

Appraising Covid-19 Lockdown Effect on Physically-Challenged People's Communication Patterns in Nigeria

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Abstract: The pandemic COVID-19 is one whose impact is unparalleled in history. Although advances in technology have helped in containment, the pandemic spread still poses a strong challenge. This has resulted in countries of the world gathering resources, both intellectual and financial, to combat a common enemy. The global pandemic affected a lot of persons and the way they do things. One of the sets of persons affected by this pandemic are people living with disabilities. It is in the light of this that this paper appraised the effect of Covid-19 lockdown on the communicative patterns of physically challenged people. The health belief model and the participatory communication theory were adopted as the most suitable theoretical frameworks for this paper.

Keywords: Appraising, Covid-19 Lockdown Effect, Physically-Challenged People, Communication Patterns.

INTRODUCTION

The coronavirus disease (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) strains, surfaced in late 2019 and have since produced an unprecedented global public health crisis. Worldwide, there were approximately 120 million confirmed cases and over 2.6 million fatalities as of March 16, 2020. However, the COVID-19 pandemic's effects, including any unforeseen side effects from containment methods like lockdowns, have not been felt equally by all population groups.

People with disabilities are anyone who, at any point in their lifespan, has a mobility, intellectual, cognitive, developmental, or sensory impairment that, when combined with environmental factors, makes it difficult for them to go about their daily lives and participate in society on an equal footing with others (Kamalakaran, 2020). The COVID-19 pandemic may disproportionately affect people with impairments. This disproportional impact includes higher chances of infection or severe health consequences if infected, particularly from unethical barriers to accessing life-saving medicines (especially for people with disabilities living in residential or long-term care institutions) (Bhattacharjya, 2021).

To preserve or regain their health and function, people with disabilities frequently need routine medical and rehabilitative care (such as at home or in an outpatient setting). Nevertheless, during the initial lockdowns to contain the pandemic, many of these services were deemed to be unnecessary, closed, or operating with significant human and physical resource limits. Disparities in individuals with disabilities' health condition, health outcomes, and access to healthcare have been well-

documented for a long time. However, the COVID-19 pandemic has broadened and aggravated these types of health inequities.

Additionally, the COVID-19 pandemic have an outsized impact on the social engagement and welfare of individuals with disabilities because they have historically been a socially vulnerable (but not necessarily weak) and marginalized minority. It is frequently required to implement lockdowns, mandatory quarantines, and other public health and policy measures aimed at containing the epidemic. But if not thoroughly thought out, these actions may have detrimental effects on schooling, employment, and socioeconomic conditions, which may be especially harsh for those persons with disabilities who are already more socially vulnerable. Therefore, if no protection measures aimed at the most socially vulnerable are done as countermeasures, the impact of the pandemic could increase already existing health and socioeconomic inequities.

People with disabilities may disproportionately experience the negative health and socio-economic effects of lockdown-related measures. For example, people with disabilities as a group are more frequently resource-poor, have lower employment rates, additional health care and living costs, and less disposable income than non-disabled counterparts (Guidry-Grimes, 2020). Furthermore, many people with disabilities often rely on formal and informal caregivers and social support networks to fulfill basic needs or live independently in the community; these supports may be disrupted during lockdowns or as result of quarantines of people with disabilities themselves

or their caregivers⁷. Finally, tele-health or tele-schooling solutions were often not prepared to accommodate the needs of people with disabilities, including children with special education needs and their families, who may be especially affected by school closures (Masonbrink, 2020).

In comparison to those without disabilities, people with disabilities frequently encounter social participation gaps when they are refused, excluded from, or deprived of an equal opportunity to pursue meaningful employment, social roles, and social integration. As meaningful employment is an important factor in determining people's health and wellbeing, these social participation differences in turn have a direct impact on more general health disparities.

STATEMENT OF THE PROBLEM

At the peak of the Covid-19 pandemic, there were restrictions on the movement of people and many public places were shut down. People with disabilities, before the global pandemic see themselves as being alienated from the society, and with the outbreak of the pandemic; their alienation became worse as it affected them in so many ways especially in their communicative pattern. As a result of the restrictions, physically challenged persons who usually found solace in friends, felt alienated, because they could not communicate face-to-face with their friends.

The kind of the disability has an impact on how COVID-19 affects the psychosocial components of people with disabilities. However, depending on the form, type, and degree of the disability, different psychosocial characteristics of people with disabilities are affected differently by it. Dunn, (2016) argues that it is important to educate people about the culture of disability, particularly the fact that people with disabilities are a normal part of daily social life. She also emphasizes the need to discuss some psychological aspects of disability that are related to the relationship between a person and their environment.

OBJECTIVES OF THE STUDY

The researcher embarked on this study with the intention of achieving the following objectives;

- To highlight the challenges of people living with disabilities amid the global pandemic.
- To determine the essentiality of access to information in health crisis situation (with reference COVID-19 pandemic) by people living with disabilities.

- To find out the perception of people living with disabilities about participatory communication as an effective strategy for achieving healthy outcomes in health crises situation.

RESEARCH QUESTIONS

Based on the objectives of this study, the following research questions were formulated to serve as a guide for this study;

- What are the challenges of people living with disabilities amid the global pandemic?
- What are the essentialities of access to information in health crisis situation (with reference COVID-19 pandemic) by people living with disabilities?
- What is the perception of people living with disabilities about participatory communication as an effective strategy for achieving healthy outcomes in health crises situation?

LITERATURE REVIEW

Disability amidst Global Pandemic

The population of people with impairments has generally been disregarded in public health concerns. Given that disability is a significant aspect of being human, this truth is alarming. According to the World Health Organization (WHO), over one billion people, or roughly 15% of the world's population, are living with a handicap, and this figure is rising (WHO, 2021). Additionally, there is a significant and growing gap in access to healthcare for persons with disabilities, particularly in rural areas of developing nations. The COVID-19 pandemic that ravaged the world in early 2020 has further increased this disparity.

Although there is debate about the exact definition of the word "disability," it is widely accepted that it has two characteristics. First of all, it is a physical or mental trait that has been designated or viewed as a disability or malfunction. Then, there are restrictions on a personal or social level brought on by the handicap. Additionally, it is acknowledged that a disability is a dynamic interaction of personal, environmental, and health-related factors (Wasserman, *et al.*, 2016). Therefore, a handicap develops when restrictions brought on by a health condition interact with environmental, personal, and contextual factors to produce a barrier. This environment includes not just the physical environment but also the social components that make up individuals, such as

attitudes, cultures, economies, and regulations (Khran, *et al.*, 2015).

When the number of disabled persons worldwide is taken into account, a picture of the problem's scale is painted. Worldwide, there are more than 1 billion persons with disabilities. Of these, 253 million are affected by blindness or some other form of visual impairment, 446 million have some kind of deafness or hearing loss that makes them unable to hear, 200 million have intellectual disabilities, and 75 million require wheelchairs on a daily basis (Wagner, 2021).

COVID-19 outbreak has had a negative impact on all facets of life, including access to healthcare. The WHO announced that it was a pandemic on January 30, 2020. Among the actions taken to stop the disease's spread were a lockdown of all areas, a quarantine, and a suspension of transportation services. People were negatively impacted by these actions. However, those with disabilities were more affected. During the epidemic, disabled people's health was severely impacted. According to the WHO, those who have a disability have a higher risk of getting the virus. Additionally, there were differences in the dissemination of timely and accurate information about preventive measures. For instance, hand washing advertisements omitted information on how to accommodate the unique requirements of persons with disabilities who might not be able to do hand washing as others can. Accessible information on the epidemic, including current trends and occurrences, was not distributed to people with disabilities (Braille or sign language). This lack of knowledge significantly raised the likelihood that the virus would infect persons with disabilities (Sabadell, *et al.*, 2020).

The fact that they had no access to transportation had an even greater impact on their health. Transportation became particularly challenging due to the imposed lockdown and corresponding rules. Movement to health facilities to address their needs, including COVID-19 testing, was a significant barrier for disabled people who are housebound or unable to freely travel. Disabled people frequently did not have access to their drugs during the pandemic due of a deficit in this area. The COVID-19 pandemic presented a number of difficulties for the wellbeing of disabled persons. For instance, communication was difficult for deaf people who must read lips and use sign language. These ones suffered from the social isolation and mask-wearing COVID-19 prevention

strategies, which effectively halted communication. Additionally, disabled persons were kept apart from their careers, which made life challenging for them—especially for those who need social, physical, and emotional support (Kendal, *et al.*, 2020). It is clear that the COVID-19 epidemic had a significant impact on impaired persons. There is, however, more. Because of the pandemic's mobility restrictions, lockdown, and subsequent economic closure, the economic situation was quite bad. However, those with disabilities were hardest harmed. Prior to the pandemic, disabled persons experienced employment marginalization. The pandemic's lack of economic activity has negatively impacted disabled people's financial circumstances. In the first three months after the UK's first lockdown was implemented, it was observed that individuals with disabilities were more likely than their counterparts to work fewer hours and to be under more financial difficulty (Emerson, *et al.*, 2021). Therefore, it is possible that disabled persons would have increased financial stress following the epidemic.

Psychological Communicative Pattern of PWDs during the Covid-19 Pandemic

Children with hearing loss experience greater psychosocial issues than hearing children. While the vocabulary and degree of hearing loss did not, the female gender variable and early detection of hearing loss did suggest improved psychosocial functioning among children with hearing loss. To address the psychosocial functioning of children with hearing loss of all degrees, they advised an early intervention. According to El-Zraigat and Emam, (2005) Jordanian pupils with hearing impairments experienced difficulties in social interactions and various behavioral issues. Additionally, students in Jordan who have hearing impairments communicate differently depending on the severity of their hearing loss, and females are more likely to express their requirements in terms of communication skills than males. According to the study, kids with hearing impairments should be given particular communication skills.

A study by Willner, *et al.*, (2020) examined how the covid19 epidemic affected the emotional health of those who care for people with intellectual disabilities. An online questionnaire was completed by casual careers (often parents) of children and adults with intellectual disabilities as well as a comparative group of parents of children without disabilities. Nearly bulk of the data was

gathered while the area was still under heavy lockdown due to difficulties. According to the study, caregivers of both children and adults with intellectual disabilities showed significantly higher levels of a desire fulfillment coping style, defeat/entrapment, tension and anxiety, and clinical depression than caregivers of children without intellectual disabilities. Distinctions were 2- to 3-times higher than those previously observed in pre-pandemic research. Positive correlations between all mental health outcomes and objective stress and anxiety assessments have been found. Caregivers of persons with intellectual impairment received less social assistance from a variety of sources despite having higher psychological health needs.

According to Willner, *et al.*, (2020), caregivers of patients with and without intellectual disabilities used similar problem-solving coping mechanisms but varied on all other medical characteristics. Caregivers with children with intellectual disabilities reported significantly higher levels of stress, clinical depression, defeat/entrapment, and also wish fulfillment. The analyses were repeated, controlling for age and sex, as the two groups of children varied in both age and sex. The adult team was not included in the analyses. The differences remained significant ($p .001$) for all factors.

While there was never a significant difference, caregivers of the small group of children with autism and/or challenging behavior but no intellectual disability received higher evaluations on all clinical factors. The research investigation came to the conclusion that substantial problems are exacerbated when caregivers' needs for mental health and wellness are larger and there is insufficient social support. We take into account how these findings will affect policy. According to the research, there is a need for support to be provided more adaptably, so that in the event of a pandemic, solutions are ready to provide help over the phone or through electronic media, depending less on traditional face-to-face contact. The epidemic has compelled mental health services to increase their use of remote technologies, just as it has in society more broadly.

Compared to those without disabilities, those with disabilities are less likely to be educated (World Health Organization, 2020). Barriers in the form of physical objects, knowledge, and attitudes present a challenge for students. Every student may find it difficult to study in the "new normal" learning environment that is virtual learning. Students

should thus have access to functional computers and reliable internet. Additionally, deaf and visually impaired pupils should be able to access online learning materials. When they are in school, they may have access to tools and services that make learning materials accessible, such as screen readers, magnifiers, close captioning, and subtitle services. This may not be the case when they are at home, which may have an impact on their learning experiences during the pandemic era. Basic and senior high school students use televisions to virtually learn. People with disabilities are disproportionately impoverished and they may incur additional costs because of their condition. All of these factors may affect their ability to access computers, televisions, and the internet for online education, as well as their level of poverty and educational success.

People with disabilities may be especially susceptible in rural settings, where poverty is more prevalent. They might not be able to afford televisions and computers. Even if they do, some of these regions have not yet been wired into the main energy system. According to the report, people with disabilities are more likely to lose their jobs during the COVID pandemic whether they work in the formal or informal sectors. In the COVID19 age, this might make their income, savings, and economic resilience much worse. For individuals working in the formal sector, they might be the first to lose their jobs when attitudinal hurdles caused by COVID force businesses to scale back.

Theoretical Framework

The Health Belief Model and Participatory Communication Theory served as the theoretical foundation for this study. Social scientists at the US Public Health Services developed the health belief model (HBM) in the early 1950s to help them understand why people didn't use disease prevention methods or screening tools for early disease diagnosis (Glanz, Rimer & Lewis, 2002). With the premise that the two elements of health-related behavior are the desire to avoid sickness, or alternatively get well if already ill, and the belief that a particular health action will prevent, or cure illness, HBM draws from psychological and behavior theory. Ultimately, in the wake of a coronavirus outbreak, a person with a disability's course of action frequently depends on his or her perception of susceptibility (feelings of personal vulnerability to the coronavirus disease), severity (feeling on seriousness of contracting the coronavirus disease), benefits (effectiveness of

hand washing, maintaining a social distance, wearing of nose or mouth covering, seeking medical attention with signs of the disease), and barriers (facilities such as transportation, housing (feelings on obstacles to adhering to the safety measures).

The researcher combined the Health Belief Model with Participatory Communication Theory to put his study in perspective because of the presupposed limitations of the Health Belief Model, which include failing to account for environmental or economic factors that may prevent these recommended actions and presuming that everyone has access to the same amount of information on the coronavirus disease.

According to Okunna, (2017) participatory communication theory emphasizes the people's inclusion and involvement in the communication process that results in decision-making that will affect them. If people are to engage in any action that will promote change and positive outcomes, the proponents of this idea support equal access to information and needs assessment. Therefore, if people with disabilities are required to make decisions that will promote health and stop the spread of the coronavirus sickness, they must have equal access to knowledge about the dangerous disease and have their needs met.

METHODOLOGY

The study's use of mixed methods, also known as multi-methodology research, allowed the researcher to collect and analyze data using both qualitative and quantitative methods. The purpose of the study and the time frame it was done had an impact on the decision to use the two approaches (coronavirus outbreak gave rise to some restrictions). The researcher's study participants were given a voice through the use of mixed methods, which also made sure that the study conclusions were based on participant experiences.

Anambra state was arbitrarily chosen by the researcher, and the study's scope was limited to South-east Nigeria. The busiest cities in Anambra state, according to the State Ministry of Housing and Urban Development, are Onitsha, Awka, and Nnewi. The World's Report on persons living with disabilities in 2011 estimates that 25 million Nigerians had one impairment and that 3.6 million experienced severe functional limitations. According to the Joint National Association of Persons with Disabilities (JONAPWD) 2020, about 150 000 people in the state of Anambra have at least one disability. The sample for the study was drawn from this population using Taro Yamane's formula, which is as follows:

$$n = \frac{N}{1 + N(0.05)^2}$$

n = sample size²
 N = Population
 0.05 = Margin of error

$$n = \frac{150,000}{1 + 150,000(0.05)^2}$$

$$n = \frac{150,000}{1 + 150,000(0.0025)}$$

$$n = \frac{150,000}{150,001 \times 0.0025}$$

$$n = \frac{150,000}{375}$$

$$= 400$$

The sample size of 400 was deemed adequate for this investigation based on the aforementioned outcome. The researcher used the quantitative analysis approach to analyze the quantitative data from the distributed questionnaires. The answers that were obtained through the questionnaire were saved as numerical data. Each answer's frequency was discovered, and the percentage was calculated accordingly. These facts were presented in statistical tables. By evaluating the statistical relationship among the pertinent variables, the study problems were resolved.

DISCUSSION AND PRESENTATION OF FINDINGS

Table 1: What problem do you encounter the most?

	Variable	Frequency	Percentage
	Discrimination	93	25.3
	Poverty	145	39.4
Valid	Hostility	37	10
	Rejection	93	25.3
	Total	368	100

Table 1 reveals that while 25.3% of respondents said that discrimination is the biggest issue they face, 39.4% said that poverty is their biggest issue, 10% said that hostility is their biggest issue, and

another 25.3% said that rejection is their biggest issue. The statistics show that the majority of respondents experience the poverty issue the most.

Table 2: Has there been an increase in the challenge(s) you face since the outbreak of the global pandemic?

	variable	Frequency	Percentage
	Yes	327	88.9
Valid	No	41	11.1
	Total	368	100

According to Table 2, 88.9% of respondents agreed that their problems had gotten worse since the global pandemic had started, while 11.1% said that their problems had remained the same both

before and after the pandemic started. According to this data, the majority of the respondents have said that their issues have gotten worse since the global pandemic's onset.

Table 3: If yes, what are they?

	Variable	Frequency	Percentage
	Extreme poverty	58	17.4
	Misinformation and ignorance	157	48
	Increased health complications	77	23.6
Valid	Heightened Stereotyping and discrimination	35	11
	Total	327	100

The data on Table 3 shows that 17.4% of respondents have experienced extreme poverty since the COVID-19 pandemic, 48% said they have suffered from ignorance and misinformation, 23.6% said they have experienced more health problems since the pandemic, and 11% said they have experienced increased stereotyping and

discrimination. This implies that there are clear differences between the respondents who experience ignorance and misinformation and those who deal with other difficulties, with a higher proportion of respondents who are unaware of the current status of the worldwide pandemic in the Nigerian state of Anambra.

Table 4: What information medium is available to you?

	Variable	Frequency	Percentage
	Internet	12	3
	Radio	157	42.7
	Television	54	14.8
Valid	Newspaper	46	12.5
	Billboard	32	8.8
	Others	67	18.2
	Total	368	100

According to Table 4 above, 3% of respondents say they have access to the internet, 42.7% say they have radios, 14.8% say they have televisions, and 12.5% say they have newspapers. 18.2% of respondents say they have access to other channels of information exchange, including person-to-person communication, gossip, meetings, and opinion. Another 8.8% of respondents say the billboard is the information medium they have

access to. The radio is the information medium that the majority of respondents have access to, followed by other channels of information sharing, as may be inferred from the statistics presented above. According to the above table, just a small percentage of respondents have access to the internet. This demonstrates that the majority of disabled persons in Nigeria do not have access to the internet.

Table 5: How would you describe your access to updates on COVID-19 since the outbreak of the global pandemic in Nigeria?

	Variable	Frequency	Percentage
	I don't have access	276	75
Valid	I have access	92	25

	Total	368	100
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Table 5 reveals that 75% of respondents say they have not been able to obtain COVID-19 updates since the global pandemic first broke out in Nigeria, while the remaining 25% say they have access to television. This suggests that, following the worldwide pandemic's breakout in Nigeria, the majority of responders are unaware of any COVID-19 updates.

Table 6: The researcher is proposing an approach of communication called 'Participatory Communication' to facilitate your access to health information in health crises situations. This approach allows for inclusiveness in the flow and exchange of information. How do you perceive this?

Table 6: Respondents of Participatory Communication'

Variable	Frequency	Percentage
Remedy for ignorance and misinformation	109	29.6
Okay	56	15.2
Appropriate	77	20.9
Valid		
Timely	103	28
Confusing	23	6.3
Total	368	100
Total	368	100

The data on Table 6 shows that 28.8% of respondents believe that participatory communication is timely in health crises situations, 29.6% of respondents believe that it is the solution to ignorance and misinformation in health crises situations, 15.2% of respondents think that participatory communication is alright in health

crises situations, 20.9% describe it as appropriate in health crises situations, and 6.3% of respondents agree. Participatory communication is seen by a larger percentage of respondents as the solution to ignorance and disinformation in instances involving health crises, despite 6.3% of respondents agreeing that it is confusing.

Table 7: What other steps do you suggest the government should take in addressing your challenge?

Variable	Frequency	Percentage
Welfare reforms	42	11.4
Increase access to justice	75	20.4
Promoting participatory community life	69	18.8
Valid		
Increase access to information	97	26.4
Improved healthcare	85	23
Total	368	100
Total	368	100

The data on Table 7 shows that 11.4% of respondents believe that the Nigerian government should implement welfare changes as a first start in resolving their issue, while 20.4% believe that improving access to justice is a better approach. Moving forward, 18.8% of the respondents believe that the Nigerian government should support inclusive policies that enable their participation in politics, socioeconomic development, and cultural pursuits in the nation as a means of resolving the issue they confront. Another 26.4% of the The findings are presented and discussed in relation to the following aspects; the core challenges of the people living with disabilities amid the coronavirus disease in Nigeria, why people living with disabilities should have access to information in health crisis situation and

respondents said that improving access to information is one measure the Nigerian government should do to address their problem, while the remaining 23% agreed that better healthcare would be one such measure. According to the data above, a sizable portion of the respondents believe that the Nigerian government can handle its problems by improving the healthcare system, expanding access to justice, and boosting access to information.

whether participatory communication can help the disabled community and consequently bring about health outcomes. Owing to time, the interview questions were limited to three which emanated from the research objectives. The discussion will cover the salient points of the study. The interview

questions that guided the study were formulated as follows:

What are the challenges of people living with disabilities amid the global pandemic?

What are the essentialities of access to information in health crisis situation (with reference COVID-19 pandemic) by people living with disabilities?

What is the perception of people living with disabilities about participatory communication as an effective strategy for achieving healthy outcomes in health crises situation?

Views on the Challenges of People living with Disabilities amid the Global Pandemic

The Participants in the study understood that the outbreak of coronavirus disease has aggravated the challenges of people living with disabilities in Nigeria. While most of the participants who were with disabilities noted that their core challenges amid the coronavirus disease were hunger, lack of access to information and healthcare challenges, others identified discrimination and fear as their core challenges amid the global pandemic. As one of the participants explains, "I am hungry and sick I can't go to the hospital, no money." Another participant expresses similar opinion, ".....health challenge. I am expected to go to the hospital for routine medical check but due to this, hospitals are advising people to reduce the extent with which they visit hospitals for treatments because of risking COVID-19 pandemic and also contributing to this is the factor is the fact that many doctors have tested positive for the virus this being the case, I may not be able to access healthcare as they used to before the global pandemic..." Another participant with a disability explains, "I stand a higher risk of infection and they can easily contract coronavirus disease, especially because I suffer immune-deficiency."

Participants living with disabilities in Nigeria consistently expressed that they are currently expressing serious difficulties in all spheres of life; and with the outbreak coronavirus disease, these challenges have heightened and appears to be beyond their control. One of the participants lamented, "I need the most attention and care but with what has struck the entire world and economy, I am striving to survive." Another participant indicates, "The advent of the novel coronavirus pandemic poses a major threat with regards to accessing adequate medical care for me. This is so because the bulk of available medical practitioners are currently focused on the

pandemic; hence, little or no attention will be provided to me."

Most of the health experts note that people living with disabilities face the challenge of heightened discrimination, stigmatization, hunger and lack of infrastructure.

These findings indicate that people living with disabilities bear the brunt of the global pandemic, the most as it evident that their means of survival in Nigeria has been halted by the movement restriction due to the rapid spread of the virus. In line with these findings, the core challenges people living with disabilities face in Nigeria amid the global pandemic are hunger, lack of access to information on the global pandemic, lack of access to healthcare, stigmatization and discrimination.

Views on why People Leaving with Disabilities should have Access to Information in Health Crisis Situations (With Reference to Coronavirus Disease)

From the participants' views, the quintessential nature of ensuring that everyone including the most vulnerable in the society, particularly people living with disabilities, have access to information in health crisis situations cannot be overemphasized. One of the participants expressed that, "Every human need to have access to information. Information is power, it will enable me know more on how to deal with whatever disease I have." Another participant points that, "I need to have access to information in the face of coronavirus so as to take precautionary measures against being infected or spreading the virus." Another participant said, "I have been affected health-wise already and being aware of other health dangers during this time will limit them running into it. Hence, awareness to them is important and provision of health services exclusively for disabled people should be on the budget of any hospital." Another participant had this to say – "Actually, everyone should have access to this information. But this is even more important in the case of the disabled. My disability makes me susceptible to this coronavirus disease. For instance, since I am optically disabled would need to know to stay at home rather than go out where I can't ensure that I am socially distant from others. And this is one example. There are various forms of disability which both limit individuals and make them more vulnerable to this virus. This can be done through a mix of participatory communication and the mass media." Another participant said, "I ought to have information

regarding health crisis. It is my fundamental human right irrespective of my physical status. Knowing this information, I will be informed and make decisions aright.”

Some of the participants in the focus group discussion indicated that knowledge is power. Therefore, with access to information, people with disabilities will be able adopt a healthy behaviour and others maintained that it is the fundamental human right of people living with disabilities to have access to information at all times particularly during health crisis situations and depriving them of this right will mean going against constitution, which is actionable.

These findings indicate that access to information is meant for all during health crisis situations, but keen attention should be on ensuring that the most vulnerable set in the society have access to information during and after any health crisis.

Perceptions of Participants on Participatory Communication as an Effective Strategy of Achieving Healthy Outcomes in a Health Crisis

While some participants understood the concept of participatory communication, others that did not were explained to by the researcher. According to the researcher who cited Claridge, (2004) participatory communication is an approach to communication which allows the sharing of information, perception and opinions among the various stakeholders which facilitates their empowerment.

The participants for this study generally appreciate participatory communication as a viable means of achieving healthy outcomes as it would increase equal partnership and address the problem of lack of access to health information by people living with disabilities who are at the centre of the global pandemic and every other health crisis. One of the participants stated, “Knowledge they say is power and by pollinating a relative ideas centre on health issues (information) to the masses contribute a lot in resolving their health issues. However, engaging them in an interactive program and establishing effective communication can contribute to resolving health crises.” Another participant indicated that, “This communication approach will allow the government to know what my feelings are, and know how to go about solving the barriers I face as to complying to health directives.”

Another participant had this to say, “Yes, it is. This is because participatory communication helps disseminate the right information to people, and

have them interact, more or less, with the source of the information. In other words, it gives room for clarifications where need be.” Another participant had this to say, “Participatory communication will be of immense help in this. As the Bible said, be your brother’s keeper. A society where its members communicate health-related messages among themselves recovers rapidly from any health crisis. People living with disabilities must not be side-lined in this approach of communication which has proven effective in facilitating healthy outcomes.” Another participant had this to say, “It is. Because it gives me the avenue to speak for myself enough, regarding how I feel exactly about the health crisis and the medical assistance I need. This will ensure that nobody makes decisions on my behalf or on assumption.”

From these findings, the researcher deduced that for healthy outcomes to be recorded, and to curtail the spread of coronavirus disease, there is need to protect the most vulnerable becomes important. This can be achieved by adopting an all-inclusive communication approach which is the core principle of participatory communication.

CONCLUSION AND RECOMMENDATIONS

The role of communication in health crisis situations cannot be overemphasized as it serves as a conduit for awareness creation and attitude formation especially in Nigeria where the challenges of the vulnerable has tripled with the advent of the global pandemic. For people living with disabilities, the most recurring challenges have been economic and healthcare challenges, as well as access to updates on the COVID-19. Lack of access to information in health crises situations has a lot of negative implications on the people and the country at large. No wonder it is a fundamental human right. When this right is not deliberately or unintentionally deprived, people living with disabilities and other members of the country would be able to make informed decisions that go a long way in curtailing the adverse spread of the global pandemic and other health hazards.

To this end, the researcher recommends that every form of information exchange, communication and interaction built around managing health crises situations should be all inclusive. That is why the researcher recommends participatory communication since its effectiveness is commonly accepted from the data analysed in this study. One element participatory communication

and grass-root communication enjoy is the element of inclusiveness.

REFERENCES

1. Bhattacharjya, S. "People with Disabilities and Other Forms of Vulnerability to the COVID-19 Pandemic: Study Protocol for a Scoping Review and Thematic Analysis." *Arch. Rehabil. Res. Clin. Transl* 2.6 (2020).
2. Bhattacharjya, S. "Refugee Empowerment Task Force, International Networking Group of the American Congress of Rehabilitation Medicine. Health Risks and Consequences of a COVID-19 Infection for People with Disabilities: Scoping Review and Descriptive Thematic Analysis." *International journal of environmental research and public health* 18.8 (2021): 4348.
3. Emerson, E., Stancliffe, R., Hatton, C., Llewellyn, G., King, T., Totsika, V., Aitken, Z. & Kavanagh, A. "The impact of disability on employment and financial security following the outbreak of the 2020 COVID-19 pandemic in the UK." *Journal of Public Health* 43.3 (2021): 472-478.
4. Guidry-Grimes, L. "Disability rights as a necessary framework for crisis standards of care and the future of health care." *Hastings Center Report* 50.3 (2020): 28-32.
5. Kendall, E., Ehrlich, C., Chapman, K., Shiota, C., Allen, G., Gall, A., Kek-Pamenter, J., Cocks, K. and Palipana, D. "Immediate and Long-Term Implications of the COVID-19 Pandemic for People with Disabilities." *American Journal of Public Health* 110.12 (2020): 1774-1779.
6. Krahn, G., Walker, D. and Correa-De-Araujo, R. "Persons with Disabilities as an Unrecognized Health Disparity Population." *American Journal of Public Health* 105.2 (2015): 198 - 206.
7. Masonbrink, A.R. "Advocating for Children during the COVID-19 School Closures." *Pediatrics* (2020).
8. Wasserman, D., Asch A., Blustein, J. & Putnan, D. "Disability: Definitions, Models, Experience." *The Stanford Encyclopedia of Philosophy* (2016).
9. Willner, P., Rose, J., Stenfort Kroese, B., Murphy, G. H., Langdon, P. E., Clifford, C. & Cooper, V. "Effect of the COVID-19 Pandemic on the Mental Health of Carers of People with Intellectual Disabilities." *Journal of Applied Research in Intellectual Disabilities* 33.6 (2020): 1523-1533.
10. World Bank. "Disability Inclusion Overview." (2021). <https://www.worldbank.org/en/topic/disability>.

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