

Participatory Communication, COVID-19 and People with Disabilities in Nigeria

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Abstract

This paper sets out to investigate access to COVID-19 updates by people with disabilities in Nigeria, and the instrumentality of participatory communication in the global pandemic.

The global pandemic heightened inequality and the marginalization of people living with disabilities in Nigeria. Largely unnoticed in the general media, disabled individuals face increased healthcare social, and economic risks thus, this paper was born out of the need to shed light on the implications and the importance of an all-inclusive response through participatory communication to limit the impact of coronavirus disease on people with disabilities in Nigeria. The paper utilized mixed methods in achieving its objective. The area of study was restricted to Anambra state, Nigeria.

This work revealed that since the outbreak of the novel global pandemic, people with disabilities in Anambra state, Nigeria have been dealt a great blow; as they are the most vulnerable group in the state. In addition to the extreme hardship people living with disabilities face, the paper also revealed that while a few of the people with disabilities are poorly informed about COVID-19, others cannot access information sources; thereby increasing their susceptibility to the pandemic in state. This paper ascertains the need for access to information by people with disabilities through a focus group discussion. The paper concludes by emphasizing that in the bid to manage disease outbreaks, adopting an all-inclusive communication approach which is the core principle of participatory communication is instrumental in protecting the most vulnerable.

Keywords: COVID-19; Health crisis; Strategy; Participatory communication; Disabilities

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Introduction

The World's Report on Disability in 2011 recorded that more than one billion people in the world live with some form of disability and about 200 million experience considerable difficulties in functioning, especially in low-income nations. According to Osai (2016), people with disabilities have lower education achievements, less economic participation, higher rates of poverty and poorer health outcomes than people without disabilities [1]. In fact, they lack access to information sources like the mass media which should meet their information needs always, especially in a health crisis situation like COVID-19.

As an infectious disease, coronavirus has spread from a localized threat to one that puts at risk an entire population in multiple cities and even across regions, countries and continents [2]. In Nigeria alone, the National Population Commission has recorded about 19 million Nigerians living with disabilities. A disabled person is one who has either a visual impairment, hearing

impairment, intellectual and physical impairment which as a result, adversely affects his or her ability to carry out normal day-to-day activities [3]. Diab and Johnson, (2004) maintain that persons with disabilities generally have more healthcare needs than others-both standard needs and needs linked to impairment; and are more vulnerable to the impacts of health crises [4].

The global health threat has heightened inequality and the marginalization of vulnerable citizens (especially people living with disabilities) in Nigeria. Now, largely unnoticed in the general media, disabled individuals face increased healthcare social, and economic risks thus, this paper was born out of the need to shed light on the implications and the importance of an all-inclusive response through participatory communication to limit the impact of coronavirus disease on people with disabilities in Nigeria.

The best way to prevent and slow down transmission is to be well-informed about the COVID-19 virus, the disease it causes and

how it spreads [5]. To this end, the role of relevant stakeholders in satisfying the information needs of people with disabilities in health crises situations towards achieving participatory communication for healthy outcomes cannot be overemphasized. It calls for accurate reporting of health issues, a resilient health system and equal partnership (involving all concerned parties).

Objectives of the study

The study intended to analyse the efficacy of participatory communication in bringing about good health outcomes with people with disabilities at the centre of COVID-19 pandemic in Nigeria. In lieu of this, three complementary objectives were pursued.

To highlight the core challenges of people 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 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.

Theoretical framework

This study was informed by the Health Belief Model and Participatory Communication Theory. The health belief model (HBM) was developed in the early 1950s by social scientists at the US Public Health Services in order to understand the failure of people to adopt disease prevention strategies or screening tests for early detection of disease [6]. HBM derives from psychological and behaviour theory with the foundation that the two components of health-related behaviour are 1) the desire to avoid illness, or conversely get well if already ill; and, 2) the belief that a specific health action will prevent, or cure illness [4]. Ultimately, in the waning of the outbreak of coronavirus disease, the course of action of a person with disability often 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), barriers (feelings on obstacles to adhering to the safety measures).

The presupposed inadequacies of the Health Belief Model in the areas of not accounting for environmental or economic factors that may prohibit these recommended actions; and assuming that everyone has access to equal amounts of information on the coronavirus disease, made the researcher to combine Health Belief Model with Participatory Communication Theory to put his study in perspective.

Participatory Communication Theory according to Okunna stresses the inclusion and involvement of the people in the communication process that makes for decision-making, which will affect them [7]. The proponents of this theory advocate

access to equal amount of information and needs assessment, if people will partake of any action that will foster change and positive outcomes. It therefore follows that if people with disabilities must take actions that will lead to healthy outcomes, thereby, curbing the spread of coronavirus disease, they must be given equal access to information about the deadly disease and their needs, taken care of.

Methodology

The study is a mixed methods or multi-methodology research which allowed the researcher to utilize both qualitative and quantitative approaches in data collection and analysis. The decision to adopt the two methods was influenced by the nature of the study and the period in which the study was conducted (coronavirus outbreak gave rise to some restrictions). Employing the mixed methods gave a voice to the researcher's study participants and ensured that the study findings were grounded in participants' experiences [8]. The researcher issued questionnaires to the participants who could use them and had a Focus Group Discussion (FGD) with the other participants. Semi-structured and research-interviews were used as data collection strategies for this study.

The interview questions and the questionnaires centred on the challenges of the participants before and in the global pandemic, their access to information, their perception about participatory communication in health crises situations and the steps the government should take in addressing their challenges. The area of study was restricted to South-east Nigeria, and Anambra state was conveniently selected by the researcher. According to the State Ministry of Housing and Urban Development, Onitsha, Awka and Nnewi are the busiest cities in Anambra state. According to the World's Report on people living with disabilities in 2011, 25 million Nigerians had one disability, while 3.6 million had significant difficulties in functioning. In Anambra state, over 150, 000 people are with one disability (Joint National Association of People with Disabilities (JONAPWD). 2020). It was from that population that the researcher drew the sample of the study using Taro Yamane's formula which goes as follows:

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

Where, n=sample size,

N=population,

e=error margin,

Population=150, 000,

Error margin=0.05.

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

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

$$150,000/376$$

$$n = 399$$

Based on the above result, the sample of 399 was considered appropriate for a 5 percent error tolerance.

For the sake of convenience, the sample size was distributed among the three cities equally. Each got 133 out of the sample of 399. For the purpose of this research, a get-together was organized by the researcher his team in the three locations simultaneously. In Awka, 129 participants showed up. While in Onitsha 130 participants showed up. In Nnewi, 121 participants were present. In all, 380 participated in the get-together and were involved in the discussion. This constitutes 95.2% of the sample size being studied. Good sound systems were made available for the participants. Out of the 380 participants who were in attendance at the various venues of the get-together, 12 participants who were living with disabilities were visually impaired.

For the quantitative data, the researcher adopted the quantitative analysis method to analyse data from the questionnaires issued. Answers extracted *via* the questionnaire were recorded as numeral data. The frequency of each answer was found and the percentage computed accordingly. Statistical tables were used to present these data. The research questions were answered by interpreting the statistical relationship among the relevant variables.

Results and Discussion of the Quantitative Data

A total of 368 copies of questionnaire were distributed among the respondents in three cities where the meeting was held and all were recovered (**Table 1**).

Table 1: Respondents' major problem.

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

Question 1: What problem do you encounter the most?

Table 1 shows that while 25.3% of the respondents identified discrimination as the problem, they encounter the most, 39.4% identified poverty, 10% pointed that they face the problem of hostility the most, while another 25.3% identified rejection as the major problem they face. The figures indicate that most of the respondents encounter the problem of poverty the most (**Table 2**).

Table 2: Challenges faced by the respondents.

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

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

Table 2 shows that 88.9% of the respondents agreed that the challenges they face since the outbreak of the global pandemic, while 11.1% indicated that nothing has changed in terms of the problem they face before and since the outbreak of the global pandemic. These data imply that the majority of the respondents

have experienced and increase in the challenges they face since the outbreak of the global pandemic (**Table 3**).

Table 3: Challenges they faced since the outbreak of the global pandemic.

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

Question 3: If yes, what are they?

Table 3 shows that 17.4% of the respondents face extreme poverty since the outbreak of COVID-19, 48% indicated that they suffer misinformation and ignorance since the outbreak of the global pandemic, 23.6% indicated that they experience increased health complications since the outbreak of the global pandemic; while 11% noted that they face heightened stereotyping and discrimination. This suggests that there are obvious margins in the number of respondents who suffer from misinformation and ignorance, and others who face other challenges, with a higher percentage of the respondents that are misinformed and ignorant the state of the global pandemic in Anambra state, Nigeria (**Table 4**).

Table 4: The information medium available to them.

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

Question 4: What information medium is available to you?

Table 4 above indicates 3% of the respondents reveal that the internet is the information medium available to them; 42.7% of the respondents indicate that the radio is the information medium available to them; 14.8% of the respondents reveal that the television is the information medium available to them; 12.5% of the respondents reveal that the newspaper is the information medium available to them. Another 8.8% of the respondents indicate that the billboard is the information media available to them, while 18.2% of the respondents reveal that other channels of information exchange are available to them, ranging from person to person, gossips, meetings and opinion. From the above, it can be deduced that the radio is the information medium available to the majority of the respondents, followed by other channels of information exchange. The internet, from the above table, is only available to the minority of the respondents. This goes to show that the internet is not available to most people with disabilities in Nigeria (**Table 5**).

Table 5: Access to internet.

	Variable	Frequency	Percentage
Valid	Yes	3	25
	No	9	75
	Total	12	100

Question 5: Is it accessible to you?

Table 5 shows that 25% of the respondents, who indicated that the internet is available to them, have access to the internet, while the remaining 75% do not have access to the internet (**Table 6**).

Table 6: Access to radio.

Variable	Frequency	Percentage
Valid	Yes	78
	No	79
	Total	157

Table 6 shows that 49.3% of the respondents, who indicated that the radio is available to them, have access to the radio, while the remaining 79% do not have access to the radio. There is no significant difference between the two categories of respondents (**Table 7**).

Table 7: Access to television.

Variable	Frequency	Percentage
Valid	Yes	20
	No	34
	Total	54

Table 7 shows that 37% of the respondents, who indicated that the television is available to them, have access to the television, while the remaining 63% do not have access to the television. There is a significant difference between the two categories of respondents (**Table 8**).

Table 8: Access to newspaper.

Variable	Frequency	Percentage
Valid	Yes	17
	No	29
	Total	46

Table 8 shows that 37% of the respondents, who indicated that the newspaper is available to them, have access to the newspaper, while the remaining 63% do not have access to the newspaper. It means that most of the respondents who indicated that the newspaper is available to them do not have access to it (**Table 9**).

Table 9: Access to billboard.

Variable	Frequency	Percentage
Valid	Yes	32
	No	0
	Total	32

Table 9 shows that all of the respondents, who indicated that the billboard is available to them, have access to it. This is the only information medium that appears to be available and accessible to the respondents in this category (**Table 10**).

Table 10: Access to others.

Variable	Frequency	Percentage
Valid	Yes	50
	No	17
	Total	67

Table 10 shows that 74.6% of the respondents who indicated that other channels of information exchange are available to them, have access to those channels, while the remaining 23.7% do not have access to them. There is no significant difference between the two categories of respondents (**Table 11**).

Table 11: Updates on COVID-19 since the outbreak of the global pandemic.

Variable	Frequency	Percentage
Valid	I don't have access	276
	I have access	92
	Total	368

Question 6. How would you describe your access to updates on COVID-19 since the outbreak of the global pandemic in Nigeria?

Table 11 shows that 75% of the respondents reveal that they do not have access to updates on COVID-19 since the outbreak of the global pandemic in Nigeria, while the remaining 25% indicate that they have access to the television. This implies that most of the respondents do not have updates on COVID-19 since the outbreak of the global pandemic in Nigeria (**Table 12**).

Table 12: The respondents perceiving participatory communication.

Variable	Frequency	Percentage
Valid	Remedy for ignorance and misinformation	109
	Okay	56
	Appropriate	77
	Timely	103
	Confusing	23
	Total	368
	Total	368

Question 7: 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 12 indicates that 29.6% of the respondents perceive participatory communication as the remedy for ignorance and misinformation in health crises situations; 15.2% of the respondents see participatory communication as okay in health crises situations; 20.9% describe participatory communication as appropriate in health crises situations; 28% of the respondents perceive participatory communication as timely in health crises situations, while 6.3% of the respondents agreed that participatory communication is confusing. Although 6.3% of the respondents agreed that participatory communication is confusing, a higher percentage of the respondent perceive it as the remedy for ignorance and misinformation in health crises situations (**Table 13**).

Table 13: The steps the Nigerian government should take in addressing their challenge.

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

Question 8: What other steps do you suggest the government should take in addressing your challenge?

Table 13 shows that 11.4% of the respondents suggest welfare reforms as the step the Nigerian government should take in addressing their challenge; 20.4% suggest that the Nigerian government should increase their access to justice as it is a strategy towards addressing their challenge. Moving forward, 18.8% of the respondents are of the opinion that the Nigerian government should promote participatory community life by formulating inclusive policies that allows for their involvement in politics, socio-economic and cultural activities in the country, as a way of addressing the challenge they face. Another 26.4% of the respondents indicated that the one of the steps the Nigerian government should adopt in addressing their challenge is by increasing their access to information, while the remaining 23% agreed that through an improved healthcare, the Nigerian government would be tackling their challenge. From the data presented above, a significant percentage of the respondents suggest that increasing access to information, access to justice and an improved healthcare system are steps the Nigerian government can take in addressing their challenges.

To tie this section, here are some important things to note:

The majority of the respondent majorly faces the problem of poverty.

With the outbreak of the coronavirus disease, the majority of the respondent now faces challenges which are different from what they were used to and topping the list of these challenges is the problem of misinformation and ignorance.

The radio is the medium of information that is available to most of the respondents

Although available to them, most of the respondents do not have access to the internet, television and newspaper which appears to be the most sort-after media in Nigeria according to (Okeke, 2018).

Most of the respondents do not have access to the updates on COVID-19 since the outbreak of the global pandemic in Nigeria.

The majority of the respondents perceive participatory communication as the remedy to misinformation and ignorance.

The majority of the respondents suggest that the Nigerian government should increase their access to information as a way of addressing the problems they face.

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 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 core challenges of people living with disabilities amid the global pandemic?

Why should people living with disabilities have access to information in health crisis situations?

Do you think participatory communication is an effective strategy of achieving healthy outcomes in a health crisis?

Views on the core challenges of people living with disabilities amid the global pandemic

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 immunodeficient."

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.

To tie this section, below are the major findings; The study found out that the core challenges of the people living with disabilities amid the global pandemic (coronavirus disease outbreak) are hunger, poor access to information, healthcare challenges, acclimatizing to the unprecedented changes orchestrated by the outbreak of the coronavirus disease, inflated stigmatization, economic challenges, social alienation. The participants living with disabilities revealed that while they battle with poor access to information on health matters, they suffer not being able to acclimatize to the major changes necessitated by the outbreak of coronavirus disease in the world especially, in Nigeria. 50% of the participants in the focus group discussion believe that it is the fundamental human right of the people living with disabilities to have access to information and anything short of that would mean breaking the law which is actionable, while the remaining indicated that access to health information by the people living

with disabilities during health crisis situations will guide them and enable them make informed decisions that would ensue healthy outcomes. It was also found that participatory communication is instrumental to achieving healthy outcomes and giving a platform for people living with disabilities to get involved.

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.

Limitations

This study was limited by the global pandemic, coronavirus disease. This affected most of my decisions in the conducting the research. It made the study cost-intensive influenced our sampling technique, sample size, data collection technique and

area of study. The research could not travel beyond Anambra state for data collection because of the restriction on movement placed by the Federal Government of Nigeria, as a means to curtail the spread of the novel coronavirus disease in the country.

Declaration of Competing Interest

No conflicts of interests.

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