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Communication Dynamics in Campaigning Against Alcohol Abuse among the Visually Impaired in Kenya

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Abstract

Compared to the general population, People with Disabilities (PWDs) are two to four times more likely to struggle with substance abuse. Moreover, 40-50 per cent of PWDs who have visual impairment may be categorized as heavy drinkers. Nevertheless, studies on communication barriers undermining access to healthcare information resources and messages are scarce. This study investigated the challenges experienced by the visually impaired while accessing healthcare information regarding alcohol abuse. 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, recorded, transcribed, analyzed thematically, and presented in narrative form according to the themes. Study findings indicate that people with visual impairment experience various challenges while accessing communication messages against alcohol abuse. Most healthcare professionals lack the skills to communicate effectively through Braille with people with visual impairment. The visually impaired also encountered mobility challenges to or within the venues where alcohol communication campaigns were conducted. The prohibitive cost of acquiring essential communication gadgets, such as the Braille, and the scarceness of other necessary equipment acted as barriers too. Furthermore, socio-cultural dynamics such as gendered socialization affected the perceived need for information on Alcohol. Most male participants believed that they were self-sufficient; hence, alcohol-addicted visually impaired males were not interested in accessing messages against alcohol abuse. This paper highlights the need to consider special groups such as the Visually Impaired while designing health communication messages in campaigns against alcohol abuse.

Key Words: People with Disabilities, Visually Impaired People, Health communication messages, Communication Messages, Alcohol Abuse, Alternative formats

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Introduction

People with disabilities represent a critical segment in Kenya, with recent statistics indicating that, of the total Kenya population, they comprise approximately 10%. Of all the people with disabilities in Kenya, those with visual impairment account for 19% of them, making it the second largest segment of people with disabilities. The largest (26.2%) are those who are disabled in terms of mobility (Benedicte and Lisbet, 2007; Global Disability Rights, 2018).

Disabilities and drug addiction are a disastrous combination. Substance abuse prevalence among the general population in Kenya stands at 34%, whereas among People with Disabilities (PWDs), it stands at 40%. Thus, substance abuse prevalence of PWD is significantly higher than that of the general population (NACADA, 2014). Alcoholic beverages are the most abused substances, accounting for 28.2% of substances reported to have been used frequently by PWDs. Close to half (47.4%) of all PWDs indicated that they were unaware of where to get information for the treatment and prevention of Alcohol and Drug Abuse. Furthermore, 31% reported that the biggest challenge was discrimination by society in terms of ensuring accessibility to drug information (Addiction Center, 2022; NACADA, 2014 and Kathungu, 2013).

There is a considerable treatment gap between those who receive treatment for alcohol abuse and those that need it. Amongst those with a physical disability, substance addiction and abuse are reported to be even higher. The likelihood of people with disabilities struggling with substance abuse is between 2 and 4 times more than that of the general population. Moreover, 40-50 per cent of PWD who are blind or with visual impairment may be categorized as heavy drinkers. People who have blindness mostly resort to Alcohol to self-medicate the stressors and difficulties that emerge and are associated with disabilities (American Addiction Center Resource, 2017 and Dennis and Li Li, 2009).

Adults with visual impairment face an abnormally more considerable risk of alcohol and substance abuse. They are substantially expected to report poor, fair, or worsening health than their sighted counterparts (NACADA, 2014, Ryan, 2013, Kathungu, 2013 and Koch et al., 2002).

Even though there is a lot of research undertaken on communication campaigns, there is notably little focus on people with disabilities and especially the visually impaired, yet they compose a significant portion of people suffering from alcohol abuse. This, therefore, constitutes the problematic issue that motivated this study.

The aim of the study was to find out how the visually impaired people in Kenya access communication messages against alcohol abuse. As part of my PhD study, I set out to investigate the Communication dynamics in campaigning against substance abuse among the visually impaired in Kenya. The purpose was to find out the challenges encountered by the visually impaired in Kenya while accessing communication messages against alcohol abuse.

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Statement of the Problem

Nairobi County is listed among the counties with high levels of alcohol and other drug abuse among PWDs in Kenya, while there are low levels of awareness on preventing alcohol abuse among PWD.

Hitherto, few health communications messages that target PWDs exist. Consequently, the blind have been deprived the reach to healthcare information resources and messages. As such, the level of health literacy among them remains low.

Focus on health communication that targets people with disabilities create a unique context. However, studies on health promotion for PWDs are almost nonexistent, despite the emergence and development of innovative strategies that uphold health among the PWDs.

This study explored the challenges encountered by the visually impaired in Kenya while accessing communication messages against alcohol abuse. Findings in this study will provide insight into the Visually impaired's information needs that, when successfully communicated and addressed, should result in improvement of their quality of life.

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 where participants were allowed and encouraged, through probing questions, to narrate their experiences with regards to alcohol abuse and their access to communication messages regarding alcohol abuse. Data produced from the interviews was 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 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 making the decision 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.

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Study Findings

Overview of Local Anti-Alcohol Campaign

While many anti-alcohol campaigns are held locally in Kenya- especially by young and private rehabilitation centres- the most common ones are those held by the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA). NACADA is a semi-autonomous State Corporation under the Ministry of Interior and Coordination of National Government. Among other functions, it carries out public education on alcohol and drug abuse directly and in collaboration with other public or private organizations. Also, the Authority coordinates and facilitates public participation in the control of alcohol and drug abuse. The Authority works with schools, healthcare centers, workplaces, colleges, universities, technical institutions, county governments, ministries, parastatals, national government administrative offices, faith-based institutions, CBOs, NGOs, self-help groups as well as individuals interested in a society free from alcohol and drug abuse (NACADA, 2021). On January 3rd 2018, NACADA held a 10 km campaign walk outskirts of Tala town in Matungulu constituency to create awareness among public members about the effects of drug abuse. Similarly, on June 24th 2019, NACADA conducted an Anti-Alcohol and Drug Abuse Campaign walk. 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. Besides long-distance walking, awareness of their campaigns was made via their website, social media platforms (Facebook and Twitter), online platforms of other accredited treatment and rehabilitation centres, blogs, mainstream print, posters, flyers, television and radio. While the campaign aimed to facilitate public participation in the control of alcohol and drug abuse and targeted individuals and organizations interested in a society free from alcohol and drug abuse, the choice of media platforms and venues did not favour the people with visual impairment.

Inadequately trained healthcare professionals

Participants revealed that they faced communication barriers with healthcare professionals when accessing communication messages against alcohol abuse and medication-related information. Furthermore, the participants indicated that it was necessary to have the messages in a format accessible to them, such as in audio, braille translation, large print and screen readers. They also noted that the healthcare staff did not know how to communicate in their preferred format, and others never knew that the visually impaired required an alternative communication format.

Challenges faced included difficulties interacting with caregivers and other officers within the health facilities and rehabilitation centres. Almost all healthcare professionals within the area of study could not use braille or present healthcare messages via Braille. Additionally, there were scarce messages against alcohol abuse available in large print and audiotapes within the health facilities and rehabilitation centres, limiting access of the visually impaired to messages that improve alcohol addiction management. Again, participants indicated that while communicating about alcohol abuse, professionals and caregivers inappropriately focused on their disability rather than the health matters. They felt that the healthcare workers perceived them as unable to properly manage their health and medication independently unless with the assistance of a closely related person. As a result, they felt that their desires and potential to control life decisions were underestimated.

08:11: We have healthcare workers who are supposed to offer their services to all, but they only know how to serve well those without disabilities. Mostly, I think

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those people (the healthcare workers) should have at least some knowledge on special needs education, so that they know how to handle this person with visual impairment...We need somebody who, maybe, has some full knowledge of special needs, education. Or at least some knowledge (April 2021, R5).

Respondent R5 explains that healthcare workers cannot offer good healthcare services to visually impaired patients because they lack the skills to handle them. The respondent further adds that the visually impaired feel that the healthcare workers perceive them as unable to properly manage their health and medication independently unless with the assistance of a closely related person.

Inappropriate communication media

Study findings also show that the information and messages on dosage in the medicines given to the visually impaired were not tailored for their disability. For example, very few had touchable differentiated packaging and tactile markings, making it challenging to self-medicate. Besides that, communication techniques are not individualized to obtain reliable primary care and basic preventive messages on alcohol abuse. As a result, as illustrated by respondents 19 and 14 in their statements below, most of the visually impaired under alcohol addiction found it challenging to access medication that could assist in overcoming alcohol addiction:

Personally, I get confused with the type of medicine to take because they are not marked and I cannot see. That is a challenge because I am forced to somehow improvise ways of managing (April 2019, R19).

Some of them that have been taken to rehab have ended up dying because of stress. They come back and they don't switch off from Alcohol. Caregivers do not understand us so it [rehab] is not that helpful to them. It is not easy to take medicine. It's only one or two people that I've seen that have changed after rehabilitation (April 2021, R14).

The respondents noted that most caregivers were not having specialized training, adequate education, and knowledge of the visually disabled and their precise communication needs. In addition, most caregivers lacked the knowledge and skill of braille language interpretation. For instance, respondent 5 and 27 expressed the need to have adequately trained caregivers and healthcare professionals who sufficiently understand their communication needs, especially alcohol rehabilitation programs;

Mostly, I think those people should have at least some knowledge on special needs education at least, so that they know how to handle this person with visual impairment, because sometimes giving a person who has actually general psychological awareness or maybe education may not fit a totally blind person or a visually impaired person. We need somebody who maybe has some full knowledge of special needs, education. At least (April 2021, R5).

10:05: We are faced will lack of trained healthcare workers and facilities we can easily access. They (healthcare centers) should make alcohol addiction treatment information in formats available to the visually impaired ...they should also increase the number of trained counsellors since I believe most of the visually impaired get

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back to alcoholism due to discrimination of the society and feeling left out in the society (April 2021, R 27).

Expensive equipment and Inadequate Assistive Technologies

Study participants reported facing the challenge of expensive equipment and inadequate assistive technologies while accessing communication messages against Alcohol abuse. The cost of acquiring essential communication gadgets for the visually impaired, such as the Braille, is very high. They also face the scarceness of equipment such as braille-print embosser, CCTV, and telescopes for the Visually Impaired. One informant said:

I have heard of alcohol addiction prevention workshops and even sensitization seminars. They are an important source of information, and most of those attending usually take notes and participate. However, for us who are visually impaired, if I need to attend, participate and take notes, it comes with a huge cost. It is a challenge for us...But compared to the lifestyle of a normal person and a disability person, those are two different worlds. I always call them two different worlds, because for you (without disability), having a pen and a book will cost only like 150 shillings, sometimes it is freely given in the workshops, but for me, I need to buy a Braille to help me take notes. I'll have to have eighty thousand and to buy fresh papers, I need to have like five thousand. So that is expensive to me. Such a huge cost makes it difficult for me to attend and participate in such forums for getting information (April 2021, R27).

Respondents stated that they encounter challenges in accessing communication messages in cyberspace despite the progression in ICT in Kenya. They are faced with this barrier because information materials are not readily available to the visually impaired, thanks to the inherent unfriendly nature of web-based content. Some of the obstacles faced when using technology to access online information comprise; messages in inaccessible formats (Braille), unclear images, complex images, and videos inadequately described, videos presented without audio or text. In addition, readable online material is scarcely available in unique formats that suit the visually impaired. Besides the scarcity of communication aiding software such as Talkback software, Non-visual Desktop Access (NVDA), and SIRI, it is expensive to obtain them. These challenges force the visually impaired to be restricted to what is available to them other than what they want to know about proper health—R4 and R11 mention scarcity of communication aiding software that are also expensive to obtain:

....for instance, the Foundation of Hope Rehab and treatment center in Nairobi which is approved by NHIF, NACADA and KMPDU. They claim to offer world-class treatment and support services for families and people suffering from alcohol addiction, but when you want to get more information on their website, you will realize that it is not accessible to the visually impaired. Sometimes when they communicate with written materials, you will find that the VIs don't benefit a lot because they cannot be able to read those materials. There are scarce communication materials...mostly they will tend to go for these people who are sighted than the VI (April 2021, R4).

It is true that messages on alcohol addiction treatment are easily available online. But they are not accessible to us. To help myself, I use alternatives. Well, I follow most of

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this information...on WhatsApp messaging platform with aid of a software. The aiding softwares...like SIRI... are limited on specific expensive phones (April 2021, R11).

Respondent 11, explains the scarcity of communication aiding software such as SIRI, and the fact that it is expensive to obtain.

Inaccessible Venues and Information Sources

Respondents mentioned that local community halls used for drug and alcohol prevention campaigns, for instance, the Shauri Moyo YMCA, the Kibera Soweto East Resource Centre, among others, were inaccessible because they did not have ramps, had non-functional or non-existent elevators and were mostly overcrowded during the events. Furthermore, there were no audio descriptions to give direction services, and they were located in distant places. They had similar experiences when visiting some rehabilitation centres and clinics that offered specialized care.

These challenges have hindered them from obtaining reliable primary care and essential preventive messages on alcohol abuse.

Respondent 9 highlights the challenge encountered when attending the initiatives organized by the local authorities and conducted within a local public social hall:

I just heard that he [the area chief] called the meeting and talked to people about this thing to do with Alcohol. So, you see, most of us are disadvantaged because we can't access the places that those people are being called at. So, they just talk to the other people. We are sort of left out (April 2021, R9).

Respondents revealed that only very few visual-impaired people could afford the modern electronic braille notetakers. These modern brailles are small in size, easily portable and store information via typewriter keyboards. Besides that, they are reliable because the user can retrieve the stored messages via a built-in speech synthesizer and a braille display. However, they are expensive and hardly available in the market. In that case, many visually impaired people resort to using the mechanical braille typewriter, which is weighty, large in size, and is a concern apart from the noise generated.

Moreover, it produces bulky braille books because of the minimum size requirement per braille cell. Also, the visually impaired have to overcome the challenge of carrying along the bulky braille books to take notes in the workshops. Faced with such challenges, the visually impaired are often feel discouraged from attending and participating in Alcohol and substance abuse workshops and seminars. Respondent 27 said:

Even when I am invited to the seminars. I find it difficult to participate not only due to mobility challenges but also use of the braille I have...for example, the Brailier, I can't go carrying whenever I go because it's like a big radio. I'll call it a radio because it makes noise when typing. This ordinary braille machine is heavy and for you to take notes, you also need fresh braille papers and braille books which are bulky. So yes, that's what creates an impediment... So, it is discouraging when you feel others are writing yet you can't, since, you don't have your materials to write as well (April 2021, R27).

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Additionally, Respondent 27 said:

So that is what discouraged me, especially in that seminar, because, yes, for example, all youths when they are going for seminars, they carry books. But for a visually impaired who has learnt to brail will carry a brail to the seminar and a fresh paper. (April 2021, R27).

Socio-cultural Dynamics

Socio-cultural dynamics such as gendered socialization affected the perceived need for information on Alcohol. Both male and female respondents thought alcohol addiction was only rampant on the male visually impaired than their female counterparts.

Men often felt that it would portray a sign of weakness and unmanliness. Furthermore, men believed that they needed to be stoical, invulnerable, free-spirited, and self-sufficient. Consequently, the alcohol-addicted were reluctant and felt disgraced, sometimes combative when asked to seek medical assistance for the addiction. On the other hand, women dependent on Alcohol felt that they did not play an expected role as a woman. Other respondents felt that the messages against Alcohol should be tailored to suit the male visually impaired. They needed more support on the issue of alcohol addiction compared to the female.

Alcohol addiction...mostly it affects the men, not the ladies. Messages should go to them (the males) ...Oh yeah. In fact, I've never heard of a lady taking Alcohol who is visually impaired. Most of them are engaged in church activities, such things. You never know whether it's keeping you from stress or is what they want. Yes, that is for the ladies now (April 2021, R14).

For us (male) we feel that when we drink too much alcohol, it is a sign of wealth, independence, strength and entertainment...African man must survive...hospital is for the weak (April 2021, R5).

Discussions

This study confirms that healthcare professionals are inadequately trained to communicate with the visually impaired. This was illustrated when the communication techniques used by the healthcare professionals and caregivers were not individualized to suit the needs of the visually impaired. In addition, most professionals did not have specialized training on handling the visually disabled and their precise communication needs, and they lacked the knowledge and skill of braille language interpretation.

The findings are corroborated by Amie Reilly (2017), who states that healthcare staff may be unaware of the barriers people with visual impairment face in accessing primary care services. This perception inhibits the need to act and make positive changes to improve accessibility.

Furthermore, Cupples (2012) states that people with visual impairment are likely to have limited access to information and healthcare facilities and receive sub-optimal treatment because staffs were unaware of specific needs related to vision. Therefore, she recommends that communicating effectively about access, facilities, diagnosis, and management plans is necessary; communications should be tailored to individuals' needs in visual or audio format. SAMHSA (2011) states that barriers to substance use disorder treatment for the visually impaired are alarming. It ranges from stigma and negative attitudes from healthcare providers, lack of staff training, materials, and methods that are not accessible. For example, the few available facilities that provide treatment for substance disorders believe that they are

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accessible to the disabled because they offer ramps. That implies that their needs are not included, yet the visually impaired require Braille signs and other navigational features and alternatives to access counselling treatment activities.

The new dimension that this study brings in that adds to what these scholars have said is the fact that the visually impaired felt that the healthcare workers perceived them as unable to properly manage their health and medication independently unless with the assistance of a closely related person. As a result, they felt that their desires and potential to control life decisions were underestimated.

Secondly, findings indicate inappropriate communication media available for the visually impaired. For instance, very few medication documents had touchable differentiated packaging and tactile markings, making it challenging to self-medicate and forcing the visually impaired to improvise alternatives.

According to Blind Citizens of Australia (2018), a small fraction of alternative formats bearing the information targeting print disabilities is available to visually impaired people. Medical material and other reference content are hardly ever obtainable in alternative formats. Very little focus is paid to ensure that information concerning pharmaceuticals is delivered in formats accessible to the visually impaired. Most medications are packaged in labels that commonly favour individuals having good visual acuity

Lishner et al. (1996) note that disabled persons may rely heavily on alternative models of care due to the absence of specialized expertise, facilities, and primary care providers explicitly trained to care for them.

From the findings, the visually impaired in Kenya also face the challenge of unfriendly online platforms, expensive and scarce equipment and assistive technologies that enhance access to messages.

The findings are affirmed by Jaeger and Lazar (2011), who state that in terms of utilizing the internet and modern technology to access information, people with disabilities access information at levels clearly below those without a disability. Moreover, the inherent unfriendly nature of the internet acts as a barrier. For instance, they face difficulties when using screen readers and web content that are not compatible.

For the case of assistive technologies, Fissaha (2017) states that, despite the staggering advances in information and communication technology (ICT), the visually impaired healthcare information needs are not being met. Additionally, Adetoro (2016) affirms that converting information materials into alternative formats is time-consuming and expensive. As a consequence, few materials ever get converted to alternative formats.

This implies that, due to the inherently unfriendly nature of internet-related technologies and scarcity of messages available in alternative formats, the visually impaired are left out when accessing messages against alcohol abuse, especially when visiting online healthcare resources and during online campaigns against alcohol abuse.

Nevertheless, Fissaha (2017) suggests that the digital divide caused by visual impairment can be alleviated by incorporating intelligent design and realizing information systems intended to fulfil their healthcare information needs.

Study findings also reveal that inaccessible venues and physical environments act as barriers, thus presenting mobility challenges. For example, the mobility challenges were caused by public health centre buildings and community halls, not having ramps, or having non-functional or non-existent elevators, and most venues being over-crowded, especially during alcohol prevention communication campaigns.

These findings corroborate findings from Blind Citizens of Australia (2018:7). Their results reveal that modern hospitals are increasingly large and complex organizations, yet,

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little attention appears to be paid to wayfinding for blind or vision impaired people in these complex environments. Most would be impossible to negotiate independently. The study adds that nearly all information in the health setting is provided only in print, including admissions procedures, preadmission information, general information about hospital services and personnel, information about medications, and related public health information. The lack of independent access to this information creates unnecessary dependence on others, compromises privacy and dignity, and puts the health of blind or vision impaired people in jeopardy.

Again, Alkawai and Alowayyed (2017) add that poorly designed buildings can create significant barriers for people with disabilities. As a result, it acts as a barrier to access to alcohol prevention communication campaigns.

Lastly, socio-cultural dynamics such as gendered socialization affected the perceived need for information on Alcohol. For instance, alcohol addiction was more rampant in visually impaired males than their female counterparts because society had normalized it, and excessive drinking was perceived as a sign of manhood.

Obot (2005) findings support this by stating that men are more likely to drink, consume more Alcohol, and cause more problems than women throughout the world. Some of the gender differences in drinking, and much of the variation in such gender differences, are cultural. Societies have long used alcohol consumption and its effects as essential ways to differentiate, symbolize, and regulate gender roles, for example, by making drinking behaviour a demonstration of masculinity. Evans et al. (2011) add that holding traditional beliefs about masculinity is the strongest predictor of individual risk behaviour throughout life.

The new dimension that this study brings in and adds to what these scholars have said is the fact that the visually impaired men under alcohol addiction often felt that it would portray a sign of weakness and unmanliness when seeking healthcare or any form of support thus shied away from support or accessing information against alcohol abuse.

Conclusion

Generally, PWD encounter diverse barriers when accessing messages against alcohol abuse. The barriers range from communication, environmental, economic, social hence preventing them from achieving the desired quality of life. Four broad categories classify the barriers: Basic respect; that involves the belief from healthcare providers that PWDs cannot take care of themselves fully. Communication barriers; where they face challenges in their interaction with health care providers. Information barriers; where they hardly obtain information from written materials in accessible formats; for instance, they are not in large print, Braille and audiotape. Physical access as a barrier; where they encounter mobility challenges to or within the healthcare centres.

Disability in Kenya demands support from every sector since it intersects all domains of our society. Furthermore, like in most developing countries, they are marginalized and encounter problems due to their disability; the majority lack access to employment, education and healthcare.

Health communication campaigns have made essential contributions to the development of public health and contribute significantly to substance abuse intervention efforts. Yet, individuals with visual impairments are excluded because they encounter challenges when accessing messages against alcohol abuse.

This study has demonstrated that many messages on drug and alcohol treatments and prevention services are available through visual media, thus inaccessible to the visually

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impaired. Again, healthcare facilities play a critical role in delivering messages against alcohol abuse. The interaction between healthcare systems and patients with visual impairment is an essential but relatively under-explored issue. There is a need for accessible infrastructure and tailored healthcare messages to suit the needs of the visually impaired in Kenya.

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