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## Access to health information for persons with disabilities during the COVID-19 pandemic in Kenya

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### ABSTRACT

*This study explores the effectiveness of media in promoting access to COVID-19 health information in Kenya. The focus will be on how persons with disabilities accessed COVID-19 information through television within the first three months of the outbreak of the pandemic in Kenya. The quantitative study sampled three television stations in Kenya namely KTN News Television, Signs TV and KBC Television. Data was collected from the television stations between April and June 2020. Further, a survey of 100 persons with disabilities was conducted to triangulate study findings. The data gathered was analysed descriptively. Findings indicate that, although television was a popular medium in transmitting COVID-19 information, it didn't employ accessible formats as is required by local and international legal provisions. The authors recommend that a more disability inclusive approach to the COVID-19 health information dissemination in the media be adopted. Further, media regulators such as the Communications Authority of Kenya and the Media Council of Kenya, are encouraged to enforce the legal provision to include accessible formats on television.*

**KEY TERMS:** COVID-19, persons with disabilities, television, access to healthcare information, communication in healthcare, effects of media, Kenya

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## INTRODUCTION

This study explores the effectiveness of media in promoting access to COVID-19 health information in Kenya. The focus will be on how persons with disabilities accessed COVID-19 information through television within the first three months of the outbreak of the pandemic in Kenya. The purpose of the study is to determine ways that media can be used to effectively disseminate COVID-19 information to persons with disabilities during a health crisis. The study employed media content analysis and its procedures to collect and analyse data from three television stations in Kenya. Key informant interviews with 100 persons with disabilities were also conducted in order to triangulate the findings. The background provides information on the use of television to disseminate health information. Thereafter, the study provides the theoretical framework, methodology, data analysis, discussions, recommendations and conclusion.

## BACKGROUND

The COVID-19 pandemic brought into specific focus the ways health information is disseminated to Persons with disabilities in Kenya. The Ministry of Health in Kenya and other non-state health actors relied heavily on television as a source for public health information regarding the COVID-19 health crisis. Indeed, television is the primary source of critical information to the public in the event of disasters and emergencies across the globe (Anwar, Malik, Raees & Anwar, 2020). Scholars have expressed the centrality of the television medium in structuring issues that the public would consider as salient (Littlejohn, 2019). To explore the effectiveness of television disseminating COVID-19 health information, the researchers selected three television stations in Kenya namely, Kenya Television Network News (KTN News), Kenya Broadcasting Corporation Television (KBC TV) and Signs TV. The first station, KTN News, is a 24-hour news channel which is ranked at position three in terms of viewership. The second station, KBC TV, is a state broadcaster with a mandate to broadcast public interest content. The station is ranked at position seven with a four percent market share (GeoPoll, 2019). The third station, Signs TV, is the first disability specific channel in Kenya. The station targets persons with disabilities with Sign Language as its key medium of communication. However, the channel has little viewership in the country (Geopoll, 2019).

Kimumwe (2020) argues that critical messages about the pandemic disseminated by the media may not have reached persons with disabilities during the initial stages of the COVID-19 global health crisis. To compound the issue, containment measures such as social distancing, lockdown and cessation of movement, further isolated persons with disabilities making them more reliant on mass media for information. Inaccessibility to public health information and subsequent isolation worsened their living conditions for persons with disabilities (United Nations Human Rights, 2020). Indeed, D'Silva and Mallya (2002) argue that owing to their already marginalised status in the society, persons with disabilities bore the brunt of the COVID-19 pandemic.

Access to timely information is a crucial element to slowing down the spread of COVID-19. In this regard, Corby, Lee and Meaney-Davis (2020) have argued for the need to address the inaccessibility of public health campaigns which leave disadvantaged groups exposed to ill health. Hu and Qi (2020) noted that people with hearing impairment experience limited access to crucial public health information regarding the COVID-19 pandemic. Access to information for all groups in the society is key since prevention remains the most crucial health promotion strategy. Hence, the failure to offer persons with disabilities multiple forms of communications in accessible formats, increases their vulnerability to the contagion and its subsequent effects.

Available research suggests that people with disabilities are often unaware of crucial health information that is critical to their well-being (UPHLS 2015; Mprah 2013; Gudlavalleti *et al.* 2014; Jolley *et al.* 2014; Dadun *et al.* 2016; Ormsby *et al.* 2012; Tun *et al.* 2016; Kritzinger *et al.* 2014). For example, people with disabilities report that there is only a limited amount of information in accessible formats about HIV and the importance of testing, and that they therefore do not know that they can go for HIV testing and services (Tun *et al.* 2016). In Cambodia, a Knowledge, Attitudes and Practice (KAP) survey showed that only 18% of people with disabilities knew how best to treat cataract, as compared to over half of all other respondents (Ormsby *et al.* 2012). Dadun *et al.* (2016) indicate that people with leprosy did not receive information about the cause, transmission and contagiousness of the disease, which has led to increased disabilities that could otherwise have been prevented or treated at an early stage.

In the wake of declaring COVID-19 a global pandemic, the WHO issued guidelines to mitigate the impact of the outbreak on persons with disabilities. It called upon governments to take action to ensure that persons with disabilities receive adequate Covid-19 public health information and communication in formats that are accessible (WHO, 2020). This included captioning and sign language for all live and recorded events and communications such as national addresses, press briefings, and live social media. Similarly, the International Disability Alliance

(IDA) recommended that persons with disabilities receive COVID-19 information in a diversity of accessible formats in the media.

The government of Kenya is obligated to provide health information to persons with disabilities because it ratified the United Nations Convention on the Rights of Persons with disabilities (CRPD) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with disabilities in Africa (ACHPER PD) (Kimumwe, 2020). Specifically, Article 9(b) of the CRPD requires states to take appropriate measures to ensure that persons with disabilities have access, on an equal basis with others, to information, communications and other services, including electronic services and emergency services (The United Nations, 2006). Additionally, Article 25(b) of the CRPD requires states to take all appropriate measures to ensure access for persons with disabilities to health information. Further, Article 19(2) of the ACHPER PD Protocol encourages policy, legislative and administrative measures that ensures that television companies provide information and services in accessible and usable formats for persons with disabilities.

The Constitution of Kenya, 2010, guarantees people with disabilities the right of access to information. Article 54 states that persons with disabilities are entitled to reasonable access to information. The Constitution mandates the government to promote the development and use of sign language, braille and other communication formats and technologies accessible to people with disabilities. The Persons with disabilities Act (2003) guarantees the right to information for persons with disabilities. This marks an important milestone in realising the right to information for people with disabilities.

It is therefore critical that mass media provide information in accessible formats appropriate to people with different kinds of disabilities (The United Nations, 2006). Broadcasters in Kenya are mandated by law to take specific steps to promote the understanding and enjoyment of programmes transmitted through its stations by persons who are physically challenged and in particular, persons who are deaf or hard of hearing, or who are blind or partially sighted (CA, 2009). In the case of news, programmes covering national events and emergencies, television stations are expected to provide sign language interpretation, inserts or subtitles. The presentation of the signer on the television screen is expected to be of sufficient size and resolution to show all movements of the full upper trunk together with arms, hands and fingers, shoulder, neck and all relevant facial movements and expressions. These legal provisions can potentially improve access to health information through television for persons with disabilities.

## **THEORETICAL FRAMEWORK**

The study is based on the Ujamaa Theory. Ujamaa theory emphasizes communities working together and looking after each other (ASWNet, 2020). It emphasizes human relationships. The theory which was propounded by Julius Nyerere is rooted in traditional African values and had as its core the emphasis on familyhood and communalism of traditional African societies (Ibhawoh & Dibua, 2003). The ideal society is based on freedom, equality and unity (Nyerere, 1967). According to Nyerere (1967), there must be equality, because only on that basis will men work cooperatively. There must be freedom, because the individual is not served by society unless it is his, and there must be unity, because only when society is unified can its members live and work in peace, security and well-being. Applied to this study the theory sees the inclusivity of persons with disabilities in the society as a means to guarantee well-being of the society. Inclusivity in media, therefore, would guarantee that information on the COVID-19 pandemic reaches all members of the society, including persons with disabilities.

## **METHODOLOGY**

The population for this quantitative study was 66 Kenyan television stations. A purposive sample of three television stations namely, KTN News television, Signs TV and KBC television was selected. KTN News was selected because it is the first 24-hour news channel in Kenya. Signs TV was selected because it is the first disability specific station in Kenya and KBC TV station was selected because it is the most widely watched channel. Content analysis approach was used to analyse messages about the COVID-19 pandemic disseminated by Kenyan television stations specifically KTN News Television, Signs TV and KBC Television. The study targeted public awareness programming content aired on television for a period of three months, that is from April to June 2020. The period was selected because it coincided with the outbreak of COVID-19 pandemic in Kenya. Data from programming content was gathered using code sheets. Further, a sample of 100 Persons with Disabilities was selected. An online questionnaire was used to collect data. Given that persons with disabilities are said to be at high risk in contracting COVID-19, this method was considered a safe way to reach respondents without risking exposure to COVID-19. Data was analysed using descriptive statistics and thematic analysis. The study maintained the principles of research by ensuring that respondents' rights are adhered to. The following ethical considerations were observed. First, we sought informed consent from all respondents involved in the study. Secondly, confidentiality of the respondents was assured through the introductory section in the

questionnaire. The participants were informed that their responses would form part of an academic research report whose findings could be converted into academic articles and published. Also, the respondents' right not to answer sensitive or personal questions was guaranteed. Finally, authorization to conduct research was sought from the National Commission for Science, Technology and Innovation in Kenya.

## FINDINGS

In regard to access to health information for persons with disabilities, the findings were:

1. A majority of people with disabilities accessed COVID-19 information through television with KBV TV being the most popular.
2. Although most television stations used sign language interpreters and captioning to deliver COVID-19 information, the use of these formats was not consistent.
3. Subtitles were not used for news programs and Covid-19 updates which were all live.
4. Most public service announcements didn't employ accessible formats.
5. News programs on television were more popular as sources of COVID-19 information, followed by COVID-19 updates given by the Ministry of Health and lastly PSAs.
6. There was a lack of sufficiency in COVID-19 health information targeting persons with disabilities on television.

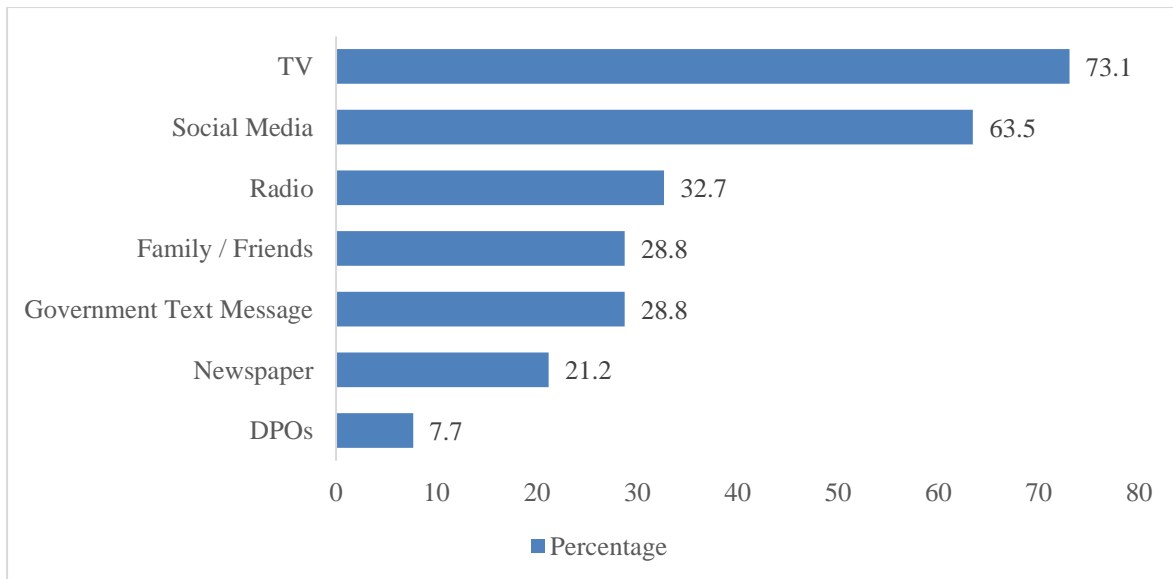
## Demographic profile

We issued a total of 100 questionnaires to Persons with disabilities with a return rate of 80 percent which was deemed sufficient for data analysis. We took the responses to be true representation of the respondents' views due to the independence of the questionnaire method of data collection. We sought to find out the demographic information of the respondents regarding their gender, age, academic qualifications, and type of disability. The purpose of this information was to establish the general characteristics of the respondents in relation to reception of Covid-19 information. Regarding gender, a majority of the respondents were male 54% while female respondents constituted 46 percent. A majority, 50 percent of the respondents were youth aged between 25-34 years. A majority of the respondents had a diploma (37%) followed by a bachelor's degree (31%). Twenty one percent of the other respondents had certificate qualifications while (21%) and master's degree qualifications (11%). Regarding the type of disability, a majority of the respondents had physical disability. Other types of disabilities included hearing impairment, cerebral palsy, spinal muscular atrophy, epilepsy, visual impairment.

## Source of COVID-19 information

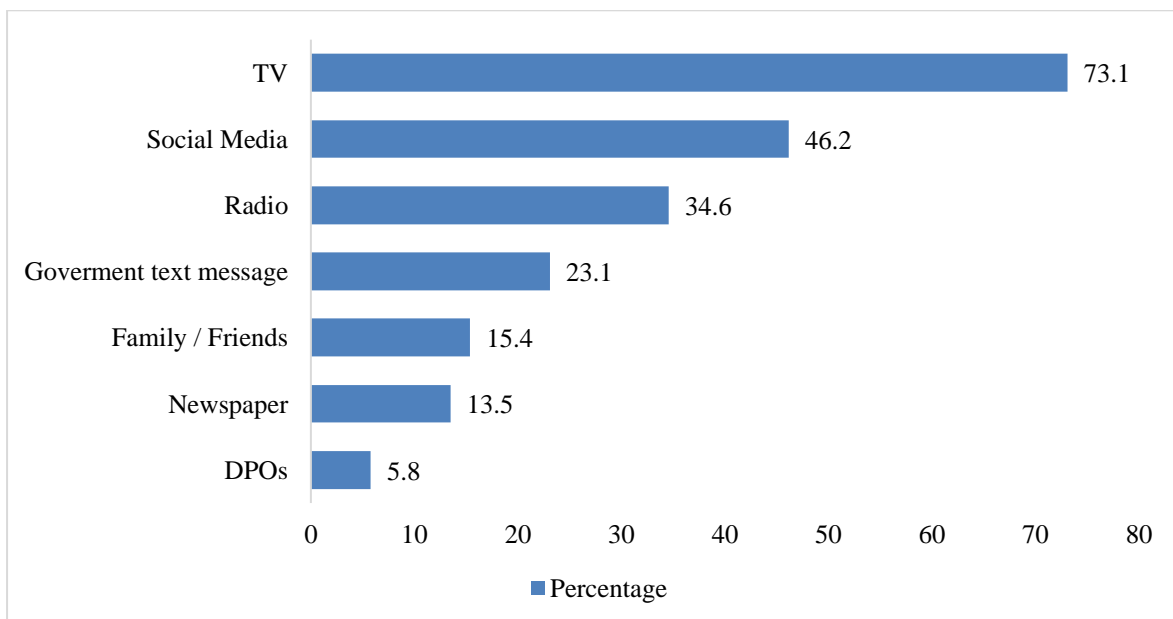
To determine the sources of Covid-19 information, we asked respondents about their sources of information. A majority of the respondents accessed Covid-19 information through television (73.1%), social media (63.5%), radio (32.7%) and newspaper (21.2%) (Figure 1). Other sources of information included government text messages, family and friends. DPOs were least active in disseminating information regarding COVID-19 pandemic.

*Figure 1: Source of COVID-19 information*



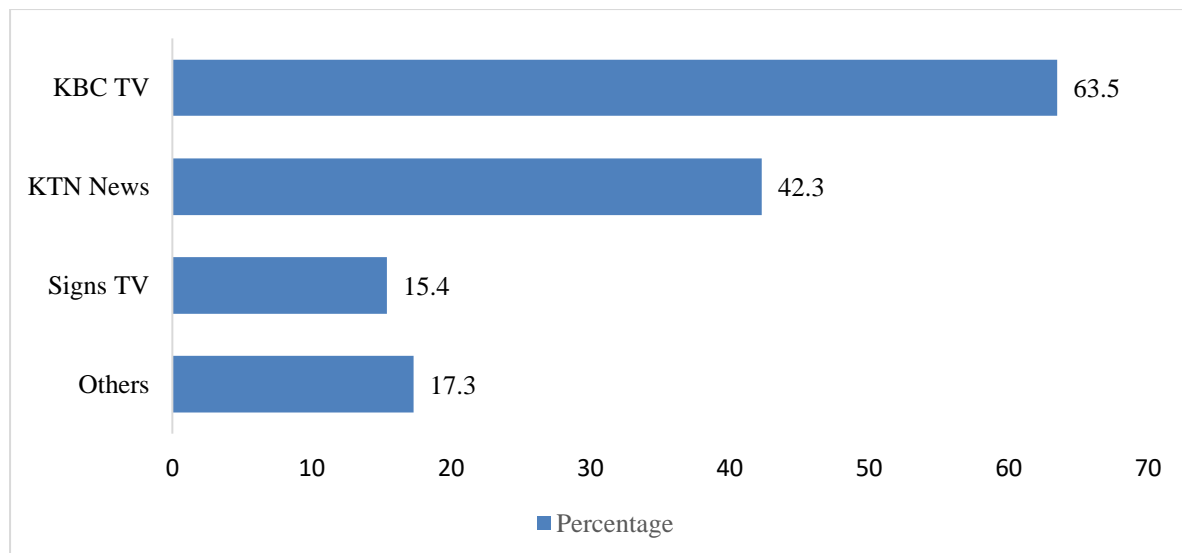
To determine the preferred sources of COVID-19 information, we asked respondents about their preferred sources of information. A majority of the respondents indicated that they preferred television (73.1%), followed by social media (46.2%) (Figure 2).

Figure 2: Preferred source of COVID-19 information



To determine which television channels respondents watched for COVID-19 information, we asked respondents to indicate the channels watched. A majority of the respondents indicated that they watched KBC TV (63.5%), followed by KTN News (42.3%) and lastly Signs TV (15.4%). A few respondents watched other channels (17.3%) (Figure 3).

Figure 3: Television channels viewed for COVID-19 information



### Language use

English and Kiswahili are the official languages in Kenya. Given that the culture of news broadcasts in the country is Kiswahili during 7pm and English at 9pm, the two languages were used in the respective news hours and was accompanied with sign language, this was made possible by having sign interpreters in the news bulletins.

### Accessible formats on television

To determine which accessible formats were used to deliver COVID-19 information, we asked respondents to indicate the accessible formats which their preferred television channel used. Findings indicate that captioning was the most widely used strategy, followed by a use of a sign language interpreter. Other forms included music, drama, and role play.

Content analysis from COVID-19 updates indicated that although the Ministry of Health had a sign interpreter at hand during the briefings, the interpreters were not included in the camera angles broadcasted on television. Whenever briefings were conducted outside the capital City Nairobi, no sign language interpreter was present.

Although Signs TV had their own interpreters on screen, their coverage wasn't reliable, given that they depended on feeds from other stations. Signs TV had a full screen interpreter and not just on the lower third as was the case with KBC TV and KTN News. KTN NEWS and KBC TV didn't have sign interpreters in some of their live coverage of the ministry of health briefings hence disadvantaging persons with disabilities.

Sometimes the sign language interpreter was delayed especially during the presidential briefings. For example, KTN News delayed display interpreter screens in most of its presidential briefings, hence disadvantaging people with hearing impairment. Similarly, KBC TV also ran the presidential briefing for three minutes before engaging the sign language interpreter.

KTN News and KBC TV featured sign language interpreters in their 7 and 9pm news bulletins. KBC TV had the interpreters beyond the introduction of the news item and into the clips, interpreting what was happening in the news clips. However, on KTN News, the sign language interpreter disappeared after the news anchor had introduced the news item hence disadvantaging persons with disabilities. No subtitles were used given that the news programs, PSAs and COVID-19 updates were all live, making it difficult to include subtitles.

Content analysis on the PSA indicated that the government of Kenya came up with radio and TV announcements to keep people educated and informed on preventive measures to be taken. The PSAs were aired in all public television stations in Kenya including the ones in this research. However not all PSA captured this important aspect, some didn't have subtitles. For instance, a song that brought Kenyan artists together which was a project by the Ministry of Sports, Culture and Heritage led by Cabinet Secretary Amina Mohamed who was also featured in the song. The PSA didn't have subtitles or a sign language interpreter, this clearly left out people with Disabilities. Another PSA which was aired by KBC TV featured a Person with Disability as the main character. The PSA saw the need to include persons with disabilities in the production. Subtitles were used to help Deaf viewers to access health information.

### Popularity of public service announcements on television

Using questionnaires, we asked respondents to indicate the frequency of watching Public Service Announcements (PSA). Findings indicate that most respondents watched PSAs frequently (46%). Fewer (32.7%) watched PSAs very frequently while 19.2 percent watched rarely. A minority of respondents (1.9 percent) had never watched PSAs on television.

Most Kenyan's depend on Television news coverage for comprehensive news coverage. According to the Communication Authority of Kenya, Citizen News is the most watched, followed by KTN News and NTV follows at no.3. Using questionnaires, we asked respondents to indicate the frequency of watching news on COVID-19 on television. Findings indicate that most respondents watched news frequently (62%). Fewer (32.7%) watched news very frequently while 3.8 percent watched rarely. A minority of respondents (5.7%) hardly watched news on television.

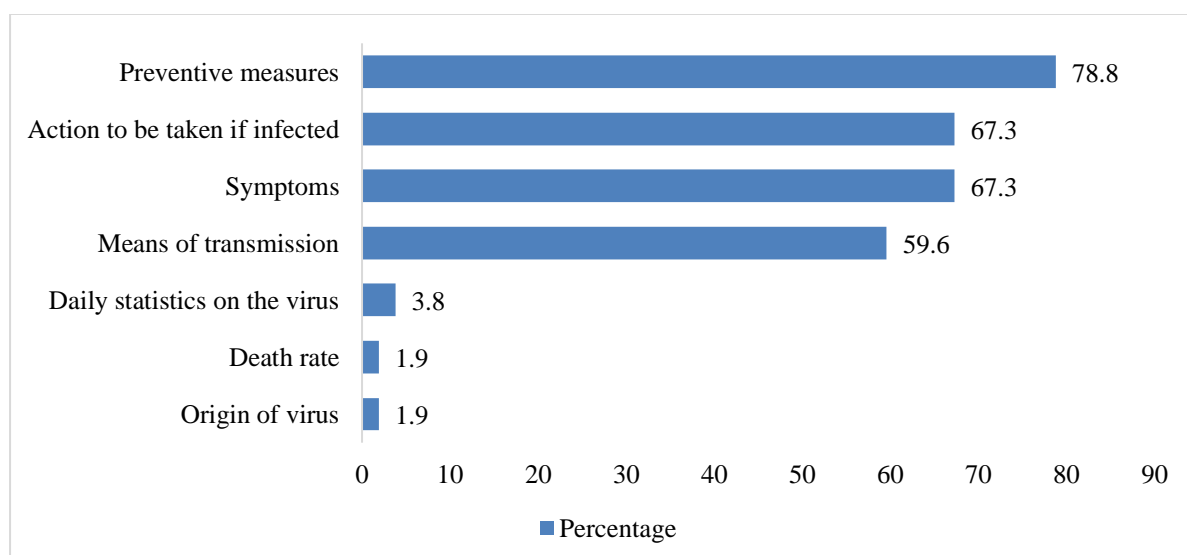
During this period the ministry of Health ensured that they had a daily press briefing on Covid-19 situation in the country and Kenyans closely followed these updates. The updates were mostly done between 2pm and 5pm daily. A team from the ministry of health (MOH) led by Cabinet Secretary (CS) MOH, Hon. Mutahi Kagwe was put in charge of briefing Kenyans on the corona situation in the country. The updates were centred on; the number of new infections, the mostly affected areas, the number of deaths and the number of recoveries. The updates also gave information on preventive measures plus other measures that the government was taking to contain the spread of the disease.

Using questionnaires, we asked respondents to indicate the frequency of watching COVID-19 updates on television. Findings indicate that most respondents watched COVID-19 updates frequently (52%). Fewer (34.6%) watched news very frequently with a minority of respondents indicating that they rarely watched COVID-19 updates (13.4%).

### Information on COVID-19 relayed on television

Using questionnaires, we asked respondents to indicate the type of information on COVID-19 received on television. Findings indicate that most respondents received information on preventive measures, symptoms and means of transmission. Some respondents received information on the origin of the virus and the daily statistics on the virus (Figure 4).

Figure 4: Information on COVID-19 relayed on television



Using questionnaires, we asked respondents to indicate Sufficiency of COVID-19 health information targeting persons with disabilities on television. Findings indicate that most respondents received little information targeting persons with disabilities on television (80.4 %) (Figure 8). Fewer (19.6%) considered the information sufficient.



## Suggestions for improvement of COVID-19 health information dissemination

Respondents were asked to suggest ways to improve broadcasting of COVID-19 information through television. Suggestions given included use of large print in subtitles, closed captions, sign interpreters, narration of what is being shown on television, and use of infographics. Television stations should consider having the signer appear on a larger portion of the screen for visibility. Medical language used should be simplified. The stations can craft segments or specific programs targeting persons with disabilities COVID-19 health information. Persons with disabilities should be included during interviews so that they can share practical experiences. Disabled People's Organisations should also be involved in the media initiatives. The media shouldn't gloss over health information relating to persons with disabilities, rather they can aim at providing preventive information indicating how people with specific types of disabilities can protect themselves against COVID-19.

## DISCUSSION

Our findings indicate that a majority of respondents accessed COVID-19 information through television with KBV TV being the most popular. Although Signs TV is a station specifically dedicated to persons with disabilities, few watched the channel for COVID-19 related information. DPOs were least active in disseminating information regarding COVID-19 pandemic. However, this may only be true for those who live in urban areas and who have access to these facilities. This, therefore, raises concerns over the situation of persons with disabilities in the slums and the rural areas, who may not be able to access television, radio or the internet. Moreover, Studies show that the majority of persons with disabilities in low and middle-income countries live in the rural areas, often experiencing poverty and vulnerability (IFAD, 2019).

Findings indicate that use of sign language interpreters and captioning were the most widely used accessible formats on television to deliver COVID-19 information. The use of sign language interpreters on television was unreliable with some delays to onboard them. News was most reliable by featuring sign language interpreters in their 7 and 9pm news bulletins. However, signing hardly extended into the news clips.

Additionally, the sign language interpreters were confined to the lower third of the screen on KBC TV and KTN News. Only Signs TV had largely visible sign language interpreters. According to the Communications Authority of Kenya (2016), the presentation of the signer on the display screen should be of sufficient size and resolution to show all movements of the full upper trunk together with arms, hands and fingers, shoulder, neck and all relevant facial movements and expressions.

No subtitles were used given that the news programs, and Covid-19 updates were all broadcasted live. Most PSAs didn't use accessible formats. High level PSAs involving ministry officials failed to use accessible formats. This is contrary to legal provisions which spell out the need to use accessible formats when delivering information on pandemics. Broadcasters in Kenya are expected to take specific steps to promote the understanding and enjoyment of programmes transmitted through its stations by persons who are physically challenged and in particular, persons who are deaf or hard of hearing, or who are blind or partially sighted (CA, 2009). Specifically, in the case of news, programmes covering national events, and emergencies television stations shall provide a sign language insert or subtitles.

Findings indicate that news programs on television were more popular as sources of COVID-19 information, followed by COVID-19 updates given by the Ministry of Health and lastly PSAs. Nevertheless, this may not be generalized across the whole population of persons with disabilities since this research, by virtue of it being an online survey, only managed to reach those people who had access to the internet, who form the minority (United Nations Secretariat, 2019).

Our findings indicate that there was a lack of sufficiency in COVID-19 health information targeting persons with disabilities on television. The findings agree with Corby, Lee and Meaney-Davis (2020) who have argued for the need to address the inaccessibility of public health campaigns which leave disadvantaged groups exposed to ill health. Further, Hu and Qi (2020) note that people with hearing impairment experience limited access to crucial public health information in reference to COVID-19 despite the fact that the disease has been spreading rapidly.

## STUDY CONCLUSIONS

The study concludes that although television was a popular medium in transmitting COVID-19 information, the information wasn't adequately transmitted in accessible formats for persons with disabilities as is required by local and international legal provisions.



## **RECOMMENDATIONS**

The study recommends that accessible formats such as large print in subtitles, closed captions, sign language interpreters, narration of what is being shown on television, and infographics should be used to transmit COVID-19 information. These formats should be regular features as envisaged under the Kenya media law rather than being haphazardly employed as a form of tokenism. Media regulators like the Communications Authority of Kenya should also regularly monitor and enforce the use of accessible formats in broadcasting COVID-19 health information to benefit persons with disabilities. Further, the study helps social workers engaged in disability initiatives to factor accessible formats in their communication to persons with disabilities in order to reach them with intended messages.

## **CONCLUSION**

This paper has reported on the findings of the persons with disabilities' experiences on access to health information during the COVID-19 pandemic in Kenya. The key findings are that although television was a popular medium in transmitting COVID-19 information, it didn't employ accessible formats as is required by local and international legal provisions. It is recommended that a more disability inclusive approach to the COVID-19 health information dissemination in the media be adopted and that media regulators should enforce laws related to access to information for persons with disabilities.

## REFERENCES

- Africa Social Work Network (ASWNet) (2020). African theories of social work. Retrieved on 12 December 2020 from <https://africasocialwork.net/african-theories-of-social-work/#ujamaa-theory>
- WHO (2020). Disability considerations during the COVID-19 outbreak. Retrieved on 1 November 2020 from [https://www.who.int/docs/default-source/documents/disability/eng-covid-19-disability-briefing-who.pdf?sfvrsn=963e22fe\\_1](https://www.who.int/docs/default-source/documents/disability/eng-covid-19-disability-briefing-who.pdf?sfvrsn=963e22fe_1)
- Kimumwe, P. (2020). Why access to information on Covid-19 is crucial to Persons with Disabilities in Africa. Retrieved on 6 October 2020 from <https://cipesa.org/2020/04/why-access-to-information-on-covid-19-is-crucial-to-persons-with-disabilities-in-africa/>
- Ibhawoh, B., and Dibua, J. I. (2003). Deconstructing Ujamaa: The legacy of Julius Nyerere in the quest for social and economic development in Africa. *African Association of Political Science*, 8(1), 59-83.
- Nyerere, J. (1967). *Freedom and unity*. Nairobi: Oxford University Press
- Anwar, A., Malik, M., Raees, V., and Anwar, A. (2020) Role of mass media and public health communications in the COVID-19 pandemic. *Cureus* 12(9).
- Communications Commission of Kenya (CCK) (2008). Communications Commission of Kenya annual report (2007-08). Retrieved on 23 November 2020 from [http://www.cck.go.ke/annual\\_reports/CCK\\_Annual\\_Report07-08.pdf](http://www.cck.go.ke/annual_reports/CCK_Annual_Report07-08.pdf)
- Constitution Kenya Review Commission (2003). *Report of the Constitution Kenya Review Commission: The Draft Bill to amend the Constitution* (Vol. 2). Retrieved on 5 March 2021 from <https://constitutionnet.org/sites/default/files/KERE-423.pdf>
- Corby, N., Lee, H., and Meaney-Davis, J. (2020). *The impacts of COVID-19 on people with disabilities: A rapid review*. London: Disability Inclusion Helpdesk.
- Dadun, D., Peters, R. M. H., Lusli, M., Miranda-Galarza, B., Brakel, W. H. V., Zweekhorst, M. B. M, Damayanti, R., and Bunders, J. (2016). *Exploring the complexities of leprosy-related stigma and the potential of a socio-economic intervention in a public health context in Indonesia. Disability, CBR & inclusive development*, 27(3). Retrieved on 4 April 2021 from <http://dcidj.org/article/view/551>.
- D'Silva, R., and Mallya, P. D. (2020). *Impact of Covid-19 crisis on the global economy and other sectors worldwide*. Idea Publishing: London.
- GeoPoll (2019). Audience measurement report: Kenya, July and August 2019. Retrieved on 6 April 2021 from <https://www.geopoll.com/blog/audience-measurement-report-kenya-july-and-august-2019/>
- Ho, C. S., Ho, R. C., Pan, R., Tan, Y., Wang, C., Wan, X., and Xu, L. (2020). *Immediate psychological responses and associated factors during the initial stage of the 2019 Coronavirus Disease (COVID-19) epidemic among the general population in China. International Research & Public Health*, pp. 2-25.
- Fei, Q., and Luanjiao, H. (2020) Including people with disability in the COVID-19 outbreak emergency preparedness and response in China. *Disability & Society*, 35:5, 848-853
- IFAD. (2019). Economic activities of Persons with Disabilities in rural areas: New evidence and opportunities for IFAD engagement. Rome: IFAD. Retrieved on 28 April 2021 from <https://webapps.ifad.org/members/eb/128/docs/EB-2019-128-R-7.pdf?attach=1>
- Kritzinger, J. Schneider, M., Swartz, L., and Braathen, S. H. (2014). Deaf people in Worcester, South Africa and the politics of exclusion. *Patient Education and Counseling*, 94(3), pp.379-383.
- NMprah, W. K. (2013). Perceptions about barriers to sexual and reproductive health information and services among deaf people in Ghana. *Asia Pacific Disability Rehabilitation Journal*, 24(3), pp.21-36. Retrieved on 15 January 2021 from <http://www.scopus.com/inward/record.url?eid=2-s2.0->
- United Nations (UN) (2008). *Convention on the rights of Persons with Disabilities: A call for action on poverty, discrimination and lack of access*. Report of a Joint Conference organized by Leonard Cheshire Disability and United Nations Economic Commission for Africa, Addis Ababa
- The United Nations. (2006). Convention on the rights of Persons with Disabilities. *Treaty Series*, 2515.
- United Nations Human Rights. (2020). *COVID-19 And the rights of Persons with Disabilities: Guidance*.
- United Nations (2020). *Policy brief: A Disability-Inclusive response to COVID-19*. Retrieved on 21 April 2021 from <https://unsdg.un.org/resources/policy-brief-disability-inclusive-response-covid-19>