Yet, accessible health information is key to reducing health inequalities in health care experienced among the visually impaired. Very few empirical studies have examined the health information needs of the visually impaired. Some of the gaps related to the types of health information include non-format aspects like the content type, timing and sender of the messages. This study investigates the audience reception of alcohol abuse messages among the visually impaired in Kenya. Using a purposive sampling procedure, 25 participants with visual impairment were identified from rehabilitation centres and institutions for the PWDs within Nairobi County. Data was generated through in-depth interviews, then recorded, transcribed, analyzed thematically, and presented in narrative form according to the themes. Study findings indicate that people with visual impairment were uncomfortable with the way media consistently portrays them as needing assistance and as an instrument of sympathy to elicit mercy. The visually impaired face difficulties satisfying their information needs through media content that focuses more on visuals and less on audio description. Their exclusion made them perceive that messages were only targeting the general population and thus were not as effective. Nevertheless, they sought assistance from intermediaries such as religious leaders, local authorities, teachers, friends, and close family members when they faced difficulty interpreting messages. Intermediaries largely buffered their challenges in interpreting messages. Apart from tailoring messages to suit the needs of the visually impaired, there is a need to involve them in actively developing and disseminating messages in Kenya.

ⁱ Correspondence: email abook.brian@gmail.com

Keywords: people with disabilities, visually impaired people, audience reception, messages, alcohol abuse, Kenya

1. Introduction

Over the world, the estimated population of the blind was approximately 36 million in the year 2015; studies project the numbers to reach 115 million in the year 2050. Those with visual impairment classified as moderate or severe were about 216.6 million people (WHO, 2018; Bourne et al., 2017).

The majority of visually impaired are encountering alcohol abuse as a form of drug abuse. They are, nonetheless, an underserved group. Consequently, they lack opportunities to participate in preventive healthcare activities, apart from not having adequate access to messages on primary healthcare, hospital care, and long-term healthcare services. Because of that, they feel that their primary healthcare needs are unmet (Veltman et al., 2001).

Pagliuca et al. (2009: 404-411) point out that the behaviour and perception of blind people regarding health problems have little or no difference from the behaviour of sighted people. Blind people acknowledge the drug problem as a public health problem because it affects society and the life of users. But still, little is known to them regarding the consequences and characteristics of substances and drugs.

According to Zhi-Han et al. (2017), the visually impaired experience reduced access to healthcare information resources and messages. As such, their status of health literacy remains low. Lack of proper access to medical information endangers the health and lives of the blind and PWDs in general (Bo and Yun, 2018; BCA, 2018).

Again, Beverley et al. (2004) note that most studies conducted to establish the information needs of visually impaired people have concentrated on the format of the information. Yet, accessible health information is key to reducing health inequalities in health and social care experienced by the visually impaired. Furthermore, only a few empirical studies have examined the health information needs of this group.

The visually impaired have necessary health information needs and must be communicated successfully to improve disease management and appreciate the quality of life (Kentab, 2015).

The aim of this study was to find out how the visually impaired people in Kenya make sense of communication messages against alcohol abuse. In addition, as part of my PhD study, I set out to examine the audience reception of alcohol abuse messages among the visually impaired in Kenya.

2. Materials and Methods

This study adopted a qualitative approach. The approach revitalizes individual experiences from people and provides detailed pictures of why individuals' actions are the way they are and how they feel about their actions, and avoid pre-judgments since it is not concerned with universalities.

Through purposive sampling, twenty-five (25) visually impaired people were identified from institutions for the PWDs plus rehabilitation centres that cater to the PWDs in Nairobi. Purposive sampling was preferred because, as people with disabilities, the visually impaired people are considered vulnerable groups. Furthermore, alcohol and illicit drug users are hidden and difficult to locate and access information from. Thus, in purposive sampling, this study applied extreme or deviant case sampling. Data was generated through in-depth interviews to obtain qualitative data that is vivid, complex, rich in details, and that would help in developing a solid understanding of the behaviour patterns of this category of people.

Each interview took approximately 70 minutes. Participants were allowed and encouraged, through probing questions, to narrate their experiences regarding alcohol abuse and their access to communication messages regarding alcohol abuse. Data produced from the interviews were recorded, transcribed, then analyzed thematically, and presented in narrative form per the themes.

To uphold integrity, a research license was obtained from the National Commission for Science, Technology and Innovation- Kenya (NACOSTI) after submitting relevant documentation on the research protocols and the strategies put in place to ensure the ethical conduct of the study. Adherence to informed consent was guaranteed by clarifying the purpose, methods used in this study, and risks likely to be encountered. Additionally, participants were made to fully understand the study's demands before voluntarily deciding on whether or not to participate in the study. Each participant was allowed to make a free choice devoid of forceful intervention, deceit, duress, fraud, or other coercion types. Participants' privacy was ensured by respecting the rights of an individual to control the sharing of personal information and were informed of their right to refuse to answer questions they were uncomfortable with or to withdraw from the study at any stage should they feel uncomfortable.

3. Results

3.1 Stereotypic portrayal of the visually impaired in media

Findings pointed out that the visually impaired were not conformable with the way media consistently portrays them as needing assistance and an instrument of sympathy that elicits mercy. The respondents noted that their portrayal and messages were stereotypical since they primarily depicted the people with disability as needy and objects of charity. To respondents, it was humiliating for the disabled to be projected as individuals in a state of self-pity, who struggle to get basic needs and whose lives depend on others. They felt that due to the low projection of the visually impaired, society had been encouraged to pity them, and not recognize them as ordinary beings hence hindering normal communication. To the respondents, the depictions in the media reinforced the over-generalized beliefs that the PWDs were unable to make independent and correct decisions. The respondents felt they were often pictured as lonely, nervous, fearful, and weak. Some were assumed to be having other disabilities like intellectual

disability. The general population had unjustified fears and shared beliefs that the visually impaired cannot perform tasks independently.

R 27, for example, illustrates how demoralizing it is not to recognize them as normal beings by neglecting them when conveying messages against alcohol abuse.

“The messages against alcohol do not target us. But it’s discouraging because the society at large doesn’t recognize the disabled people living in the society. They mostly portray us as needy and weak. So even in mass media, I don’t hear about the disability persons being independent. So that discourages me since I feel I feel that the community, most of the community at large, does not recognize us.” (April 2021, R 27)

There was also the belief that the visually impaired cannot consume alcohol or suffer from alcohol addiction. As a result, their needs were hardly considered when messages were developed. For example, R 9 reveals that she has never encountered any messages against alcohol targeting the visually impaired. But, again, she believes that the general population has a shared belief that the visually impaired cannot consume alcohol or suffer from alcohol addiction.

“No. I’ve never heard someone talking about us because we have been forgotten. So, they think people with visually impaired impairment cannot take Alcohol?” (April 2021, R 9)

“I like that adverts talk to people about alcohol and the harmful effects that they have on the youth. But what I dislike is just that they forget about VIs. They tend to forget about us, you know.” (April 2021, R 9)

The stereotypic representation also reinforced the perception that the visually impaired cannot make good life choices. For instance, appropriately managing their health and medication independently unless with the assistance of a closely related person. Yet, they have autonomy like the general public and are capable of making independent choices. Such demonstration of stereotypical images developed a false impression of the VIs and influenced the mentality of the public and attitude towards them.

The respondents also felt it would be impactful when the messages gave prominence to their fellow visually impaired who had endured similar alcohol addiction behaviours that were health threatening but survived and adopted the required attitude. R 9 and R 10 stated that below;

“The images do not give a true picture of us. The visually impaired are not abnormal. They are just like any other person. I want someone with a visual impairment to be talking to us about alcohol abuse because with them, at least they understand how we understand things better and at least someone who has gone through these so that they can share with us similar experiences. Yeah.” (April 2021, R 9)

"I want somebody to come in and tell us how they have gone through the addiction situation and how it affected them so that we cannot be involved in alcohol abuse." (April 2021, R 10)

3.2 Moralistic discourses

The respondents stated that the Visually Impaired preferred objective messages. Moral messages condemning individuals with alcohol addiction only pushed them away and succeeded in dismissing them since most of them reacted defensively. Additionally, the respondents preferred that messages that condemn harmful drinking behaviours to be supported with scientific justification. In doing so, messages will be unbiased, enabling them to make impartial choices. The visually impaired were more comfortable with messages that endeavour to educate them about what alcohol addiction control is, the actions to be undertaken or avoided and lead them to act. It would be more tolerable when tailored that way than the current messages that seem to criticize. R 14 and 26 illustrate below;

"Most messages keep demonizing Alcohol. They criticize those under addiction rather than advising them. They are attacking them...like scolding them against Alcohol." (April 2021, R 14)

"I think that they should not be harsh to those addicted to Alcohol. Instead, they should be free with us...to enable the visually impaired not to abuse Alcohol." (April 2021, R 26)

As R 26 explains, she is agreeable when the messages are tailored to be objective by focusing on both the good and the wrong side of consuming Alcohol. She also stopped the excessive alcohol consumption because she was informed that it would result in Liver Cirrhosis.

"I like when messages are balanced and open to us. alcohol is not bad. In fact, during parties, alcohol must be there. And some people, such as these companies that there are those around us that are making that are brewing the Alcohol- they are using it as a source of economy. So, to me... I like it. It's not a bad thing. However, we are informed excess consumption leads to liver cirrhosis. That is what made me change my drinking habits." (April 2021, R 26)

Again, the respondents felt that the messages should not only be focused on the age restrictions for alcohol consumption. Instead, there should be additional information on healthcare and rehabilitation centres that can assist when they encounter an addiction. Additionally, there should be information on the types of disease caused by alcohol addiction, the appropriate treatment, the availability of treatment services, and the treatment centre's details. That way, messages would be more effective. As illustrated below, R 9 expresses her dissatisfaction with the present messages against drinking alcohol that give importance to the age limit and leave other essential factors.

"The campaigns don't elaborate on where to get healthcare and what diseases excess alcohol can cause. Mostly they are just about restrictions for people under the age of 18." (April 2021, R 9).

3.3 Influence of celebrities and appeals in interpreting messages

The respondents acknowledged that the use of celebrities would make the messages more effective depending on the credibility of the celebrity or endorser. Endorsers, in this case, could be celebrities, well-known persons or typical persons. In most cases, messages are perceived as credible when the character is viewed as trustworthy, and the audience can relate to the message conveyed. Therefore, famous and likeable celebrities made the messages friendly. In this case, R14 identified the use of Chipukizi, a Kenyan celebrity, and R 9 identified Mututho, the former Naivasha Constituency member of parliament and the immediate former Chairman of the NACADA Board.

"I like it when a celeb is involved. In one of the campaigns against alcohol, Chipukizi was involved. I just heard it—the comedian who was appointed the other day. Chipukizi talked about going to the ghettos and educating people on drug abuse and alcohol use." (April 2021, R 14).

"Campaigns against alcohol were also active when Mututho was involved. He is famous. Since his exit, they (campaigns) are not as functional." (April 2021, R 9)

However, some respondents noted no messages that used fellow visually impaired as endorsers. Their exclusion made them perceive that messages only targeted the general population and thus were not effective. The visually impaired felt it was much easier to relate to the message if the endorser had visual impairment. R 4, R 26 and R 22 explain this;

"Yes. More speakers, more people and especially the visually impaired (VI) themselves are supposed to make some initiative groups, moving around and educating the VI on the issue of Alcohol." (April 2021, R 4)

"If a disabled person, visually impaired maybe, comes and starts discouraging me on excessive consumption of Alcohol, I will feel free to share my experiences and quickly transform." (April 2021, R 26).

The effects of alcohol are significant and do not divide the disabled and those without disabilities. So, people with disabilities must be fully involved in the campaigns. And not only the blind or visually impaired but also the physically impaired (April 2021, R 22).

3.4 Reliance on intermediaries to interpret messages

The interviewees stated that the type of media used to communicate often forced them to rely on intermediaries. According to the respondents, the visually impaired have highly individual needs, yet, the choice of media and, therefore, design of messages failed to recognize that. Thus, they needed intermediaries. They preferred religious leaders, local authorities, teachers, friends, and close family members to assist when they faced difficulty interpreting messages. Moreover, they felt comfortable confiding with them as their intermediaries.

The intermediaries assisted them in assessing the social consequences and implications that the alcohol abuse may have on their family life, social relations, and the workplace. They informed them of perceived benefits and the efficacy, worthiness or effectiveness of the recommended action to lessen the seriousness of the addiction. They played a critical role in elaborating the strategies to provide the appropriate encouragement that prompted decision-making to accept the desired health action. Intermediaries also played the role of offering reassurance and correcting misinformation. They also boosted their confidence by guiding them to successfully take the necessary action and engage in the correct behaviour to produce the desired outcomes.

R 27, for instance, draws her understanding of messages against alcohol abuse from the church.

“I know about alcohol from my church, I am a Catholic, so I always go to seminars. They always conduct seminars every December when all of us are at home. So, I get to learn how to handle alcohol in a balanced way in my life...My feelings toward alcohol are in two different ways. There is a positive and a negative; the positive is taking alcohol is not bad if it's taken in the right amount but taking excessive alcohol and not able to be assertive. But so that is the discouraging part because you get addicted to it. So, I don't think alcohol is a bad thing since even Jesus created alcohol in the wedding... with a purpose. So, in celebration, it's not a crime, but you should consume it properly.” (April 2021, R 27).

The respondents also pointed out that education from school promoted their knowledge, attitude and proper practices with regard to consumption of alcohol. Respondents who had attended school were more knowledgeable on coping with alcohol addiction and improving their health status as R 4, depicted below;

“Those in the schools or learning institutions are advantaged because the teachers are guiding them. They are being guided by those people who come to talk. We have foreign speakers who come around and talk to the students. So, they get more knowledge on the disadvantages of excess consumption of Alcohol. So, we have people, and schools have made peer groups that guide students on that. And also have a committee for guidance and counselling, which also advises students not to take those drugs.” (April 2021, R 4)

In some instances, the local authorities created awareness of alcohol abuse, which prompted decision-making to accept the desired health action. R 4 also illustrates the use of local authorities;

“We have awareness from the Sub-Chief, and Chief Barraza’s and people have made groups that educate the youth in the local areas about drugs and alcohol and the disadvantages of taking those drugs and alcohol. They also guided us on the local dispensaries where we could get help.” (April 2021, R4)

4. Discussions

When it comes to the stereotypic portrayal of the visually impaired, Baloch and Ashfaq (2017) found that mass media does not correctly gratify the needs of the visually impaired. This is experienced mainly in mainstream media like Television channels that hardly pay any attention to the issues and events affecting the visually impaired. As a result, the blind community is marginalized and annoyed by the behaviour of sighted society, feeling depressed due to the stereotypical portrayal in mass media.

Studies conducted by the University of Washington (2016) bear similar findings. They state that throughout history, People with disabilities have been stigmatized. The study adds that disability is associated with dependence, disease, helplessness, and curses in many cultures. Further, the study states that disability stigma plays out in several ways, including social avoidance, stereotyping, discrimination, condescension, blaming, internalization, hate crimes and violence. Comparably, Cardinal Stefan (2017), while drawing reference from Ostrowska (1994), states that concerning the blind, there is a stereotype picturing them as weak, fearful, nervous and lonely people. They are also claimed to be withdrawn, insecure, unhappy and needy.

As well, Ayesha Ashfaq (2017) discovered that almost every visually impaired participant in her study strongly condemned the sympathetic approach of society towards them. The visually impaired are unwilling to accept this stereotypical behaviour of sighted society and consider it inhumane and humiliating. Blindness is a physical phenomenon, but the general population often treat it as a social phenomenon, which is incorrect and creates many obstacles to the progress of blind individuals. Participants believed that mass media is also following this absurd notion of society and continuously portraying blind people in a state of self-pity.

The visually impaired are compelled to rely on intermediaries to interpret some messages because they have highly individual needs. Yet, the choice of media and, therefore, the design of messages failed to recognize that. Williamson and Schauder (2000) reveal that, traditionally, access to printed material for the blind or sight-impaired has been mediated through others, such as a family member, a helper, or an organization.

Chifamba et al. (2011) state that the visually impaired audience has been increasingly eliminated from accessing health messages and making informed decisions. This is apparent because the print and electronic media have been immensely absorbed in, and consumed by, a one-dimensional and limited focus on the able-bodied audience.

When it comes to disseminating health messages, the mass media seem to have done all this with some measurable degree of distinction; however, controversy looms when the blind audience is included.

Equally, education enhances the chances of adequately understanding messages against alcohol abuse. On this, Vergunst et al. (2017) confirm that barriers increase with disability severity and are reduced with an increasing level of education. Furthermore, religion, the clergy and places of worship are vital sources of interpreting messages. Marci et al. (2007) support this by stating that Church-based health promotion (CBHP) interventions have great potential for reducing health disparities because they can reach broad populations. Churches and other religious organizations can influence members' behaviours at multiple change levels from a socioecological perspective.

Again, celebrities are critical in passing messages. Findings from Blakeman (2007:194 and 2015) tell that testimonials are most effective when the person used in the testimonial is credible, and the audience can relate to the message. From the data in this study, information about alcohol was mainly endorsed by local celebrities. However, the visually impaired noted no fellow visually impaired endorsers. Besides the use of appeal, the visually impaired felt that messages from television and radio were one-sided and targeted the general audience, especially those warning against drinking and driving since the visually impaired cannot drive.

5. Conclusion

Like the general population, the visually impaired acquire knowledge from social interactions and experiences. They can also access messages against alcohol abuse through media platforms such as television and radio. Additionally, healthcare centres and places of worship act as sources of information. However, the content essentially communicates to the general population and thus does not gratify their information needs. Furthermore, there are hardly any messages that use fellow visually impaired as endorsers. Their exclusion makes them perceive that messages only target the general population and thus are not effective. Therefore, apart from tailoring messages to suit the needs of the visually impaired, there is a need to involve them in actively developing and disseminating messages in Kenya.

Notes

This research was conducted as part of my PhD dissertation.

Acknowledgements

I am very thankful for the irreplaceable advice of Dr Abraham Kiprop Mulwo and Rev. Fr. Dr Fredrick Njoroge, my supervisors. Also, I am grateful for their continuous support and patience during my PhD study.

Conflict of Interest Statement

The authors of this paper wish to confirm that there are no conflicts of interest. The authors confirm that they have no connections and are not involved with any entity or organization with any form of financial interest (like consultancies, membership, educational grants, expert testimony, expert testimony, stock ownership, employment, honoraria, patent-licensing arrangements and or other equity interest). Furthermore, the authors also wish to confirm that they have no connections to and are not involved in any non-financial interest (like professional or personal relationships, affiliations, beliefs and or knowledge) in the subject matter and findings discussed in this journal paper.

About the Authors

Abook Brian is pursuing a Doctor of Philosophy at the Department of Publishing, Journalism and Communication Studies at Moi University-Kenya. In addition, he has a research interest in Development Communication. Also, he intermittently worked as a part-time lecturer in Journalism and Mass Communication in Kenya in 2014/15. Presently, he works at the National Biosafety Authority in Kenya. From 2020 to early 2022, Abook was a Member of international experts in developing the *Communication Toolkits for Biotechnologies* for the Food and Agriculture Organization (FAO) of the United Nations. His Orcid ID is: orcid.org/0000-0002-0789-855X

Dr. Abraham Kiprop Mulwo is the Dean (acting) School of Information Sciences and Senior Lecturer specializing in Development Communication at Moi University- Kenya. Dr Mulwo has been a lecturer and a researcher at Moi University since 2004. He graduated with a Communication and Media Studies doctorate in 2010 and was a Post-Doctoral Fellow at the CCMS Graduate Programme, University of KwaZulu-Natal. He has also facilitated research methodology courses at the International Cancer Institute and other international institutions. Dr Abraham had worked as a research consultant with UNESCO/Ministry of Education- Kenya and the Centre for AIDS Development, Research and Education - South Africa. Until lately, he was a member of the *Task Force on Improving Government Information and Public Communication*. His role was to advise the Kenyan government on improving communication with the citizens. His profile is available at: <http://profiles.mu.ac.ke/amulwo>

Fr. Dr Fredrick Njoroge is a lecturer at the Department of Communication Studies, Moi University. In addition, he has a research interest in Development Communication. He graduated with a PhD in Communication Studies from Moi University in 2013. Currently, he works as a researcher and a lecturer of communication at Moi University- Kenya in the Department of Publishing, Journalism and Communication Studies. His profile is available at: <https://is.mu.ac.ke/index.php/event/media>

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