SPECIJALNA EDUKACIJA I REHABILITACIJA
2023, Vol. 22, Br. 4, str. 297-312

UDK: 616.98-056.262:578.834
Originalan naučni rad
DOI: https://doi.org/10.5937/specedreh22-42810

Accessibility and comprehension of COVID-19 information for people with blindness and low vision

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Introduction. In crisis situations like the COVID-19 pandemic, timely and comprehensive health information for people with blindness and low vision is extremely important. Based on the information gathered, it is possible to respond appropriately to the health services needs of the pandemic. *Objectives.* The purpose of this study was to define the differences in demographic groups among 45 adults with visual impairment from Croatia in accessibility and comprehension of COVID-19 information during the lockdown and its impact on emotional distress and adherence to epidemiological measures. *Methods.* Mann-Whitney and Kruskal-Wallis tests were used to test for differences between demographic groups on the information accessibility and comprehension variables. Spearman's test of correlation coefficient was used to test the correlation between information accessibility and comprehension with emotional distress and adherence to epidemiologic measures. *Results.* The results showed a statistically significant difference for people with blindness and low vision older than 60 who have fewer problems than those 20-30 years old in the COVID-19 information accessibility. Those with higher information accessibility left their houses more rarely. Information accessibility showed no correlation with emotional distress. People with blindness and low vision with higher information comprehension expressed lower emotional distress and felt more certain about proper house hygiene upkeeping. *Conclusion.* Higher attention should be given to the accessibility and comprehension of media information for people with blindness and low vision in critical situations that can lead to saving lives, in the case of the COVID-19 pandemic, by lessening social contact and keeping proper house hygiene.

Keywords: blind, low vision, COVID-19, information accessibility, comprehension

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Introduction

The COVID-19 pandemic outbreak created an unprecedented situation in the recent past. The spread of a new infectious disease on a global scale created an immediate need and space for a large amount of information to answer the following questions: What is happening? What type of disease is it? What are the symptoms of the disease? How is it transmitted? What is the mortality rate? How can one protect oneself with family? What measures are being taken? What about public transportation and stores? Should one wear a mask? Where does one require a COVID-19 certificate? and many other questions.

Because of the relatively sudden onset of the pandemic, followed by the lockdown, accessibility and comprehension of information became key elements of communication between government (public health) agencies responsible for pandemic containment and the public. One segment of the public that was particularly interested in accurate and timely information was people with blindness and low vision (BLV). In addition to general nervousness and uncertainty in the face of the new situation, people with BLV were further stressed and worried by epidemiological measures based on a visual nature (keeping distance, appropriate hand disinfection, etc.) (Jondani, 2021; Sikirić & Mašić Fabac, 2022). Therefore, adequate and timely information was an essential part of the lives of people with BLV during the pandemic.

Even before the outbreak of the pandemic, the problem of access to health information and information about social care services among people with BLV was recognized. Beverley et al. (2004) claimed that access and provision of information were key to reducing inequalities in health and social care. The pandemic was believed to have increased inequalities and social exclusion of people with disabilities in terms of accessibility to health information through various channels (Kostanjevac & Bagaric, 2022).

Wang & Yu (2017) state that for people with BLV, the most important sources of information are interpersonal channels such as family and friends, followed by mass media in print, radio, television, and new information and communication technologies (smartphones, computers, internet). Ahmed & Naved (2020) consider that interpersonal channels are logical for people with BLV because they are immediate and faster to reach. On the other hand, the media is the main source of information in crisis situations because it provides basic information without room for speculation or rumors (Kostanjevac & Bagaric, 2022). People with BLV are most likely to seek information about health, social interactions, government information, and information about social rights and welfare policies, among others (Wang and Yu, 2017). The hierarchy by importance for people with BLV goes primary information about eye conditions, then health and social services and facilities, assistive devices, general health information, rights and finances, mobility, household and employment, education, and training (Beverley et al., 2007, 2011). Considering

the importance of health information, the sources of information on health and social issues for people with BLV are health professionals, social workers, civil society organizations, family and friends, educational institutions, and mass media (Beverley et al., 2011). In terms of health and social information, the COVID-19 pandemic created an environment full of new information and related concepts that needed to be understood and acted upon (Hardika et al., 2020). Understanding of vocabulary and information about COVID-19 varied by interest (understanding between educated and uneducated people) (Hardika et al., 2020).

With the pandemic, communication shifted primarily to the Internet, and demands for health information availability increased dramatically (Farooq et al., 2021; Hewitt & He, 2021; Kostanjevac & Bagaric, 2022). However, health information websites are not accessible and significantly affect access to information for people with disabilities, including people with BLV (Lüchtenberg et al., 2008; Dror et al., 2021; Hewitt & He, 2021; Siu et al., 2021; Yu, 2021). Using the Internet (IT) and websites also requires certain IT skills to be strengthened in people with BLV, especially in the context of a pandemic (Oviedo-Cáceres et al., 2021).

The aim of this paper is to determine the most affected demographic groups of people with BLV regarding accessibility and comprehension of media information in Croatia during the first COVID-19 lockdown in April 2020, as well as explore its correlation with emotional distress experienced by people with BLV and adherence to epidemiolocal guidelines. Based on this goal, three hypotheses were formed.

H1: There are statistical differences in accessibility and comprehension of media information between demographic groups of people with BLV.

H2: There is a statistically significant correlation between the accessibility and comprehension of media information and the emotional distress of people with BLV.

H3: There is a statistically significant correlation between accessible and comprehensible media information for people with BLV following epidemiological guidelines.

Methods

The questionnaire was completed by 45 people with BLV in May 2020. All participants were members of the Croatian Blind Union, which forwarded an open call to all its members to participate anonymously and complete the questionnaire online. Privacy of information was guaranteed, as well as the ability to withdraw consent to participate and use gathered information at any time during or after the completion of the questionnaire. Blindness was prevalent among 69% of participants (Table 1), and the rest identified as having low vision. As for gender, 21 participants were female and

24 were male. The mean age of participants was 49 (M=49, SD=2.6). Age ranged from 22 to 80. One participant from a nursing home and one student were excluded from further analysis since they did not form a group.

Table 1

Descriptive statistics for demographic groups

Groups	n	%
Blind	31	69%
Low vision	14	31%
Male	24	53%
Female	21	47%
Married	19	42%
Nonmarried	26	58%
Age 20-39	14	31%
Age 40-59	15	33%
Age >60	16	36%
Live alone	10	22%
1 cotenant	20	44%
2 cotenants	14	31%
House	24	44%
Apartment	20	53%
Employed	12	27%
Unemployed	11	24%
Retired	21	47%

Alongside demographic variables at the beginning of the questionnaire, seven variables questioned epidemiological guidelines adherence during the lockdown period, and two measured accessibility and comprehension of information on a 5-point Likert scale (Table 2). An emotional distress 5-point Likert scale of 10 variables with a high Cronbach's Alpha's coefficient (α= 0.906) (Mašić Fabac & Sikirić, 2022) was used.

Table 2

Descriptive statistics of emotional distress and epidemiological guidelines variables

Variables		n	M	SD	Me
ED	Emotional distress scale	43	27.76	10.31	29
EPI1	I leave the house as least as possible.	45	4.29	1.07	5
EPI2	I always use a mask and protection gloves while being outside.	45	3.64	1.40	4
EPI3	I feel uncertain about maintaining proper hygiene in indoor spaces.	45	1.89	1.36	1
EPI4	I feel uncertain about keeping proper hand hygiene.	45	1.53	1.05	1
EPI5	I adhere to guidelines about avoiding touching my face, eyes, and mouth while outside.	45	4.64	.80	5
EPI6	When I get home, I take off my shoes and disinfect them.	45	3.18	1.51	3
EPI7	I regularly ventilate the rooms in my house.	45	4.76	.67	5
Accessibility information	Media information on COVID-19 was accessible.	45	4.73	.72	5
Comprehension information	Media information on COVID-19 was comprehensible.	45	4.53	.84	5

IBM SPSS Statistics version 26 for Windows was used to analyse the results. Due to missing values in the emotional distress scale, only 43 cases were considered in testing the second and the first hypothesis because the group of students and the group living in a nursing home contained only one participant. With descriptive statistics, nonparametric methods Mann-Whitney and Kruskal - Wallis tests were used to test for differences between groups, and the Spearman coefficient was used to test for correlation between variables.

Results

Descriptive statistics

Accessibility information had a mean of 4.73 (N=45, M=4.73, Me=5, SD=.72), and information comprehension had a lower value of 4.53 (N=45, M= 4.53, Me=5, SD=.84) both on a 5-point Likert scale. Table 1 shows over 82% of participants (n=37) scored a maximum (total agreement) on a 5-point

Likert scale on the variable Accessibility (*Media information on COVID-19 was accessible*). A smaller percentage of 69% (n=31) expressed total agreement on the variable Comprehension (*Media information on COVID-19 was comprehensible*), with another 20% (n=9) mostly agreeing. Out of those who had completely accessible information, only 76% (n=28) completely agreed it was completely comprehensible. The emotional distress scale had a mean of 27.76 on a scale with a minimum score of 10 to a maximum score of 50 (N=43, M= 27.76, Me=29, SD=10.31).

The results in Table 3 show that people with BLV had high adherence to epidemiological guidelines (Me=5) in ventilating rooms at 82% (n=37), avoiding touching their face while being outside at 78% (n=35), keeping proper hand hygiene at 69% (n=31), keeping proper house hygiene at 64.5% (n=29) and leaving the house as least as possible at 60% (n=27). The lower compliance was in wearing masks and gloves while leaving the house at 40% (n=18) with a mean of 4 (Me=4) and taking off shoes after being outside and disinfecting them after coming inside the house at 24.4% (n=11) with the mean of 3 (Me=3).

Table 3

Percentages of response for information and epidemiological guidelines

Variables	Completely agree	Mostly agree	Nor agree nor disagree	Mostly disagree	Completely disagree
Accessibility information	82.2	13.5	2	-	2
Comprehension information	69	20	9	-	2
EPI1	60	20	13	2	4
EPI2	40	18	20	11	11
EPI3	9	7	13	7	64
EPI4	7	-	2	22	69
EPI5	78	13	7	-	2
EPI6	24.4	24.4	20	6.7	24.4
EPI7	82	16	-	-	2

Demographic differences

Results in Table 4 show accessibility for demographic groups having high means from 4.30 to 4.95. Comprehension variable means vary from 3.9 to 4.78. Those over 60 and those who live alone considered accessibility not to be an issue since there are no variable variations in those groups, with a constant result of complete accessibility of information.

All accessibility and comprehension of information variables groups (Table 4) did not show a normal distribution on a Shapiro-Wilk test, with p values for all equalling less than .05 (p>.05). Based on those results, a nonparametric method Mann-Whitney test was used to test for differences between two demographic groups, and the Kruskal-Wallis test was used to test differences between three groups on the accessibility and comprehension of information variables. For those with a statistically significant difference on a Kruskal-Wallis test, the Mann-Whitney test was used to determine which pairs of the three groups had statistically significant differences.

Table 4

Shapiro Wilks tests for demographic groups with means and standard deviation

Variables	Accessibility					Comprehension				
groups	M	SD	W	df	p	M	SD	W	df	p
Blind	4.84	.45	.40	31	.00	4.65	.66	.58	31	.00
Low vision	4.50	1.16	.50	12	.00	4.17	1.19	.72	12	.00
Male	4.70	.92	.38	23	.00	4.52	.99	.56	23	.00
Female	4.80	.41	.49	20	.00	4.50	.68	.71	20	.00
Age 20-39	4.36	1.15	.63	14	.00	4.36	1.21	.61	14	.00
Age 40-59	4.86	.36	.42	14	.00	4.57	.64	.68	14	.00
Age >60	Constant variable (value 5)					4.60	.63	.66	15	.00
Live alone	Constant variable (value 5)					4.78	.66	.39	9	.00
1 cotenant	4.85	.36	.43	20	.00	4.40	.68	.76	20	.00
2 cotenants	4.43	1.15	.58	14	.00	4.50	1.16	.51	14	.00
House	4.65	.93	.44	19	.00	4.39	.98	.59	19	.00
Apartment	4.84	.37	.44	23	.00	4.63	.68	.34	23	.00
Employed	4.83	.38	.46	12	.00	4.75	.62	.63	10	.00
Unemployed	4.30	1.33	.62	10	.00	3.90	1.28	.824	10	.02
Retired	4.95	.22	.23	20	.00	4.65	.57	.632	20	.00

*p>.05

Mann-Whitney test does not show a statistical difference in comprehension or accessibility of information between those with different vision status, gender, or household type, with p values for all equalling more than .05 (p<.05) shown in Table 5.

Table 5

Mann-Whitney tests for demographic differences in accessibility and comprehension

Groups	Accessibility			Comprehension		
	U	Z	p	U	Z	p
Vision status	182.5	-1.27	.20	179.5	-1.12	.25
Gender	250.0	-.06	.94	226.00	-.72	.46
Household type	214.0	-1.14	.25	210.50	-.84	.39
Age 20-39 vs. Age 40-59	85.5	-1.08	.27			
Age 20-39 vs. Age >60	72.0	-2.56	.01*			
Age 40-59 vs. Age >60	96.0	-1.85	.06			

*p<.05

Kruskal-Wallis test in Table 6 shows a statistically significant difference in the accessibility of information among different age groups (H=6.69, df=2, p=.035), with a statistical difference between the youngest and the oldest age group shown by Mann-Whitney test participants (U=72, Z=-2.56, p=.01) out of all pairs in Table 5. Those who are the oldest (Me=5) have fewer difficulties in accessibility to media information than those the youngest (M=4.36). No statistical difference was found by the Kruskal-Wallis test between those of different work statuses or the number of household members. H1 can be partially confirmed.

Table 6

Kruskal-Wallis test for demographic differences in accessibility and comprehension

Groups	Accessibility			Comprehension		
	H	df	p	H	df	p
Age	6.69	2	.03*	.02	2	.98
Household members	3.76	2	.15	4.18	2	.12
Work status	5.72	2	.07	4.48	2	.10

*p<.05

An emotional distress scale with 10 variables (Mašić Fabac & Sikirić, 2022) was used. The sum of results on these ten variables described the level of emotional distress. Shapiro-Wilk test shows accessibility and comprehension of information variables not having a normal distribution (p=.000), but the emotional distress variable did have a normal distribution (p=.05) (Table 7).

Table 7

Shapiro Wilks test for correlation variables with means and standard deviation

Variables	N	Mean	SD	Shapiro-Wilks test		
				W	df	p
Accessibility information	45	4.73	.72	.42	45	.00
Comprehension information	45	4.53	.84	.61	45	.00
Emotional distress	43	27.76	10.31	.60	43	.05*

*p>.05

Therefore, Spearman's correlation coefficient test was further used to test the correlation between variables (Table 8). It showed a statistically significant correlation between people with BLV emotional distress with comprehension of COVID-19 media information (n=43, r=-.42, p=.005), but not the accessibility of COVID-19 media information (n=43, r=.04, p=.801) since the p-value is larger than 0.05. The calculated correlation between comprehensible information and the level of emotional distress (r=-0.42) shows a medium correlation effect size (Cohen, 2013). Lower comprehension of information results in higher emotional distress in people with BLV. H2 is partially confirmed.

Table 8

Spearman correlation coefficient between accessibility and comprehension with emotional distress and epidemiological guidelines

Variables	n	M	SD	Me	Accessibility		Comprehension	
					r	p	r	p
Emotional distress	43	27.76	10.31	29	.04	.80	-.42	.00*
EPI1	45	4.29	1.07	5	.52	.00*	.24	.10
EPI2	45	3.64	1.40	4	.12	.40	-.06	.65
EPI3	45	1.89	1.36	1	-.08	.59	-.38	.01*
EPI4	45	1.53	1.05	1	-.04	.97	.09	.51
EPI5	45	4.64	.80	5	.18	.22	.28	.06
EPI6	45	3.18	1.51	3	.26	.08	.06	.65
EPI7	45	4.76	.67	5	.26	.07	-.01	.91

*p<.05

Epidemiological guidelines were described by seven variables on a 5-point Likert scale (Table 2). All epidemiological guidelines variables did not show a normal distribution on a Shapiro-Wilk test with p values for all equalling less than 0.05 (p=.000). Spearman's test of correlation coefficient (Table 8) showed a statistically significant correlation between access to information and leaving the house as little as possible (r=.52, p=.000), which being larger than 0.5 shows a large correlation effect size (Cohen, 2013). The higher the accessibility of information, the fewer people leave the house. There is also a statistically

significant correlation between COVID-19 information comprehension and uncertainty about proper cleaning of the living environment (r=-.38, p= .010), indicating a medium effect size (Cohen, 2013). The lower the media information comprehension, the more people with BLV feel uncertain if they maintain the proper hygiene of their living spaces. H3 is partially confirmed.

Discussion

This study highlights the challenges faced by people with BLV during the COVID-19 lockdown, particularly in terms of accessing and comprehending media information. The research partially confirmed hypotheses by showing demographic differences in accessibility, a correlation between comprehension and emotional distress, and associations between comprehension and adherence to guidelines. The findings emphasize the need for targeted strategies to improve accessibility and comprehension of important information during such crises, especially for vulnerable groups such as people with BLV.

The general conclusion of the research by Dror et al. (2021) is that the accessibility of web information contains numerous barriers. According to the same research, Croatia has achieved a very good result in both European and world comparisons, with a low number of errors in the accessibility of websites providing COVID-19 information. Although high percentages of overall agreement on the accessibility and comprehension variable initially indicate a high level of satisfaction with media reports on COVID-19, looking more closely, that is not the case. People with BLV cannot access almost 20% of information from media and they cannot completely understand another 30% of it, since one can only judge the comprehension of those that are available to them or that it has been exposed to. When taking into account the total sample's accessible and comprehendible information, out of 45 participants, eight of them (18%) did not have access to media information, and another nine (20%) out of those who had complete access did not consider it completely comprehensible. That is, more than a third of the participants (n=17) did not have available clear information, leaving 28 people with BLV (62%) that had complete access to and comprehension of media information. This lowered comprehension could be related to speech *synthesizers* and the speed at which they heard the information (Hjelmquist, Dahlstrand & Hedelin, 1992). An increase in speed could inhibit the processing of information and, with that, its comprehension. These findings highlight the digital inequality that can arise from several reasons, including inaccessibility to digital resources and lack of skills or confidence in using those technologies. Robinson et al. (2021) found that the pandemic exacerbates digital inequality to the detriment of those with less digital confidence. Aside from common factors such as inaccessibility of information or lack of skills, Beverley et al. (2007) contend that people with BLV bypass health information in some forms of information-seeking and choose to avoid it. We need to take into account

that people with BLV cannot judge how much information is not experienced from a visual source (e.g., chart on TV). Since 70% of our participants are blind, they may not be aware of graphs and schemes even existing, so they cannot judge their accessibility. It can also be partially explained by relying solely on the hearing information from TV, radios, speech *synthesizers,* and screen readers that cannot access all info on news portals, e.g., graphs that describe valuable information on the pandemic.

The result regarding age differences in accessibility was the opposite of the expected. With the constant advances in technology and the need to learn how to use those technologies, it would be expected that those who are older would have more problems with the accessibility of information. Age differences in information accessibility can also be explained by age-related visual impairment. Those in our sample in the age group of 20-39 were more likely to receive assistive technology training during their education if their visual impairment was of congenital or childhood occurrence, and those with acquired impairment were more likely to receive professional rehabilitation in relation to keeping their job. Those who were over 60, with a high percentage of retired, and with age-related visual impairment did not have rehabilitation services. Therefore, a lack of technology knowledge would not enable them to access information. Wang & Yu (2017), in their study on the daily information-seeking behaviour of people with BLV, found that people over 60 years old have lower information needs and usually seek them for hobbies and recreation. Young people have greater information needs, especially for social rights and welfare policies, employment, and health information. The results showed the accessibility of information is not a concern for older people with BLV. That could be explained by their lowered information needs or lack of knowledge and use of new technologies. They could possibly rely mostly on radios and TV since those were their primary sources of information while growing up. Other technologies such as mobile phones, the internet, social media, computers, and tablets could not be as relevant to their informing or the main source. Therefore, perhaps they did not consider new technologies in information accessibility as relevant or more important than TV or radio. With age, factors such as work memory, attention, and cognitive skills lower (Kim et al., 2016), as well as processing speed (Murman, 2015), the authors expected lowered comprehension of information with age. But the results did not show that. The reason aging has not influenced comprehension of information could be explained by cumulative knowledge not declining with age (Murman, 2015), which one uses to process new information.

Since there is no correlation between the accessibility of information and emotional distress, but there is a correlation between information being comprehensible and the level of emotional distress, it indicates a need for clear and comprehensible media reporting. The results show that the lower the comprehension of information about COVID-19, the higher the emotional

distress that people with BLV feel. Due to the confusion regarding information and proper understanding of information, people with BLV feel higher stress. Information accessibility shows no correlation with emotional distress, indicating that people with BLV have found ways to access information from inaccessible media or are simply not bothered by the information they have no access to. These findings are partially supported by Robinson et al. (2021), whose research showed that individuals with lower digital confidence understood less COVID-19 information and exhibited physical symptoms of anxiety. Their results indicate that individuals with digital confidence are less likely to exhibit pandemic anxiety with physical symptoms and adequately comprehend more important COVID-19 information. Social media (social networks) and other websites during the pandemic resulted in information overload among the population, in contrast to official public health websites that provide concise information (Farooq et al., 2021; Soroya et al., 2021). Such information overload leads to greater stress among people and the inability to adhere to specific epidemiological guidelines (self-isolation) (Farooq et al., 2021).

Compliance with the measures of COVID-19 is determined by several factors at different levels. The socioeconomic and political context, the individual's social and cultural values, social cohesion, and working conditions, among others, play an important role in the individual's decision to adhere to epidemiological measures (Ahmadi et al., 2022). In addition, adherence depends on sociodemographic variables, attitudes toward COVID-19, trust in institutions, approval of conspiracy theories, media, ability to follow guidelines, individual's scientific literacy, social network, and public health communication strategies (Moran et al., 2021). Keeping a physical distance, wearing masks, and maintaining hand hygiene are proven nonpharmaceutical measures to reduce viral transmission (Moran et al., 2021). Therefore, it is reasonable to expect the lowest adherence to those measures that were least represented in the information, whose effectiveness is not clearly communicated, or that are difficult to monitor with impaired vision, such as disinfecting shoes or wearing gloves. Masks pose a problem for people with visual impairment because it is difficult to ensure their correct placement non-visually. In some situations, the use of olfactory information is prevented, and visual problems (fogging of glasses) occur when mask and glasses are worn together (Jondani, 2021).

The results show that the COVID-19 information did not give people with BLV enough comprehensible information regarding how to properly clean their homes and remain safe in their homes because those are the areas where they feel the most uncertainty. Those who found the information about COVID-19 accessible obviously heard about the need to minimize social contact and, therefore, remained inside the house more than those who found the information about COVID-19 inaccessible. Understanding epidemiological measures depends on both the health literacy of the individual and the level

at which the information is presented. If the information is not written for the general population but only for the better educated, it will be accessible to only a portion of the population (Valizadeh-Haghi et al., 2021). Higher health literacy has a positive impact on the awareness of COVID-19 as well as adherence to related epidemiological measures (Clements, 2020; Naveed & Shaukat, 2022). Available online sources of information and their accuracy are critical in motivating the population to adhere to epidemiological guidelines during a pandemic (Farooq et al., 2021). Knowledge correlates positively with following protective epidemiological guidelines (Soederberg Miller et al., 2021).

The authors did not consider the sources of receiving information, or which media sources of information people with BLV found the most inaccessible. Generalization of the results due to the small sample size is not possible, and one must consider that the sample was that of convenience. The effect of the lack of comprehensible information on protection from COVID-19 and its possible consequences have not been researched. The difference between listening information comprehension and Braille reading information comprehension was also not distinguished. It was also not distinguished whether the participants listened to natural speakers of synthesizer voices.

Another limitation of the study is that possibly only those interested in the research topic chose to participate, which could also mean they were affected more greatly by the pandemic than those who did not choose to participate. Also, a very small number of people with blindness and low vision completed the questionnaire compared to all members of the Croatian Blind Union. Those not members of the Union did not receive the open call. Also, those without knowledge of computer technologies to complete the questionnaire were excluded, as well as those who did not have a sighted helper.

Conclusion

Several important conclusions emerge from this research. In daily life, accessible and comprehensible information was very important for people with BLV, especially for those younger than 40, since they were the most affected group. The importance of accessibility and comprehensibility increases dramatically in critical situations that require daily behavioural changes. Good comprehensibility of pandemic information was an important factor in compliance with epidemiological measures and in preventing a COVID-19 infection. In addition, the comprehensibility of the same information was an important factor in controlling the stress levels of people with BLV during the pandemic. In the future, when concerned with life-threatening circumstances, accessible and comprehensible information must be a standard and not just good luck for people with BLV. Younger people with BLV access information on many different platforms, which all should be equally accessible and comprehensible. Reporters and media developers should be aware of that.

With participants' age, primary sources of information access may vary, so adding these variables in further research about the accessibility of information in Croatia for people with BLV could explain areas that could be improved regarding making their information accessible and comprehensible. The impact of the inaccessibility and comprehension of information that is highly relevant and valuable for life preservation, especially for those with a higher risk of mortality due to COVID-19 infection, like persons with a disability, must be minimized and further researched.

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Pristupačnost i razumevanje informacija o kovidu 19 za slepe i slabovide

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Uvod: U kriznim situacijama kao što je pandemija kovida 19 za osobe sa oštećenjem vida izuzetno su bitne pravovremene i razumljive zdravstvene informacije. Na osnovu prikupljenih informacija moguće je adekvatno odgovoriti na zahteve zdravstvenih službi odgovornih za suzbijanje pandemije. *Cilj:* Cilj ovog istraživanja bio je da se utvrde razlike među demografskim grupama osoba sa oštećenjem vida u odnosu na pristupačnost i razumevanje informacija o kovidu 19 za vreme izolacije, kao i njihov uticaj na emocionalni distres i pridržavanje epidemioloških mera. *Metode:* Mann–Whitneyev i Kruskal–Wallisov test korišćeni su za testiranje razlika među demografskim grupama na varijablama pristupačnosti i razumevanje informacija o kovidu 19. Spearmanov test korelacije korišćen je za testiranje korelacije između pristupačnosti i razumevanja informacija i emocionalnog distresa i pridržavanja epidemioloških mera. *Rezultati:* Rezultati pokazuju statistički značajnu razliku kod osoba s oštećenjem vida starijih od 60 godina koje imaju manje problema u pristupu medijskim informacijama od onih između 20 i 30 godina. Osobe sa većom pristupačnosti informacija ređe napuštaju svoje kuće. Pristupačnost informacija ne pokazuje korelaciju sa emocionalnim stresom. Osobe s oštećenjem vida koje imaju veće razumevanje informacija izražavaju niži emocionalni stres i sigurnije su u pravilno održavanje kućne higijene. *Zaključak:* U slučaju pandemije kovida 19 potrebno je posvetiti više pažnje pristupačnosti i razumevanju informacija osoba sa oštećenjem vida u kritičnim situacijama koje mogu voditi očuvanju života, kroz smanjene kontakte i sigurnije održavanje higijene kuće.

Ključne reči: slepi, slabovidi, kovid 19, pristupačnost informacija, razumevanje

PRIMLJENO: 11.02.2023.
REVIDIRANO: 03.10.2023.
PRIHVAĆENO: 09.10.2023.