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Double Jeopardy: reflections of accessing and navigating public spaces during COVID-19 by blind and visually impaired (BVI) people in Gqeberha

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Submitted in fulfilment of the requirement for
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December 2023

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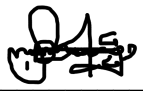
Signature: 

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ABSTRACT

Disability only exists in reference to ability, denoting that people are only disabled if considered and treated as disabled. The inherent social conditions and features of society significantly shape disability. The impact of the COVID-19 pandemic was significant in the lives of blind and visually impaired individuals (BVI) since these individuals "access the world" through tactile contact, a behaviour strongly opposed during the pandemic. Therefore, this study explored how BVI individuals struggled to access and navigate public spaces in Gqeberha and how their risk of contracting COVID-19 increased when accessing these spaces.

The study was qualitative ethnographic research. It was conducted in Gqeberha and embedded within a non-governmental organisation (NGO). A heterogeneous purposive sampling method was used to recruit ten BVI individuals and four trainers. Data was generated through semi-structured interviews and participant observation and analysed thematically.

The study's key findings demonstrate that the COVID-19 countermeasures implicated the lives of BVI individuals, as some felt the need to avoid public spaces not by choice but by obligation to protect themselves from the possible risk of infection. The research findings reveal the barriers encountered through social encounters, physical navigation of the built environment, and information access, thus making the social, digital, and physical spheres inaccessible.

COVID-19 exacerbated these barriers while simultaneously revealing the perpetual debilitating barriers in the lives of BVI people before the pandemic, during the pandemic, and presently. The recommendations explored the implementation of awareness-based programmes, integration and inclusion in physical spheres, and inclusionary disaster communication during disasters. Ultimately, as a society, we have a lot to do to achieve accessibility and, fundamentally, social integration. It is recommended that when developing health safety policies in times of crisis, it is crucial to consider populations with unique challenges rather than having a blasé approach.

Keywords: Blind and visually impaired (BVI); COVID-19; access; navigation; public spaces; barriers; South Africa

DEDICATION

I dedicate this thesis to the God of our Lord Jesus Christ, the glorious Father, who generously granted the wisdom and knowledge I required to conceive this thesis to every individual who significantly contributed in one way or another during this research.

ACKNOWLEDGEMENTS

Two scriptures have been my foundation throughout this process. The first is Proverbs 3:5, which says, “Trust in the Lord with all your heart and lean not on your own understanding; in all your ways acknowledge him, and he will make your paths straight.” The second is Proverbs 16:3, which says, “Commit to the Lord whatever you do, and your plans will succeed.” Therefore, first and foremost, I give thanks to the Almighty Father, whose divine grace has been sufficient for me throughout this process, as none of this would have been possible without Him. I am truly humbled and filled with awe and thanksgiving for the unfailing and everlasting love and kindness of God towards me.

Words fail me in the attempt to express my sincere and utmost gratitude to my supervisor, Dr Gabriel Gyang Darong. **THANK YOU, KINDLY SIR**. Your intellect, professionalism, profound wisdom, and vision have been astonishing to witness and receive the impartation. I have truly been blessed to have been graced with sir as my supervisor. Thank you so much for your continuous efforts in encouraging, guiding, and mentoring me. Your vast knowledge, time, resources, experience, academic expertise, understanding, and belief in me have immensely contributed to the fulfilment of this study. I pray that God will abundantly bless you in every sphere, and may His great richness, favour, and grace always be upon you!

To my parents, Daddy (Nick) and Mommy (Lynn), your insight, intellectual discussions about the research, counsel, constant and consistent prayers, words of encouragement, unconditional love, and support have tremendously uplifted and nurtured me during this process. I am because you are. Therefore, I always thank God for you!

To my brother (Courtney), thank you for the numerous ways you have supported me throughout this journey.

To Professor Michelle Dold Cocks, I am sincerely grateful and pay homage to you for your role in aligning and authorising this process.

To the Nkosinathi Foundation, the director, staff members, and research participants, I humbly offer my sincere gratitude for your acceptance and accommodation of the research study. I convey my utmost appreciation to the blind and visually impaired individuals for being willing

to participate and share your lived experiences. Your participation and contribution to rich and detailed narratives have enlightened and broadened my horizons, perception, and comprehension of visual impairment. Without your role, this study would not have been carried out; your participation has truly enriched this study. Thank you so much!

I am wholeheartedly thankful and appreciative towards every individual. Your contribution has been significant and memorable! Thank you so much. May the peace and love of God be with you all.

ACRONYMS AND ABBREVIATIONS

BVI – Blind and Visually impaired

BVIP – Blind and Visually impaired person/people

CDC- Centre for Disease Control

O&M – Orientation and Mobility

VI- Visually Impaired

VIP – Visually Impaired person/people

WHO- World Health Organization

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Chapter One: Introduction and Background

1.1 Introduction

Kaznitz and Shuttleworth (1999) assert that disability only exists in reference to ability, denoting that people are only disabled if considered and treated as disabled.

According to Gartrell et al. (2018), disability-based disadvantage and well-being are shaped by material conditions, social meanings, and lived experiences. This signifies that society's inherent social conditions and features influence the health and well-being of people with disabilities (Gartrell, Jennaway, Manderson, Fangalasuu, & Dolaiano, 2018). These social determinants demonstrate the disproportion of disability-based disadvantage and inequities, exhibiting how socio-cultural, economic, and political contexts shape disability. Disability is thus perceived as conventionally imputed by negative socio-cultural meanings catalysing stigma and social exclusion. Therefore, these broader patterns and structural mechanisms embedded within the framework of society impact the functioning and well-being of those with disabilities (ibid). As such, disability is viewed as a category that is fundamentally socially constructed (Reid-Cunningham, 2009). Individuals are considered impaired if they experience (or are perceived to experience) physiological or behavioural conditions. These are socially identified or associated as problems, illnesses, disorders, syndromes, or other comparably negatively valued differences, distinctions, or characteristics which present an ethnomedical diagnostic classification or categorisation (Kasnitz & Shuttleworth, 1999). Therefore, many of the challenges faced by persons with disabilities are not inevitable products of their impairment but instead constructing an environment that arbitrarily and, sometimes, maliciously excludes or limits their social participation.

The Convention on the Rights of Persons with Disabilities defines disability as “the interaction between persons with disabilities and impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others” (Uji & Bjorkman, 2021). Addressing the mechanisms disabling these individuals in society, the convention aims to ensure the rights of all persons irrespective of physical circumstances and

cognitive skills, recognising society's role in limiting these individuals and creating debilitating barriers (Manderson, 2004). In 1997, the White Paper on the Integrated National Disability Strategy INDS, a strategy encompassing principles, guidelines, proposed policies, and programmes for developmental social welfare in South Africa, was established (Republic of South Africa, 1997). This primary policy document centralised the issue of disability, calling for action to promote the rights of people with disabilities in our society (Republic of South Africa, 1997).

The official document, model on the Constitution of the Republic of South Africa as well as the following instrumental material, including the Convention on the Rights of Persons with Disabilities and its Optional Protocol, Vienna Declaration and Programme of Action, the Copenhagen Declaration and Programme of Action and the Sustainable Development Goals which reaffirm the human rights of persons with disabilities (Dlamini, 2015). This Bill is intended to accelerate transformation and redress regarding the full inclusion, integration, and equality for persons with disabilities (Dlamini, 2015). Subsequently, the vision of this framework is "A society for all, one in which persons with disabilities are actively involved in the process of transformation" (Dlamini 2015:19), utilising a social model to address disability based on a mainstream approach. The document, thus, acknowledges that disability is socially constructed, recognising and emphasising barriers in the socio-economic environment which disable a person with an impairment (Dlamini 2015:21; Republic of South Africa 1997). It thus substantiates the need for a broader systematic and attitudinal change in society, the provision of accessible services and activities, and the mainstreaming of disability to ensure the full inclusion of persons with disabilities as equals (Dlamini, 2015).

Manderson (2004) asserts that the resolution to pervasive discrimination against persons with disabilities needs to surpass the erasure of physical and technical barriers to participation. The author further postulates that access to products and technologies may aid in developing capability, and improvement to the built environment may minimise difficulties relating to mobility and communication; however, the transformation and development of housing, urban planning, transportation, assistive and general technology, education and employment, policies and employment, will not conventionally nor automatically alter social attitudes, ensure inclusion, or minimise disadvantages and prevent social exclusion, marginalisation, and stigma (Manderson, 2004). Therefore, it is vital that the beliefs and conceptions of contemporary

societies, their ideologies, and philosophies of government, as well as their institutions and structures, are considered when implementing transformative strategies and initiating social change (Manderson, 2004). Accessibility, or the lack thereof, is thus a crucial determinant of disability. Blind and visually impaired individuals (BVI) encounter inaccessibility through physical barriers, social barriers, and unusable facilities in the process of accessing and navigating public spaces (CDC, 2020). BVI individuals' inaccessibility in navigating spaces affects their functioning, well-being, and social participation.

The COVID-19 pandemic disproportionately affected society. The novelty and severity of the disease gave rise to diverse experiences (Kim et al., 2021). Theoretically, the pandemic's impact was shared and felt globally. Realistically, however, due to pre-existing socio-economic disparities within certain societies, disasters are detrimental to vulnerable and marginalised populations (Fjord & Manderson, 2009). This viewpoint is supported by Gombas & Csakvari (2022), who states that the outbreak state that the outbreak of the coronavirus disease posed a significant threat to individuals with disabilities, especially blind and visually impaired (BVI) individuals. Consequently, people living with visual impairments in the context of being a vulnerable population were susceptible to pot were susceptible to potential risk factors proportionately affected by the pandemic.

Implementing appropriate countermeasures meant to mitigate the spread of the virus, such as social distancing and avoidance and minimising touching surfaces and/or objects that may be contaminated with viral particles, all posed unique challenges for those with low, partial or no vision. These observations have initiated an interest in conducting this explorative study to understand the experiences of people with visual impairments. This study thus explores the increased risk blind and visually impaired individuals had in contracting COVID-19 during the pandemic's peak, focusing on access to and navigation of public spaces. This chapter will, therefore, introduce the research topic, the aims and objectives of the study and the questions the study aims to explore. This chapter will simultaneously outline the problem statement, the rationale and significance of the study, and provide definitions of vital terms for problematising.

1.2 Problem statement

Approximately one billion (15%) of the world's population has some form of disability. Addo et al. (2021) contend that 253 million people have vision loss, 36 million fall under blindness, and 217 million have moderate or severe visual impairments. The South African disability statistics based on the 2011 census indicate that 7.5 per cent (estimated at 2 870 130) of the population are people with disabilities (Mitra & Yap, 2022), of which 1.7 per cent (approximately 48 792) experience severe visual acuity. The estimated prevalence of blindness is 0.75 per cent (approximately 21 526 individuals) (Addo et al., 2021). The Eastern Cape province disability statistics based on the 2011 census indicate that 9.6 per cent (472 106) of the population are people with disabilities, with 1.9 per cent indicating severe difficulty in seeing and 10.1 per cent (approximately 47 683) signifying mild difficulty in seeing (Statistics South Africa, 2011).

Ginsburg and Rapp (2013) assert that disability is shaped by social conditions that exclude the full participation of people with disabilities in society. In this view, Devlieger (2018) corroborates that it is not the impairment that creates a disability but rather the incompatibility of impaired bodies with social norms and physical environments determined by societal standards. Disability is not located solely within the mind or body of an individual but rather in the relationship between people with bodily and intellectual differences and their social environment. Kasnitz and Shuttleworth (1999) construe this from the position that society may perceive that an individual has an impairment, and depending on the contexts of everyday life, the person may be included in some cultural spheres but not included in others. These disabling social responses limit the functioning of these individuals in their lifeworld. Reid-Cunningham (2009) affirms that individuals affected by medical issues are merely impaired. They become disabled only when society creates barriers and hinders their functioning and independence because of their impairment. Albrecht (2006) furthermore contends that the interplay of these beliefs, social expectations, connotations, and socio-economic imperatives embedded within a particular society determines whether some human anomaly will be considered impairing and whether the individual will experience social exclusions.

In the context of exclusion and vulnerability, social exclusions experienced by people with visual impairment have become notably more complex. The emergence of the coronavirus forced the World Health Organization (WHO) to declare a global pandemic due to the infectious disease outbreak. Vulnerable and marginalised groups, which included people with disabilities, were reported to be the most affected, with the effects of the pandemic having severe consequences for the health, well-being, and quality of life of these individuals (Oveido-Caceras, Arias-Pineda, Yepes-Camacho, & Patricia, 2021). People with visual impairments falling under this category were delimited to be adversely affected.

COVID-19 was first identified in Wuhan City, Hubei Province, China in December 2019 (Modisenyane, et al., 2022). This was first declared as novel viral pneumonia of unknown causes (Carvalho, Krammer, & Iwasaki, 2021). The first description of 41 patients displayed common symptoms of fever, cough, myalgia, and fatigue (Huang et al., 2020). By February 2020, the new disease has been termed COVID-19. Three key features have been established: person-to-person transmission, vital signs of transmission before or even without showing symptoms, and an incubation period of 5.7 days (Huang et al., 2020). By the end of February 2020, 83,652 cases have been registered globally (Carvalho et al., 2021). The first case of COVID-19 in South Africa was reported on the 5th of March 2020 from a traveller who had returned from Italy (Modisenyane et al., 2022). Within 18 days, 402 cases were detected. The South African government implemented various preventative and mitigation measures to reduce transmission, introducing non-pharmaceutical interventions, hand washing, maintaining physical distance, using masks, sanitising hands, and quarantine (Modisenyane et al., 2022). The South African government initiated decisive early action: a national state of disaster was declared on 15 March 2020, and a nationwide lockdown (known as level 5 lockdown) was enforced on 27 March 2020 (Giandhari et al., 2020). The enforcement of a nationwide lockdown during the first wave of COVID-19 created complex challenges for BVI individuals. The restriction of venturing out to public spaces and limiting contact with others created difficulties for those who relied on human assistance to complete tasks (Gori, Bertonati, Freddi, Amadeo, & Mazzoni, 2022). Shopping for daily needs was also implicated, as this now had to be done online. However, these were inaccessible to visually impaired individuals who could not access digital spheres (Gori et al., 2022). Once the level 5 lockdown was lifted, and the country slowly started to transition to lower levels, access to public spaces was allowed,

with the enforcement of regulations for mask-wearing, social distancing and minimisation of touch (Sewpaul et al., 2022). However, these limitations in the public sphere created another level of adverse difficulties for persons with visual impairments.

SARS-CoV-2 was cautioned as spreading through both direct contact (respiratory droplets and human-to-human transmission) as well as indirect contact (contaminated objects and airborne contagion) (van Doremalen et al., 2020). The spread of SARS-CoV-2 through direct contact (person-to-person) occurs mainly via respiratory droplets when a person coughs, sneezes, and participates in any form of activity that releases droplets (van Doremalen et al., 2020). The spread of SARS-CoV-2 through indirect contact via respiratory droplets can occur when the contagion remains airborne and on surfaces for up to three hours (van Doremalen et al., 2020). Thus, the transmission of the virus through indirect contact can occur if a person touches a surface contaminated with COVID-19. The possible presence of such infected droplets in public spaces invariably increases the vulnerability to risk of exposure to COVID-19 amongst BVI persons and heightens what they consider threats (Heidi, 2021).

When you cannot visualise and see your surroundings, touch becomes one of the primary modes of exploring and interacting with the environment. For BVI individuals, the sense of touch and haptics surpasses this modality's "normal" uses (Rizzo, Beheshti, Fang, Flanagan, & Giudice, 2021). This modality enables BVI individuals to accurately orient themselves in the spatial environment and attain essential spatial information about their environment. The limitation of touch and tactile contact poses an immense challenge for BVI individuals, as this is an integral part of how they conduct their daily lives and explore their spatial environments (Heidi, 2021). Adhering to social distancing regulations created a challenge, as non-visual sensing does not help to detect or maintain an accurate six-foot separation. Simultaneously, maintaining this boundary and distance might be inconsistent or challenging even when using a long cane (Rizzo et al., 2021).

The COVID-19 pandemic thus posed a threat to the way that BVI individuals approach, navigate, and experience their spatial environment. The restrictive measures recommended adopting new behavioural changes and attitudes in the public sphere, which created difficulties for people with visual loss or limited vision. The restructuring of routines and roles, which constitute the identities of these individuals and enable access and navigating the

known world, yielded significant consequences at physical, social, psychological, and emotional levels. These individuals faced considerable concerns, which can be phrased as "touch and contract COVID-19, don't touch and risk inaccurate orientation". The COVID-19 pandemic consequently added a new layer of difficulty to the challenges and experiences in accessing and navigating public spaces. However, there have not been many studies, especially within the South African context, probing how COVID-19 affected this population, particularly when accessing and navigating their changed spatial environment.

1.3 Problematizing Key Terms

Looking at the complex views around what some of the key terms used in this study mean to different people and how they are used, it is paramount to provide a detailed context of how they are understood and utilised in this study. This section will show the various positions held by different researchers on the key terms used and my interpretation, understanding, and use of the terms for this study.

1.3.1 Understanding Disability

Disability is a complex, evolving, multidimensional phenomenon. Anthropologists widely accept that disability is socially constructed and defined by societal standards for normative, body, behaviour, and role fulfilment (Susman, 1994). Disability is viewed less as a limitation or dysfunction than as the "perceptions and prejudices of an able-bodied majority" that hinder the independence of people with disabilities (Reid-Cunningham, 2009). Battles and Manderson (2008) argue that disability is intrinsic to the individual rather than the consequence of social structure and environment. However, physical and cultural barriers constrain the social inclusion, capacity, and accessibility of these individuals (Battles & Manderson, 2008). Reid-Cunningham (2009) states that different cultures and societies conceive disability in diverse ways; thus, the anthropological perspective is crucial to factor into. According to Naemiratch and Manderson (2009), cultural meanings of disabilities inform community understandings of and responses to disability. These understandings are further

shaped by maintained beliefs that influence attitudes towards illness, adversity, and bodily states; these ideologies and notions sustained by the community impact the social participation of people with disability within these spheres (Naemiratch & Manderson, 2009). Hence, this study is heavily influenced by the medical anthropological perspective and understanding of the term disability, undertaking this viewpoint to guide the study. Throughout the dissertation, the term "people with disabilities" will be used in line with this social model of understanding and defining disabilities.

1.3.2 Blindness: visual or vision impairment?

The terms blind and blindness are often used interchangeably. The term 'blind' is a general term encompassing individuals with low vision and those without vision (Kemp, 1981). Total blindness is a term utilised to describe individuals with a complete lack of light perception or no vision, documented as no light perception (NLP) (Lee & Mesfin, 2023). Functional definitions vary according to the objective or intended purpose. Therefore, there are descriptions of travel vision (mobility), shadow vision, near vision, distance vision, educational blindness, and occupational blindness (Kemp, 1981). Conditions that cause vision loss vary. It can be a genetic, congenital, or acquired condition (Lozada, Cleveland, & Smith, 2019). Thus, vision loss may result from one factor or a combination of factors. The process of vision loss can occur gradually or suddenly. It can result in central vision loss, peripheral vision loss, overall blur, decreased contrast sensitivity, colour vision difficulties, night vision blindness, glare, or light sensitivity issues (Lozada, Cleveland, & Smith, 2019). "Vision impairment" is often used interchangeably with "visual impairment".

In understanding visual impairment, the following definitions apply to this study. Padayachee-Naidoo (2005:9) views visual impairment as "a generic term which covers a range of difficulties with vision and includes the following categories: blind, legally blind, partially sighted, low vision, and cortically visually impaired." If we define visual impairment undertaking the social model of disability depiction, it would be viewed from the position that Kasnitz and Shuttleworth (1999) take, stating that an impairment is a negatively construed, cultural perception of a bodily, cognitive, or behavioural anomaly in terms of individual

functioning. It is also necessary to note and account for the varying and complex ways people "see," with and without anatomical eyes (Petty, 2021). Addressing this through an anthropological understanding and perception of vision, as most people who identify as "vision-impaired" or "blind" retain vision capacities and see. This includes people without visual capacity through their anatomical eyes and whose vision is non-congenitally "impaired." Petty (2021) argues that such individuals relay experiences of "seeing in the mind's eye" as a "phantom vision". The author thus contends that "blindness" and "seeing," non-vision and vision, are not mutually exclusive. Switzer (2021) mentions that some individuals may see in their peripheral field of vision but not in their central vision, or vice versa. Central vision is straight-ahead vision utilised to read, drive, and recognise faces (Lipner, 2022). Central vision is used to complete everyday tasks (Lipner, 2022). Peripheral vision is the ability to see things you are not directly looking at and are "out of your field of vision" (Johnson & Finn, 2017). Others see blurred imagery, individuals who only perceive light, and others with diverse and varying degrees of vision (Switzer, 2021). The author additionally notes that vision is not static; as we age, our vision often changes (Switzer, 2021).

Therefore, considering all these definitions, visual impairment is viewed as a spectrum and is utilised in this study as an umbrella term, whereby those who identify and classify themselves as "visually impaired" fall under, essentially, since visual impairment is different for each person who experiences it. Switzer (2021) details that people who use canes may not be blind and may still attain residual vision. Thus, people on the street may not understand why they use a cane. When people lack the "accoutrements of blindness" as perceived by society, their claims and identification of 'blindness' are questioned, and they receive little understanding and empathy (Schneider, 2006; Kumar Sahu, Sahu, 2015). This highlights the politics of choice of terminology. In some settings, people utilise the term 'vision impaired' because it unambiguously refers to their sight regardless of whether it is perceived by society. In contrast, others have chosen the term 'visually impaired', a term used to describe any vision loss, whether it pertains to someone who cannot see at all or has partial vision loss (Salvin, 2016). This term can also refer to the person who sees or is seen. Dale (2010), however, grapples with the terminology used, quoting Kinash (2005:19), who states that not being able to see is not socially constructed since 'not seeing' is a physiological fact. However, it is the attitudes that society has towards blindness that are socially constructed (Dale, 2010). Thus,

society developed the construction of considering vision as ‘normal’ and those with different vision as ‘sub-normal’ or ‘abnormal’. Bolt (2006) defines this as ocularcentrism, a perceptual and epistemological bias of ranking vision over other senses. Ocularcentrism is illustrated in language and metaphor, which the author portrays through the language and metaphors we commonly use in society, for example, blind stupor, blind taste test, blind presentation, and a blind experiment. The terminology is discussed because it contributes to the ‘construction of disability’ (Bolt, 2006). The terms we use are significant, denoting power, strength, weakness, and other negative biases (Switzer, 2021). These terms can marginalise, categorise, and exclude, influencing others' sense of self, identity, and societal experiences.

Apart from being widely used in literature, the NGO, as well as the research participants in this study, identified and utilised both “vision impaired” and “visually impaired” when addressing themselves in instances where they do not make use of the descriptive terms “blind” and/or “partially sighted.” Therefore, the terminologies related to “visually impaired” and “person with visual impairments” are thus utilised and employed within this study.

1.4 Study Aim

This study explores the experience of accessing and navigating public spaces during the COVID-19 pandemic amongst blind and visually (BVI) individuals in Gqeberha.

1.5 Study Objectives

1. To understand the challenges and associated risks of COVID-19 experienced by blind and visually impaired (BVI) people in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

2. To understand how blind and visually impaired (BVI) persons managed the challenges and associated risk of COVID-19 when accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

1.6 Key Questions

1. What are the challenges and associated risks of COVID-19 experienced by blind and visually impaired (BVI) people in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic?

2. How did blind and visually impaired (BVI) persons manage the challenges and associated risk of COVID-19 when accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic?

1.7 Rationale and the Significance of Study

The rationale for this study was grounded in observing the disproportionate effects the COVID-19 pandemic had on vulnerable and marginalised groups. The COVID-19 pandemic observably created significant challenges in virtually every facet of the lives of the BVI community, which thus prompted and guided an in-depth exploration of this phenomenon.

The mitigation strategies implemented to curb the rapid spread of the virus and the impact that these strategies had on persons with visual impairments were not envisaged. Social distancing measures, which immensely rely on visual perception to observe the appropriate distance from others, surfaces, and/or objects whilst simultaneously complying with cues and signages that were relayed through visual markings, images, or texts, together with the encouragement of a minimisation of touch which restrained the navigation of those relying on the tactile modality to navigate, excluded those with visual impairments. This exclusionary process is also observed through a general lack of support through accessible and inclusionary designed information to enable these individuals to access essential information about health risks, thus resulting in misinformation and misconceptions about modes of transmission and techniques for prevention (Jondani 2021; Khan, Abbas, & Khan 2023; Senjam 2020). These strategies were implemented without the mindset or consideration of the needs of this demographic.

Ek and Larsen (2021) relay that people with disabilities felt that they were undervalued and an ‘afterthought’ in the government's response to the pandemic. The pandemic disproportionately affected the lives of these individuals while concurrently exacerbating existing problems by elevating health risks, threatening livelihoods, as well as limiting access to crucial information. The impacts of both the pandemic itself and government responses have revealed inequalities faced by people with disabilities, and the pandemic, like other disasters and health crises, exposed and compounded pre-existing societal fault lines, weaknesses, and high levels of injustice (Ek & Larsen, 2021). These exclusionary processes and perpetuation of barriers are comprehensively conveyed by the failure of epidemic preparedness and response guideline plans and governments' inadequate response to the needs of blind and visually impaired individuals, as well as other persons with disabilities. For example, in a report based on South Africa, McKinney et al. (2020) disclosed that triage policies negatively stereotyped and excluded those with disabilities from life-saving medical care, exposing them to pre-existing levels of societal discrimination and marginalisation. Recognisably, these avoidable limitations constrained and negatively impacted the lives of these individuals. These barriers, conceived by the pandemic, unveiled the structural and social injustices that people with disabilities, and more specifically, blind and visually impaired people, face in society.

Research in this sphere is thus crucial to grasp a better understanding of the needs, perspectives, and priorities of BVI individuals and, more specifically, people with disabilities in times of disaster and health crisis. These insights can enable the dismantling of barriers that this social group endures through environmental, physical, and social barriers, which limit their ability to cope and effectively respond to risk when disasters arise (Ek & Larsen, 2021). The COVID-19 pandemic presents an opportunity to address these issues and simultaneously advocate for the inclusion of these marginalised groups’ needs to be considered when disasters arise. It is also vital to prioritise the experiences, engagement, and agency of these individuals and communities of people around their own needs.

According to Mohamed (2019), irrespective of the ubiquity and history of disability, this area remains underexplored and understudied. Consequently, this research is considered vital, as there is still a significant lack of knowledge about blind and visually impaired individuals and their experiences and challenges in accessing and navigating public spaces during the

COVID-19 pandemic, especially from an African context and by African scholars. The studies conducted are predominantly from a Euro-centric lens, as well as proposed by Western scholars and gaged within these spheres. Solely relying on Eurocentric perspectives as a knowledgeable source is an injustice to multiple forms of voices. Many scholars have stressed the importance of acknowledging multiple forms of voices, knowing, understanding, and making meaning in their world (Segalo & Cakata, 2017). The impetus to understand the lived realities of human beings transcends the complexities of human experiences in time, space, and geolocation (Segalo & Cakata, 2017). This study encompassed blind and visually impaired persons and their experiences and challenges in accessing and navigating public spaces during the COVID-19 pandemic. They are situated in Gqeberha, a city within the Eastern Cape Province in South Africa, within the African continent.

1.8 Chapter Summary

This chapter focuses on the introduction and background to the study, presenting the research aims, objectives, and questions guiding the research. This chapter concurrently demonstrated the problem statement of the study, as well as outlined the rationale and significance thereof. Furthermore, the chapter provided a brief discussion on the problematising key terms, displaying the importance of understanding these terms. The ensuing chapter will comprise the undertaking of the study's literature review. The dissertation is structured as follows.

Chapter One: Introduction and Background

The introductory chapter of the study presents an overview of disability and the social determinants that inform and influence this complex phenomenon. It goes on to explore the causal link between disability and society. This helped in discovering the existing literature on the subject matter discussed in the study relating to the impact of disasters (specifically the COVID-19 pandemic) on blind and visually impaired individuals when accessing and navigating public spaces. The chapter also details the study's rationale, significance, and critical questions that guided and shaped the study.

Chapter Two: Literature Review

This chapter explored the relevant literature by undertaking a scoping review. This allowed for a broader understanding of the experiences of blind and visually impaired individuals as they accessed and navigated public spaces during the COVID-19 pandemic. This chapter scaled the extent of the research problem and identified gaps in the literature presented.

Chapter Three: Conceptual and Theoretical Frameworks

In this chapter, the conceptual and theoretical frameworks that were utilised in the research were presented. I presented the conceptual framework to depict the researcher's assumptions and understandings of how the COVID-19 pandemic and societal structures shaped the experiences of BVI individuals as they accessed and navigated public spaces. Simultaneously, the theoretical and philosophical frameworks upon which the research was based were presented to relay the analysis of BVI individuals' perceptions and lived experiences and how structures and institutions impact the agency and full participation of BVI individuals in society.

Chapter Four: Research Methodologies

In this chapter, the methodologies utilised in the research were presented. I provided the reasoning behind using each process and its contribution to the study. In doing this, I discussed the design process of the study, the importance of situating and locating the research site, how the research participants were recruited, and the undertaking of data generation, data processing, and analysis of the research. In addition, because the study involved a vulnerable group of people, it was crucial to convey how I navigated ethical issues in the study. Hence, I detailed the possible ethical issues that would have occurred in this study and the actions I undertook to mitigate them.

Chapter Five: Environmental and Structural Barriers

This chapter explores how environmental and structural barriers affect blind and visually impaired individuals as they access and navigate public spaces. This chapter simultaneously details how the COVID-19-related limitation on touch led to unintended yet significant difficulties in BVI individuals' spatial perception and behaviour.

Chapter Six: Inaccessibility to information: media and public notification

During my fieldwork and analysis, BVI individuals' inaccessibility remained a recurring theme. This chapter demonstrates the inaccessibility that BVI individuals encounter through media and information barriers. This chapter coincidently illustrates the physical inaccessibility that blind and visually impaired people experienced before the COVID-19 pandemic, during the peak of the COVID-19 pandemic, and presently due to the absence of braille in public spaces, non-inclusive information in shops, and a lack of digital traffic lights in the city.

Chapter Seven: Social barriers experienced when accessing public spaces

This chapter explores the social and attitudinal barriers that BVI individuals encounter in the social environments that they access and navigate. This chapter reveals how social barriers such as systemic injustices, discrimination, stereotyping, mistrust, and ignorance are presented towards these individuals before the COVID-19 pandemic, during the peak of the COVID-19 pandemic, and post-COVID-19 pandemic. This chapter further explores how these social attitudes produce debilitating barriers within the lives of these individuals.

Chapter Eight: Navigating barriers and COVID-19 risks

The COVID-19 pandemic presented unprecedented challenges in the lives of BVI individuals. This chapter explores how these individuals navigate the challenges they encounter from people's attitudinal barriers, tactile and structural barriers, and barriers presented by the regulations established during the COVID-19 pandemic. It also presents how the study participants experience and navigate these barriers "post-COVID-19".

Chapter Nine: Conclusion, Reflection and Recommendations

This chapter presents an overview of the whole study by canvassing the findings and understanding of the study. This chapter simultaneously features my reflection on developing the study, ethnographic experience, and the analysis phase of the study. I then present my conclusive view and recommendations that can be adopted from the study.

Chapter Two: Literature Review

2.1 Introduction

Literature reviews play a critical role in providing an overview of a research problem and identifying research gaps (Snyder, 2019). This literature review seeks to explore what has been written about the experiences of BVI as they accessed and navigated public spaces during the COVID-19 pandemic. Literature reviews are critical for (a) identifying and exploring collected literature on a subject or research area, (b) establishing the extent to which a specific research area exhibits any interpretable trends or patterns, (c) amassing empirical evidence related to a narrow research question to support evidence-based practice; (d) generating new frameworks and theories; (e) identifying research subjects and questions that require a greater understanding and in-depth analysis (Pare & Kitsou, 2017). Literature reviews can be narrative review, scoping reviews, integrative review, systematic reviews and meta-analyses, semi-systematic reviews, and review papers (Snyder, 2019). This study uses a scoping review approach. This process is defined as a process summarising a range of available literature to convey the breadth and depth of a field (Arksey & O'Malley, 2005). The framework of this approach is as follows: 1) to identify the initial research questions to determine which aspects are crucial, 2) to identify relevant studies that meet the purpose of the research question, 3) to select studies that are relevant to the research through adopting an iterative approach in the inclusion and exclusion criteria, 4) charting the data, 5) collate, summarise and report results utilising a narrative descriptive analytical framework and qualitative thematic analysis, and 6) an optional consultation stage with key stakeholders, which can add valuable insights to the topic. The sixth step was carried out through this empirical study.

2.2 Literature Review Methodology

2.2.1 Identifying the Research Question

The guiding question for the research was: what is the literature knowledge on the experiences of blind and visually impaired individuals (BVI) as they accessed and navigated public spaces during the COVID-19 pandemic? From the question, a Population, (phenomenon of) Interest, and Context (PICo) framework was applied, increasing the critical terms identified and represented in Table 1 below.

Table 1: Key Words and Synonyms

Population	**(phenomenon of) Interest**	**Context**
	Primary Keywords	
Blind people	Access	COVID-19
Visually Impaired	Navigation	
	Secondary Keywords	
Partially sighted	using	Coronavirus
		Public spaces

2.2.2 Identification of Relevant Studies

A comprehensive and retrospective literature search was conducted. Using the identified question framework and keywords, a limited search of Google Scholar and Science Direct was conducted to identify articles on the study topic. The keywords used in the articles' titles, abstracts, and full texts describing the study population, phenomenon of interest, and context

were identified and added to expand the initially developed keywords further. The final Boolean search terms set were ("Blind people" OR "visually impaired" OR "partially sighted") AND (access OR navigation OR using) AND (COVID-19 OR coronavirus OR "public spaces"). These were utilised in the final identification of relevant studies from databases. A search for articles using the same developed Boolean terms was undertaken in four databases: ProQuest, Science Direct, JSTOR, and Web of Science between 2 June 2023 – 21 June 2023. At this stage, the search did not have limitations on language or location. However, they were limited to observational studies, review articles, published recommendations, and survey studies published between 2019 and 2023 (five years). This period was chosen because COVID-19 only emerged at the end of 2019. The reference list of all included papers was screened, which led to identifying further relevant articles.

2.2.3 Study Selection

Following the search, citations from each database were exported to Mendeley Online, a citation/reference manager where a folder for each database was created. All citations were combined into one folder, where the selection occurred. The inclusion criteria followed beyond the search limitations were that articles had to be written in English, focused on blind and visually impaired individuals (BVI), and their access and navigation of public spaces during the COVID-19 pandemic. Five screening steps were then used: a) titles not in English were excluded; b) duplicate citations were excluded; c) non-relevant titles which did not speak about the inclusion criteria were excluded. When there was uncertainty about the title's relevance, it was included for abstract screening; d) abstracts were screened, and those not meeting the inclusion criteria were excluded. Where there was no abstract available, the citation was also excluded. When there was uncertainty about the relevance of the abstract, it was included for full article screening; e) full papers were reviewed, and those not meeting the inclusion criteria were excluded. The abstracts were excluded when there was no full paper to be reviewed. Results of the search and selection process are presented in the Preferred Reporting Items for Systematic Reviews and Meta-analysis extension for scoping review (PRISMA-ScR) flow diagram below (see Appendix 1 for PRISMA-ScR checklist), as suggested by Tricco et al. (Tricco, et al., 2018) (see Figure 1 below).

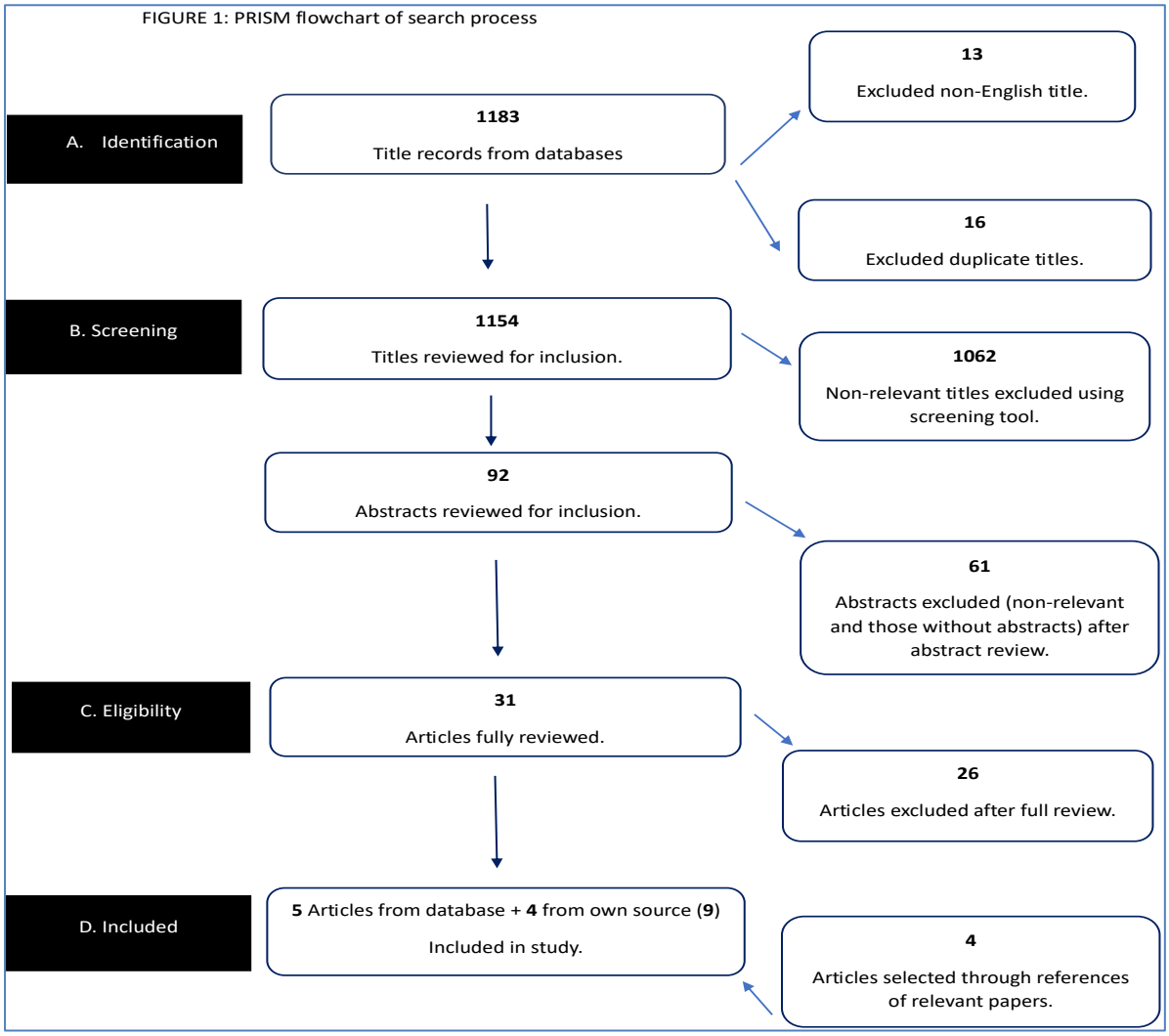


Figure 1: PRISMA flowchart of the search process

2.2.4 Extraction and Charting the Data

Data was then extracted from papers included in the scoping review using a data extraction tool (see Table 2 below). The extracted data was captured on an Excel spreadsheet based on the headings stated in Table 2.

Table 2: data charting headings

Background Information	Methods	Key Findings
Title	Study Design	Key Findings/Results
Year of Publication	Sampling Approach	Conclusion
Author/s	Data Collection Tools	Recommendations
Country	Intervention/phenomenon description	Reported Gaps
Population	Intervention objectives	

2.2.5 Collating, Summarising, and Reporting Results

The charted data was coded and analysed using a narrative description, where emerging findings were presented through quantitative and thematic presentations.

2.3 Results and Discussion

Out of the initially identified 1183 articles, 855 were from ProQuest, 267 were from Science Direct, 26 were from JSTOR, and 35 were from Web of Science (see Figure 2). Dynamic characteristics and themes emerged while collecting, transcribing, and analysing the literature data. Eight themes emerged, presented, and discussed in sections 2.3.2 - 2.3.11 below.

2.3.1 Characteristics of Included Studies

Out of the nine (9) papers included (see Appendix 2), one was published in 2020, four were published in 2021, two were published in 2022, and two were published in 2023 (see Figure 3). The studies were conducted in countries such as Portugal (one), Colombia (one), the United States of America (one), Hungary (one), India (one), and Sri Lanka (one), and three were not disclosed (see Figure 4). Of the nine articles, three were survey studies, three were review articles, one was a perspective paper, one was a commentary paper, and one was recorded as a research article (see Figure 5). Out of the nine papers, one study used online surveys as the data generation approach, one used cross-sectional mixed-method surveys, one used semi-

structured telephonic interviews, and one used in-depth semi-structured interviews to primarily assess and understand the impacts of the COVID-19 pandemic on individuals with a visual impairment. At the same time, the five non-empirical articles consisted of review articles (three), a commentary paper, and a perspective paper (see Figure 6).

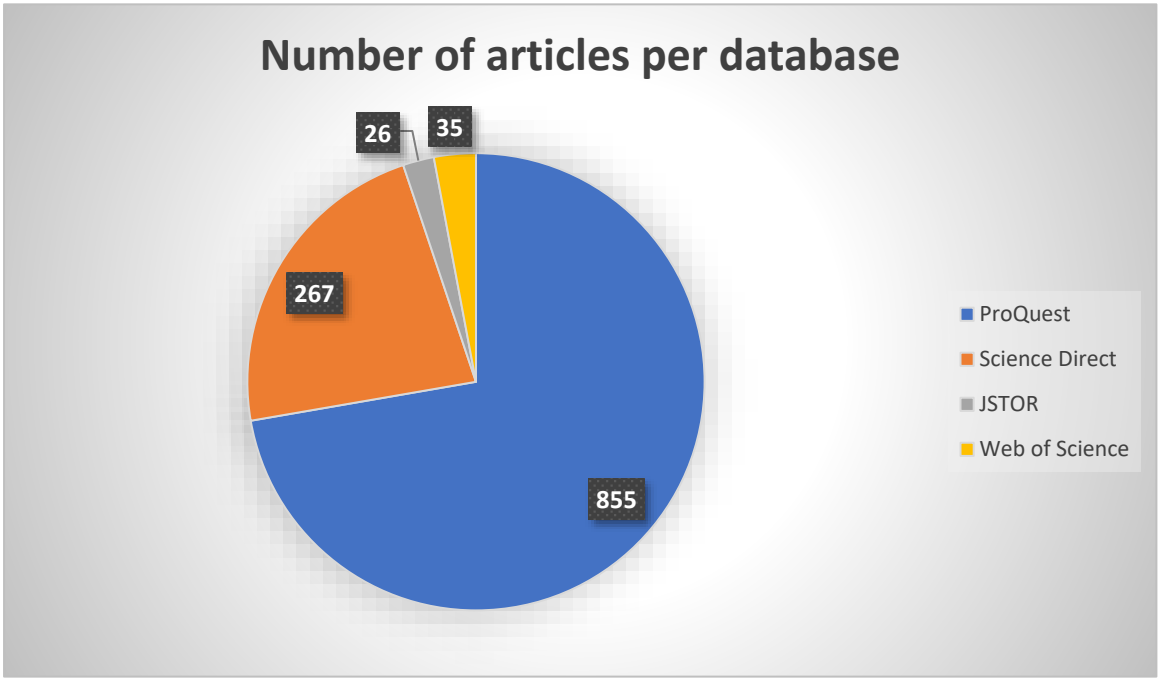


Figure 2: number of articles per database

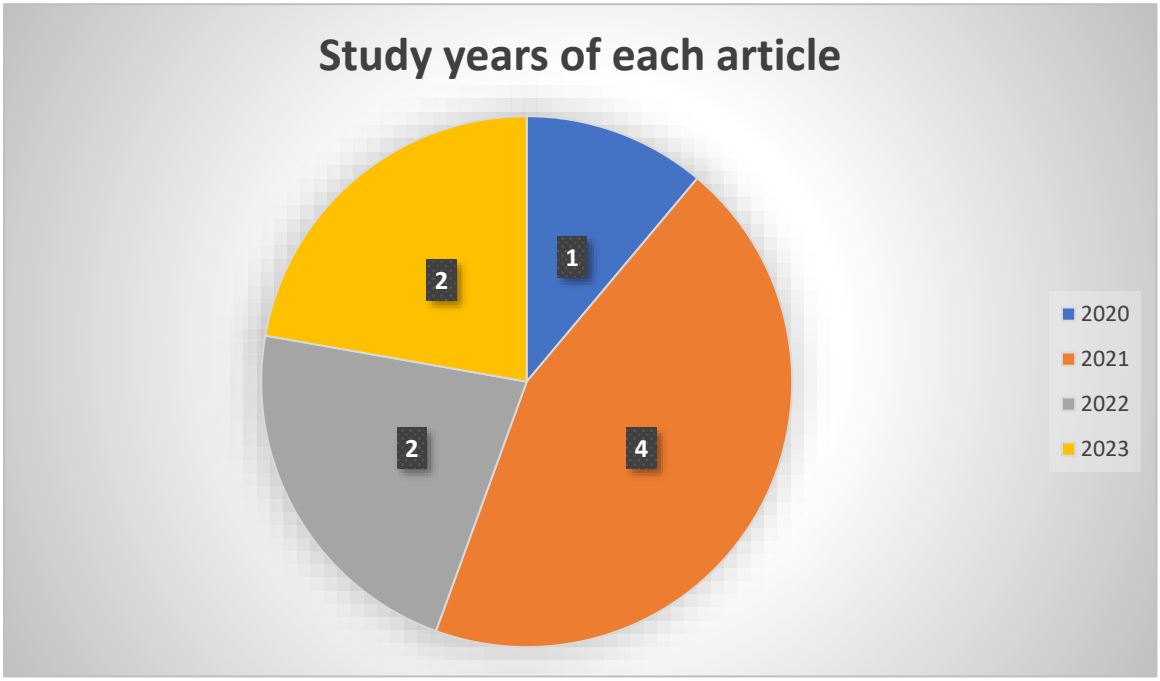


Figure 3: years of publishing included articles

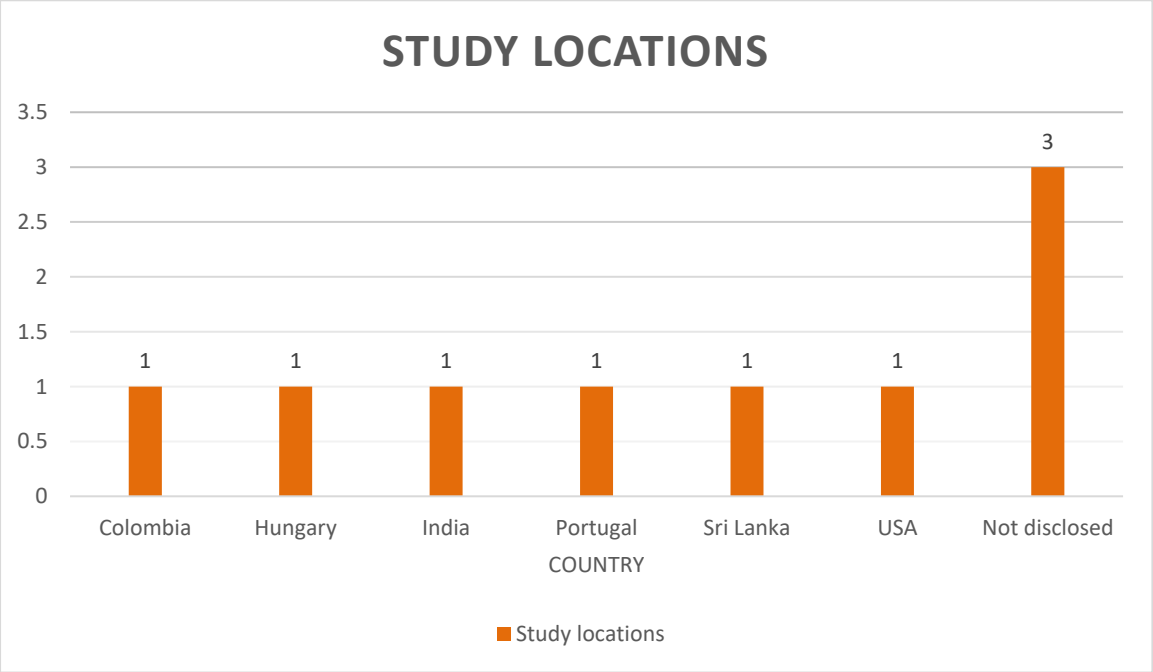


Figure 4: study locations of articles analysed

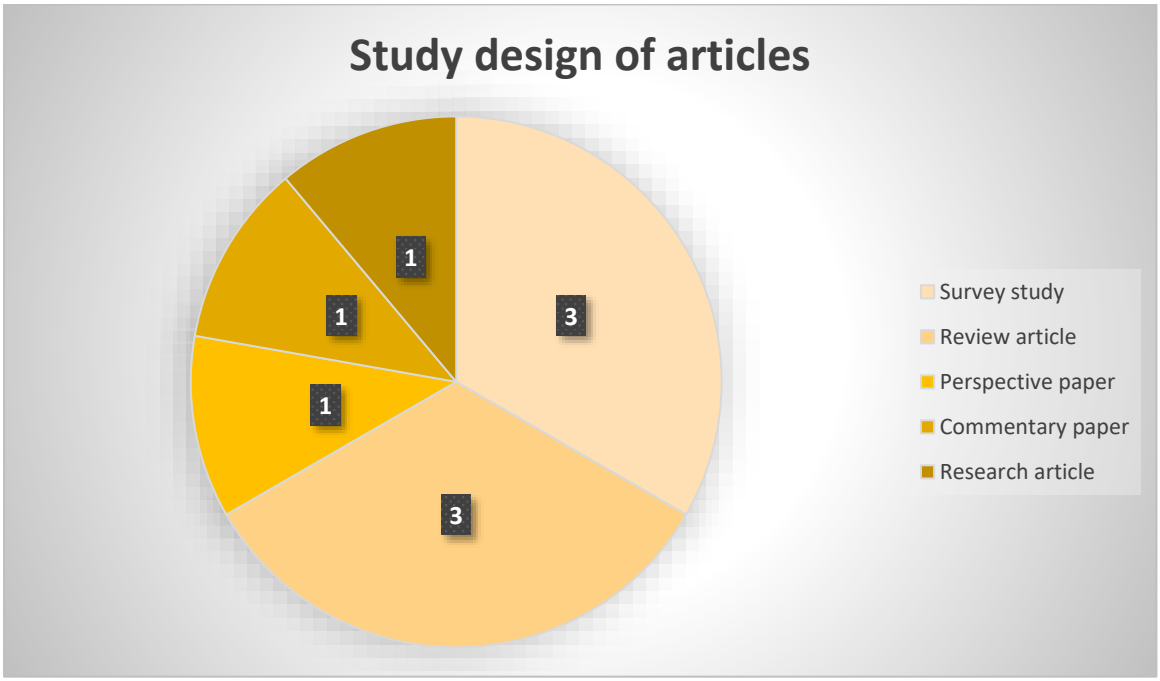


Figure 5: study design method of articles

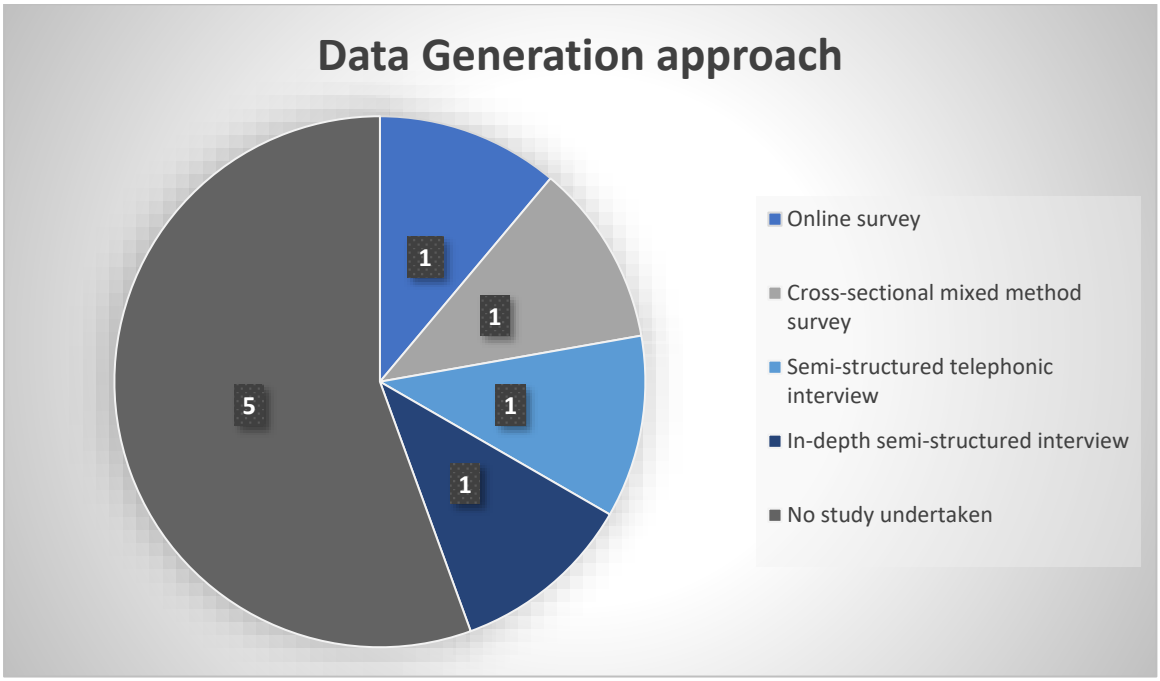


Figure 6: data generation approaches of each article

2.3.2 Implications of Social Distancing

Hoeben et al. (2021) [They] explored the violation of social distancing by the public in spatial environments during the COVID-19 pandemic. This non-compliance could indicate causality, referring to the number of people on the street or within a public space, influencing people's willingness or ability to keep and maintain an accurate and appropriate physical distance. Hoeben et al. (2021) further explore the built environment, noting that narrow passageways (e.g., tunnels, bridges, narrow side paths) or other spaces that impose physical constraints on people's movements could add another layer of difficulty for people to keep their distance from one another when the area is busy or crowded. In these spatial environments and locations, the violation of social distancing directives thus reflects not only people's willingness to comply with these regulations but also their inability to do so successfully. The findings by Hoeben et al. (2021) thus reveal that compliance to this directive is a challenge for the public through the spatial environment, which prompts the discussion in assessing how much more difficult it is for those with visual impairments, to adhere to social distancing within public spaces.

The countermeasures implemented to combat the coronavirus disease presented concerns and added to the barriers faced by BVI individuals (Rizzo et al., 2021). It is challenging for blind and visually impaired individuals to practice and adhere to social distancing, as their visual ability hinders them from maintaining a safe physical distance (Khan et al., 2023). Alves, Eusebio, Carneiro, Teixeira, & Mesquita (2023) highlight how the pandemic has limited the sensorial experience of BVI individuals. It is argued by Alves et al. (2023) that sight allows for perception and the maintenance of distance from others. Complying with the directives is thus based on visual perception.

The adopted practice of physical distancing was implemented by displaying visual signage, arrows on the floor, and taped-off measurements placed within spaces (Alves et al., 2023). The signalling systems indicate how much physical distance should be kept and which objects and spaces are restricted. These prohibition signs are drawn, marked on the ground, or revealed through printed texts. This raises concerns about inclusivity as this form of communication is visually two-dimensional. These strategies are inaccessible to BVI people, as they cannot perceive them (Alves et al., 2023). Consequently, physical distancing measures communicated within public spaces were almost impossible for BVI to adhere to, leaving these individuals unaware, uninformed, vulnerable, and constrained in accessing and navigating spatial environments. The consequence of these measures had a profound impact on BVI's lives, affecting their mobility and active participation within public spaces.

Rizzo et al. (2021) concurrently confirm that adhering to social distancing regulations is challenging for blind and visually impaired individuals, as non-visual sensing does not help them detect or maintain an accurate six-foot separation. Maintaining this boundary and distance might be inconsistent or challenging even when using their white cane. Utilising a guide dog's services would then be recommended to keep these boundaries. However, this is not without its challenges since service guide dogs are trained to utilise all possible space when guiding, resulting in them leading their handler within 1 or 2 feet of another individual, especially when navigating busy or crowded environments. Even though dog guides are highly specialised and trained, they do not know what social distancing is and have not been trained to assess the new "correct" distance, so they cannot guide their handler to adhere to these regulations (Rizzo et al. 2021; Khan et al. 2023).

An element about guide dogs that the authors do not explore is that not all BVI individuals have access to the services of guide dogs based on socio-economic factors. It is also important to note that specific spatial environments prohibit guide dogs from accessing these spaces, further hindering and creating challenges for this demographic. Ultimately, visual cues are difficult to navigate for BVI individuals during a pandemic (Rizzo et al., 2021), unintentionally violating the physical distancing regulations (Khan et al., 2023; Jondani, 2021). Jondani (2021) and Khan et al. (2023) correspond with the notion that these individuals might end up accidentally defying the rules of newly demarcated directional arrows, visual cues of social distancing, and getting closer to surrounding pedestrians, especially when navigating busy streets, line queues, as these strategies are inherently visual. Senjam (2020) concurs that since adhering to social distancing relies on visual function, this poses a challenge to individuals with blindness and partial vision. Thus, BVI individuals may be more vulnerable to the risk of exposure to the virus (Senjam, 2020). The literature by Gonzalez and Gongal (2022) conveys that inaccessibility experienced by visually impaired people within public spaces and built environments during the COVID-19 pandemic affected their mobility and participation in spaces. The display of visual signage, which this community could not observe, thus excluded them, corroborating what the literature by the authors in the scoping review has shown (Gonzalez & Gongal, 2022).

Nagarajan, Varadaraj, & Chanes-Mora (2022) report that visually impaired individuals experienced concerns regarding their ability and challenges in maintaining appropriate social distancing in spaces, coinciding with the narrative of the other authors in their analyses and exploratory studies that social distancing created barriers and challenges for BVI. These concerns led to some BVI individuals refraining from venturing into public spaces or crowded spaces altogether (Oveido-Caceras et al., 2021). Gombas and Csakvari (2022) agree with Nagarajan et al.'s (2022) observations, reporting that social distancing regulations decreased BVI going into spaces.

Suraweera et al. (2021) argue that the lives of people with visual impairment and blindness were pushed from bad to worse because of the COVID-19 pandemic. As they had to comply with social distancing regulations, BVI could not access and navigate their environment through their other senses, tactile, olfactory, and taste, limiting their autonomy (Suraweera, Jayathilaka, & Thelijjagoda, 2021).

2.3.3 Significance of Touch for BVI Persons

Tajo (2018) posits that in the Western Cultural Sensorium, vision occupies the highest position of the senses, which Bolt (2006) defines as ocularcentrism, a perspective of ranking vision over other senses in "Western cultures". Bryan Magee, a philosopher, states that for the sighted, sight is felt as a need, asserting that when sighted people are requested to close their eyes even for a short period, it induces a kind of panic (Magee and Milligan, 1995:104). This ocularcentrism paradigm within our social world shows itself through visual metaphors (i.e. enlightenment, insight, illumination), visual speech (i.e. "I will see you later", "seeing is believing") and vision-centred interpretations of knowledge, truth, and reality (Kavanagh 2004; Istrazivanja 2013). This highly focused focus on sight excludes those who perceive and navigate their lifeworld through other forms of sensoria. The use of sight includes communication, navigation, reading, identification, aesthetic analysis, and numerous other things contributing to the human experience (Kurlarski, 2010). However, this sense can be lost in arbitrary and varied ways, ranging from congenital disabilities, accidents, or disease (Kurlarski, 2010).

Tactile contact is a common substitute for achieving tasks when an individual's vision becomes impaired (Kurlarski, 2010). By tactile pattern recognition, BVI individuals can independently navigate their world. Radziun, Crucianelli, Korczyk, Szwed, & Ehrsson (2023) affirm the importance of touch for recognising objects, perceiving form, shape, and texture, detecting vibrations, and identifying the direction of stimuli moving over the body. Additionally, touch encompasses significant emotional and social value (Radziun et al., 2023). In addition, using a white cane is a common assistive aid utilised by BVI individuals to navigate their spatial environment. The cane is an essential tool and symbol of identification that allows for efficient and direct physical interaction with the ground through signalling effects. This device extends

the sensing abilities of the individual by enabling them to adopt various techniques, such as obstacle detection, echolocation, and shorelining (Khan, Khusro, & Ullah, 2018). The cane is tapped in front of the individual and moved from side to side, checking the path ahead. The cane's dragging and tapping create a vibration that the individual feels (Kurlarski, 2010). This vibration provides information about the surface type: slick (i.e. wet), uneven (i.e. gravel road), or unstable. The sweeping motion aids in detecting steps, curbs, and approaching obstacles (Khan et al., 2018). Tapping the cane further helps them identify the objects' nature, i.e. hardness, shape, dimension, etc., simultaneously aiding in creating their mental maps of the surroundings (Khan et al., 2018).

The use of the cane further extends the BVI persons, sense of touch, allowing them to "touch" through their cane. Kurlarski (2010), however, notes that the cane cannot help in identifying overhanging and overhead objects, which can only be felt physically. Applying techniques such as echolocation and shorelining concurrently aids the individual in accurate and safe navigation. The BVI person may use echoes to identify objects with sound-reflecting surfaces, such as walls and parked cars (Khan et al., 2018). Hearing, like vision, is a distance sense that provides BVI individuals with information about objects in both near and far spaces (Papadopoulos & Koutsoklenis, 2011). Papadopoulos and Koutsoklenis (2011) assert that these auditory cues are vital for wayfinding. This technique provides perception about the surrounding environment through object location, dimension, and density. It exploits the variation in the sound either through the tap or clicking of the cane or the clicking sound made by the tongue of the BVI person (Khan et al., 2018). The technique applied through shore lining pertains to the tracking or trailing of the edge or "shoreline" of the travel path; this is done through either the use of the white cane or the individual's hand (or finger). Sorokowska, Oleszkiewics, Stefanczyk, Plachetka, Dudojc, Ziembik, and Hummel (2019) contend that BVI persons simultaneously can localise and identify environmental odours. Papadopoulos and Koutsoklenis (2011) highlight that olfaction can provide valuable environmental information for BVI persons. The role of olfactory cues involves differentiating odours and associating them with specific needs and functioning; for example, smelling smoke could act as a warning mechanism; certain odours can provide the individual with crucial information about their spatial environment (Papadopoulos & Koutsoklenis, 2011).

Noting the diversity and complexity of the BVI person sensorium, this thesis focal point is on touch since this modality has been discouraged and minimised during the COVID-19 pandemic. However, this does not mean the other senses this demographic utilises are disregarded or overlooked in the study. As Rizzo et al. (2021) highlighted, avoiding and minimising touching surfaces and/or objects that may be contaminated with viral particles pose unique challenges for those with low, partial, or no vision. For blind and visually impaired (BVI) people, sense of touch and the use of haptics (i.e., information that is identified and perceived through active touch) surpass what is considered as "normal" uses of this modality (Rizzo et al., 2021). Touch represents the principal mode of non-visual sensing; touch and vision share the ability to convey accurate spatial information to BVI individuals. Despite touch comprising of a much smaller "tactile field of view" and lower sensory bandwidth capacity than vision and sight, a growing body of research proposes that spatial information learned from both modalities creates a spatial image in the brain that functions as a way for BVI individuals to acquire a better understanding of their spatial environment. Therefore, blind and visually (BVI) impaired people rely on their sense of touch to support spatial tasks and attain information regarding their environment (Rizzo, Beheshti, Fang, Flanagan, & Giudice, 2021).

Given the significance of touch for blind and visually impaired persons, the countermeasures implemented to combat the coronavirus disease presented concerns and added to the difficulties experienced by BVI individuals. (Rizzo, Beheshti, Fang, Flanagan, & Giudice, 2021). Heller & Walk (2011) corroborate what has been stated by Rizzo et al. (2021), asserting that individuals who are congenitally blind (CB) and born without sight rely on touch for much of their pattern perception. In tasks involving shape, spatial perception, and cognition, blind and partially sighted individuals rely on tactile acuity. Their findings from transcranial magnetic stimulation (TMS) and structural and functional imaging studies suggest that the human brain reacts dynamically to visual deprivation. Brain regions are usually involved in visual processing, which processes inputs from other sensorial modalities, such as tactile contact. The sense of touch, non-visual sensing, and use of haptics enable blind and visually impaired individuals to navigate, utilise wayfinding techniques and attain essential information about their spatial environment (Heller & Walk, 2011). This finding conforms with the statement by Rizzo et al. (2021) that blind and visually impaired individuals rely on the haptics of touch to access and navigate public spaces.

Thus, implementing preventative approaches, especially those synonymous with touch, became a challenge for BVI persons, increasing their vulnerability to exposure and heightening what they consider threats. As touch is integral to how they conduct their daily lives, experience, and explore their environment and move around in spaces, this measure became a debilitating barrier for these individuals. To acquire spatial awareness and an understanding of their spatial environment, these individuals may use their probing cane (also commonly referred to as "white cane" or "long cane") or foot to track or use their hands to feel a distinct marker to trace and landmark, as well as a myriad of other tactile cues to maintain an accurate orientation and safe navigation (Rizzo et al., 2021). To accurately navigate, these actions inevitably involve physical contact with many environmental elements and frequent proximity to other individuals. Thus, this restriction on touching surfaces limits BVI's accurate orientation and navigation. Alves et al. (2023) note that the known world of BVI persons became an unfamiliar and unhospitable environment, locked with fear.

The impact of the COVID-19 pandemic on the lives of blind and visually impaired people was significantly different from that of people with other types of disabilities since they "access the world" through touch. Having to live in an untouchable world when touch is the first sense that BVI individuals develop within childhood as their primary means of experiencing the world is an immeasurable task and difficult, if not impossible, to comply with (Alves et al., 2023). Adhering to this recommendation would hinder the individual's ability to go about their daily lives (e.g., leave home, use public transport, go shopping, access public spaces, leading to spaces becoming hostile, a breeding ground for fear and a source of avoidance (Alves et al., 2023).

Suraweera et al. (2021) concur that visual modality is a dominant sense out of five sensory modalities (i.e., Visual, Auditory, Gustatory, Olfactory, and Tactile/haptic memory). Since people with visual impairments cannot depend on the visual sensory modality, they must rely exclusively on their other senses for gathering information, mobility, and daily activities. As a result, people with visual impairments have a greater chance of contracting COVID-19 due to having to depend on assistance with daily activities and needing to touch and utilise tactile

contact to perceive their external environment. Observably, people with visual impairments are significantly affected compared to sighted individuals during the COVID-19 pandemic.

This finding conforms with the literature within the scope of this field. The minimisation of touch may have been nontrivial to many, but for BVI, they were colossal. Khan et al. (2023) illustrated BVI's experiences and apprehension of social distancing. These concerns are reflected in their avoidance of public spaces during the pandemic. Typical tactile cues that were once used and no longer recommended complicated the lives of these individuals and added to the surplus of stressors already experienced by this population (Khan et al., 2023).

2.3.4 COVID-19 Impact and the Information Gap

Khan et al. (2023), Jondani (2021), and Senjam (2020) explore the gap in accessible information for BVI. Senjam (2020) argues that a lack of knowledge from an absence of accessible designed information for BVI may present difficulties for this demographic. Limited information in braille, audio, and websites that are unsuitable or user-friendly for screen-readers excludes BVI individuals from acquiring critical information regarding COVID-19 and its preventative strategies. This effectuates misinformation and misconceptions about modes of transmission and techniques for prevention. Therefore, the BVI community must be adequately informed of strategies and regulations that directly impose and implicate their lives, contends Jondani (2021) and Khan et al. (2023). The authors do not highlight it. However, information that is accessible and specifically catered to this demographic, considering their needs, challenges, and adversities with preventative measures, is crucial. Senjam (2020) asserts that to avoid potential misinformation and misconceptions about COVID-19, suitable and appropriate formats or programs accessible at any time are paramount so that this demographic is not excluded and uninformed. This will also reduce their concerns of fear and anxiety (Senjam, 2020).

In correspondence with the literature above, Croft & Fraser (2022) reveal that people with disabilities experienced digital barriers and public notification exclusion in accessing public health messaging and information regarding COVID-19. Bah (2022) reiterates that most governments, development partners, healthcare policymakers, etc., failed to adequately cater

to and consider the needs of persons with disabilities by presenting information in the form of screen-reader software, braille, larger text pictures, text-to-speech software, sign language, larger size print, subtitles, etc. This resulted in misinformation, which increased the vulnerability of this demographic as well as heightened fears and concerns of contracting the virus. Bah (2022) states that the failure to provide crucial information in disability-friendly formats led to a lack of knowledge amongst certain PWDs, causing some of these individuals to be unaware of how to maintain hygiene practices like handwashing or complying with regulations such as social distancing, avoiding touching objects, one's eyes, mouth, face, etc. Bah (2022) argues that PWD's vulnerability during the COVID-19 pandemic was heightened because of inaccessible information detrimental to these individuals since they were already vulnerable and could not observe specific regulations.

2.3.5 Use of Technology by BVI Persons

Caton et al. (2022) state that the use of digital technology increased globally during the COVID-19 pandemic. As a result of measures being implemented to curtail the spread of the virus, a worldwide increase in the utilisation of technology commenced. Many learned new digital skills, participated in online activities, and connected with family and friends through social media applications. However, the utilisation of digital technology was not straightforward or readily accessible to all (Caton, et al., 2022).

The use of technology and reliance thereof due to the pandemic is another cited issue for BVI individuals. Oveido-Caceras et al. (2021) state that this group became more reliant on technological applications during this time—however, Gombas and Csakvari (2022) contest that the change to utilising technology was challenging. Remote access to work, for instance, presented barriers for BVI individuals as the set-up of the remote-working environment and software and applications that had to be installed required sight. Respondents of the study undertaken by Gombas and Csakvari (2022) underlined that familiarising themselves with online platforms, software systems, and inaccessible programs was a source of frustration and sometimes sighted support was inevitable, and complex tasks sometimes required and could not be assisted without help from others. Although some technological platforms and

technologies are not optimised to aid BVI with risk mitigation in the era of COVID-19, there remain specific programs these individuals utilise to navigate and assist them. As noted by Khan et al. (2023), Senjam (2020), and Gombas and Csakvari (2022), BVI individuals utilised a personal device application, 'Be My Eyes' that connects the individual to the first available volunteer via a video call which assists by describing what the user points at with their phone camera.

However, Jondani (2021) notes that this application could have been more helpful in orientation and mobility. The utilisation of technology amongst BVI, although compassing challenges, enabled them to solve specific difficulties and overcome isolation. It has been a fundamental element for the continuity of educational, labour, and communication processes, allowing the performance of personal and professional tasks (Oveido-Caceras et al., 2021). However, it is essential to note that without the accessibility and knowledge of utilising and understanding technology processes, some BVI were still excluded and could not benefit from these systems and programs.

2.3.6 Attitudinal Barriers

In the White Paper on an Integrated Disability Strategy (SA, 1997), one of the most significant hurdles and challenges faced by people with disabilities when trying to access mainstream society is negative attitudes (Snyman, 2002). Displaying that PWDs experienced attitudinal barriers before the COVID-19 pandemic. However, the pandemic intensified these difficulties.

Attitudinal barriers relate to the viewpoints, mindsets, ideas, and ways of thinking or feeling that limit people's perception of persons with disabilities (PWD) (Snyman, 2002). Attitudinal barriers include prejudice, ignorance, fear, insensitivity, bigotry, stereotyping, misconception, stigmatising, discrimination, dislike, insecurity, discomfort, tension, and intolerance. Attitudinal barriers are another adversity BVI individuals faced in public spaces during the COVID-19 pandemic, a theme explored by the studies in this review. Alves et al. (2023) note that this demographic group experienced interpersonal constraints in interactions with others exhibiting negative social attitudes. This statement is confirmed by Senjam (2020), who states that people with visual impairment are often victims of negligence and ignorance in society.

Usually, these individuals depend on the support of guides, family, friends, or even strangers in public settings to assist them in their daily activities. However, the regulations of maintaining social distancing and no physical contact affected the support system of this demographic group (Senjam, 2020). One of the respondents in the study conducted by Oveido-Caceras et al. (2021) remarked that when they were in public spaces and required assistance or asked for help from a passerby, the individual would either ignore them or be hostile towards them. The individual states they would have to beg or scream for help in such cases; however, the pandemic and the present fear made it difficult for people to understand that these individuals required support (Gombas & Csakvari, 2022).

The epidemiological measures changed the interactions with others for these individuals as they feared contracting the virus and avoided contact with them. Oveido-Caceras et al. (2021) assert that people with visual impairments require, in some cases, support or orientation, which has become a problem given that they cannot get close to request guidance or support due to the obligatory social distancing or when they try to ask for assistance regardless of the regulation, they are met with hostility, ignorance or intolerance. This adversity leads to potential stress levels, anxiety, and social exclusion among BVI (Jondani, 2021). In other cases, when BVI access and navigate spaces with the help of a guide, they face similar challenges, as some individuals discriminate against these individuals when they do not perceive physical distancing between the blind or visually impaired person and their guide, not realising that this assistance is crucial for the individual to navigate spaces. This has been another constraint within the lives of BVI individuals.

2.3.7 Intrapersonal Constraints

Pre-COVID-19, these individuals already faced structural constraints (obstacles to their mobility); external factors limiting their full participation within society; interpersonal constraints arising in interactions with other people (negative social attitudes); and intrapersonal constraints (lack of autonomy, lack of orientation in unfamiliar environments) (Alves et al., 2023). These constraints increased considerably during the COVID-19 pandemic. The pandemic and measures increased and aggravated the inequalities in access faced by blind

people. The authours further explore how BVI individuals faced barriers to implementing suitable hygiene measures, as they needed help locating or seeing the hand sanitiser stations prevalent in stores (upon entering). Blind and visually impaired individuals struggled to find assistance through guides as people were expected to maintain and implement social distancing, and several people were wary and resistant to touch (Alves et al., 2023). These constraints led to a source of worry, hesitance, or complete avoidance of public spaces. BVI became more cautious regarding interactions with others and public spaces.

2.3.8 Agency and Autonomy

Gombas & Csakvari (2022), Khan et al. (2023), and Jondani (2021) contend that the pandemic restricted the agency and autonomy of BVI individuals. Khan et al. (2023) assert that BVI individuals disclosed that they have become less independent during the pandemic. The study undertaken by Gombas and Csakvari (2022) revealed that the pandemic significantly restructured the lives of this demographic, showing a decrease in the level of independence and an increase in the need for support. The study found that 23% of the respondents reported a rise in support needed compared to times before the pandemic (Gombas & Csakvari, 2022). Some individuals who wanted to protect their autonomy and sense of agency instead of seeking help reported that this was a challenge, and they would still be limited and restricted by social distancing and minimisation of touch regulations (Khan et al., 2023). The literature by Gombas and Csakvari (2022) reveals that significant limitations in their independence have been reported by BVI, which has resulted in a decrease in venturing into public spaces, as concerns for maintaining and adhering to social distancing rules which had the potential to be violated unintentionally kept BVI from avoiding public spaces (Suraweera, Jayathilaka, & Thelijjagoda, 2021). The problem of touching surfaces and fear of contagion also hindered the individual from venturing into public spaces and asking for support or assistance (Suraweera, Jayathilaka, & Thelijjagoda, 2021). The emerging image and theme are a network of interrelated and joint forces that hinder and limit the individual's opportunities to explore, navigate, and maintain independence. All these elements affected the agency and autonomy of blind and visually impaired individuals.

2.3.9 Accessibility

Lack of access to information was a factor that was identified by Gombas and Csakvari (2022) as well as authors Khan et al. (2023), Jondani (2021), and Senjam (2020). Khan et al. (2023) and Nagarajan et al. (2022) explore the lack of accessibility to healthcare facilities during the lockdown as the forced closure of many health systems became a barrier for these individuals who could not use these services. Access to healthcare facilities during the COVID-19 pandemic presented challenges to BVI; as reported in the study by Nagarajan et al. (2022), BVI people struggled to reach hospitals and clinics, as well as with a lack of assistance in these spaces. Inaccessibility relating to transportation systems is briefly mentioned by Oveido-Caceras et al. (2021). However, the author needs to explore this point further; this factor has also yet to be further explored by other authors within the scope of the literature included, which is a gap revealed in the scope of the literature. The papers in the scoping review have yet to investigate inaccessible built environments and how BVI access and navigate spatial environments. It is important to note that due to the nature of the built environment, people with disabilities find it challenging to navigate and freely move within these places because of the design of these spaces. The pandemic then added a new layer to these challenges, so it would be beneficial to explore this theme.

Barriers within public realms were evident within the pre-coronavirus world. These include obstacles such as high kerbs, uneven surfaces, lack of ramps, narrow or steep steps, various footpaths -and street–crossing–related barriers, insufficient lighting and limited places to rest, limited reliability or availability of audible traffic lights, limited reliability or availability of audible beacons at traffic lights or pedestrian crossings, lack of visual aids, lack of tactile paving's to guide, and others (Eskyte, Lawson, Orchard, & Andrews, 2020). The barriers within these spaces lead PWDs to develop coping strategies and mechanisms, including requesting assistance from other pedestrians or spending more time negotiating and navigating barriers and spaces. Therefore, people with disabilities who navigate these spaces are likely to be exposed to enhanced risks of infection for more extended periods in comparison to non-disabled individuals (Eskyte et al., 2020). Implementing the physical distancing measure to limit the spread of the virus introduced additional complexities to these individuals, especially within the public space. The recommendation of maintaining a six feet distance, as well as

limiting and avoiding all non-essential contact, presented concerns for people with vision loss and visual impairments, as they were unable to see how close they are to another person and whether they are adhering to the distance that needs to be maintained (Eskyte et al., 2020). Avoiding touch also proved challenging and complex to these individuals, as they needed to navigate and find spaces through tactile contact. Bah (2022) substantiates that people with disabilities are placed at a greater risk of contracting the coronavirus disease due to inaccessible built environments. Due to the nature of the built environment, people with disabilities find it challenging to navigate and freely move within these places due to the design of these spaces. The pandemic then added a new layer to these challenges, concurring with the observations from the authors included in the scoping review.

2.3.10 Recommendations from Authors

Eight authors highlighted some recommendations to mitigate the challenges in the literature analysed. They proposed mitigation strategies to aid the blind and visually impaired community navigate the COVID-19 pandemic and future epidemics. Jondani (2021) asserts that the healthcare system and the greater society must address the unique health conditions and requirements of people with visual impairments during this unique pandemic. The author remarks that preventative strategies must be created for this demographic, preferably through sound clips or audio-based features rather than text. Braille and tactile-based instructions should be made available, providing directives and clear instructions on how to wear face masks, wash hands correctly, maintain hygiene measures, and sanitise and sterilise assistive devices such as white canes (Jondani, 2021).

Nagarajan et al. (2022) affirm a crucial need for increased awareness of this issue as the pandemic persists and future epidemics continue. Oveido-Caceras et al. (2022) note that there is a need to strengthen processes of accessibility to information as well as computer literacy, as it is observed during the pandemic that the utilisation of technology has become necessary. Senjam (2020) reiterates the importance of education and training about safety, social distancing, and PPE (personal protective equipment) during the pandemic. They coincide with Jondani's (2021) and Oveido-Caceras et al.'s (2021) views on accessible formats for COVID-

19-based information, which are essential to avoid misinformation and misconceptions. The author also recommends financial support during lockdowns and pandemics, telehealth consultations, and the creation of easily accessible environments and infrastructures for this demographic (Senjam, 2020).

Alves et al. (2023) proposed that future studies address questions related to strategies that can be developed, namely related to assistive technologies. Nagarajan et al. (2022) assert that identifying and eliminating barriers to healthcare access for people with disabilities should be a top priority for policymakers. They are stating that strong national legislation must be implemented and effectuated to protect those with disabilities and provide them with equitable and affordable care which is easily accessible. Suraweera et al. (2021) maintain a similar view to that of Nagarajan et al. (2022), stating that policymakers must give due prominence to vulnerable populations when addressing recovery and rehabilitation programmes, as these demographics are the most affected in times of crisis and disasters. Policy and decision-makers must offer guarantees for the measures taken during the COVID-19 pandemic and future pandemics not disproportionately to affect people with visual impairments (Senjam, 2020). Rizzo et al. (2021) coincide with the previously stated sentiments, articulating that it is vital to look at more comprehensive solutions that malleably adapt to the needs of this demographic. This is an opportunity for decision-makers to establish reform on how care has been and can be provided to people with visual impairments. Therefore, decision-makers and policymakers must work closely with representatives from organisations of people with disabilities to identify priority lines of pre-pandemic and post-pandemic work, given that the challenges and adversities for this population hardships are likely to be greater (Oveido-Caceras et al., 2021). The impact and challenges faced by BVI can be reduced if planning and policies are in place before any emergency or health crisis occurs in the future, and people with disabilities, specifically those with visual impairments, need to be at the centre of these transformation and reformations discussions and strategic planning (Senjam, 2020). A more holistic and inclusive approach is crucial to ensure that vulnerable populations are adequately considered and cared for (Khan et al., 2023).

2.4 Chapter Summary

The reviewed papers illustrate that BVI individuals are particularly disadvantaged by the COVID-19 pandemic. The pandemic has exacerbated existing inequalities and added new challenges to their lives. The preventative strategies implemented globally to mitigate the risk of the coronavirus disease had an abrupt impact on everyone. However, they posed unique challenges for BVI. There are significant barriers that BVI individuals encountered during the COVID-19 pandemic. The eight themes explored give an overview of some of the adversities faced.

As observed through conducting the scoping review, limitations not highlighted by the literature are a lack of studies on the experience of BVIs in accessing and navigating public spaces during COVID-19. This review thus provides sufficient justification for undertaking empirical research on the experiences of the blind and visually impaired as they accessed and navigated public spaces during COVID-19, especially within the South African context. Within the group of limited studies already within this scope, there are even fewer papers by African authors or on Africa, and most of the authors and studies conducted are Western-based. There is also a gap in the literature on the reflections of BVI individuals on their experiences after the pandemic's peak, which leaves room for further investigation and exploration. The next chapter will detail the conceptual and theoretical frameworks and how they guide and shape the study.

Chapter Three: Conceptual and Theoretical Frameworks

3.1 Conceptual Framework

Watt (2007) states that the process of conceptualising and designing a study is where researchers are faced with three challenges: firstly, developing a conceptual framework that is concise and thorough; secondly, planning a design that is manageable yet flexible; and thirdly, integrating these into a document that demonstrates to readers why this study should be done, can be done, and will be done. Camp (2001) defines a conceptual framework as a structure based on broader literature and experience that explains the natural progression of the phenomenon under study. A conceptual framework presents a logical structure of a system of connected concepts that provide a picture or visual representation of how ideas within the study align with one another within the theoretical framework (Grant & Osanloo, 2014). It displays the researcher's approach to the topic of the study, as well as shows the researcher's understanding of how the research will be best explored, outlining a specific direction the work will take and demonstrating the relationship between the key concepts in the study (Grant & Osanloo, 2014).

The conceptual framework (see Fig 7 below) illustrates the critical variables identified by the researcher about the COVID-19 pandemic and the enforcement and mitigation of regulations relating to social distancing, the encouragement of limitation of touch, hand sanitisation, and the wearing of face masks; the framework simultaneously illustrates the environmental factors (i.e., topography, vegetation, infrastructure, traffic, and the built environment), the biological factors (i.e. no/low vision), and the social factors (i.e. discrimination, stigma, prejudice, cultural views, and religious views); which affect the agent- blind and visually impaired individuals - as they access and navigate public spaces. The developed conceptual framework depicts the researcher's assumption and understanding of how the COVID-19 pandemic and structures within society impact the experiences of blind and visually impaired persons as they access and navigate public spaces.

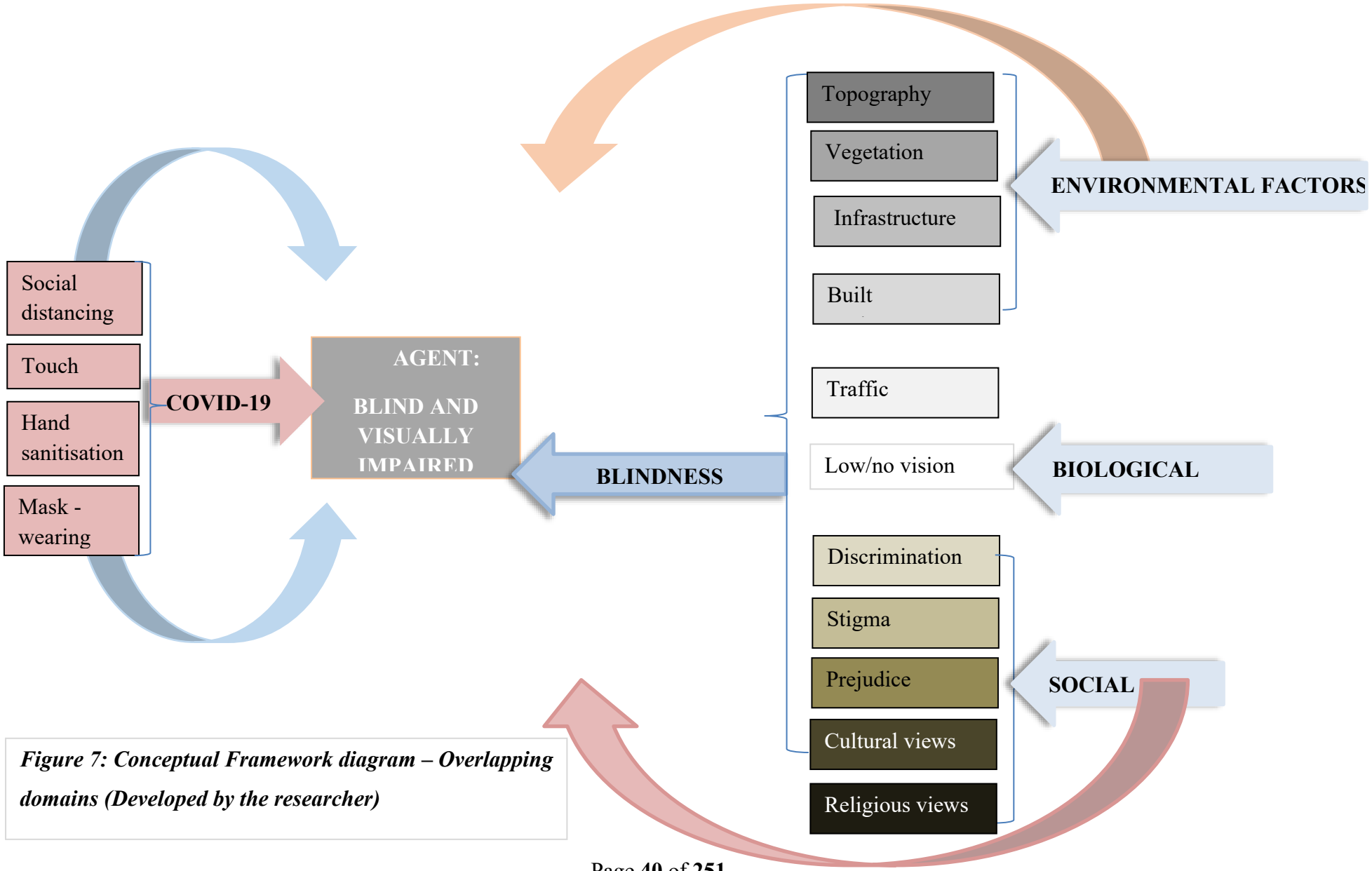


Figure 7: Conceptual Framework diagram – Overlapping domains (Developed by the researcher)

Cultural and religious views play a significant role in shaping understanding, as well as attitudes towards disability, which has immense implications for the social participation and social inclusion of people with disabilities (Naemiratch & Manderson, 2009). Thus, the cultural or religious beliefs and ideology on ability and disability inform how these individuals are accepted or excluded within social and physical spheres. These notions shape social interactions, structure participation within society, and profoundly affect the everyday life of the agent (Naemiratch & Manderson, 2009). Gartrell et al. (2018) attest that an impairment is typically attributed to negative socio-cultural meanings, which lead to stigma, discrimination, and social exclusion. Therefore, how the agent (BVIP) and the biological factor (i.e., impairment, disability), which they inhabit and present, is viewed through socio-cultural meanings fundamentally shapes and influences their experiences within society. Gartrell et al. (2018) further consented that cultural views and attitudes towards impairments or disability present a barrier to the inclusion of people with disabilities in society.

Cultural beliefs inform community understanding and treatment of disability (Naemiratch & Manderson, 2009). Ancient Greek mythology presents a source of interpretation of society's attitudes towards blind people influenced by literature and cultural beliefs. The ancient writings presented any disability as a form of punishment, for instance, regarding the ancient tragedy "Oedipus Tyrannos" (Papadaki & Tzvetkova-Arsova, 2013). Hence, blindness is presented in Greek mythology as the greatest fear for humans apart from the fear of death (Papadaki & Tzvetkova-Arsova, 2013).

When disability is viewed as the inability to do anything, this shapes social attitudes, as individuals of this cultural or religious group will embody the belief that people with disabilities are unable to do anything, which renders persons with disabilities incapable of engaging in daily life activities. This will thus lead to them being pitied and stereotyped. As the topography (the arrangement of the natural and artificial landscape and features of an environment) is not structured or arranged for the inclusion and integration of these individuals within these spaces, the physical environment further renders BVIP stagnant within their lifeworld. The conceptual framework above shows how these factors overlap and how they are linked to impacting and influencing the experiences of blind and visually impaired individuals.

The outbreak of the coronavirus disease posed a significant threat to PWDs, as these individuals are more susceptible because of existing and underlying disparities (Gombas & Csakvari, 2022). Vulnerable populations were thus disproportionately affected. Individuals who are blind or visually impaired are not at a greater risk of contracting the coronavirus disease because of their visual impairment. Instead, they were at a greater risk of exposure to the virus. The regulations implemented to combat the transmission and rapid spread of the coronavirus disease presented concerns as well as challenges to the lives of this demographic (Rizzo et al., 2021). Social distancing measures presented a challenge for BVI to adhere to, as their visual ability hindered the maintenance of a safe and accurate six feet physical distance (Khan et al., 2023). The signalling systems and hand sanitising stations within public spaces were presented in a way that depended on visual perception, therefore excluding BVI from being able to comply with these directives, creating an added difficulty for these individuals within spaces (Alves et al., 2023). Another tactic to bypass this was not introduced or implemented to assist BVI individuals.

Touch, being the primary sense of orientation and identification for blind and visually impaired individuals, became a source of fear, stress and worry as this increased their risk of infection within spaces (Gombas & Csakvari, 2022). This behaviour was strongly discouraged during the pandemic, which affected the daily lives of these individuals as they relied on tactile contact to access their "known world" and navigate and explore their spatial environments. The pandemic increased and aggravated the inequalities in access faced by blind and visually impaired individuals. However, although the pandemic added to the challenges faced by this demographic and created new barriers within their lives, the pandemic also exposed and revealed fault lines that already existed within society.

People with disabilities are often viewed and labelled as "the other". They are usually separated and divided from people not considered to have disabilities (Reid-Cunningham, 2009). The "otherness" of disability, however, is unique since anyone at any point and time in their lives may become disabled (ibid). However, this alienation remains embedded and rooted in socio-cultural norms and standards, that people with disabilities are defined more by their exclusion than their inclusion within society (Reid-Cunningha, 2009). Therefore, many of the challenges faced by persons with disabilities, focusing on blind and visually impaired individuals, are products of a socially constructed environment that excludes or limits their social participation

(ibid). Ultimately, the social environment determines how much the individual is included or excluded from mainstream social processes and spaces (ibid). In line with this view, Pilson (2020) states that the absence and exclusion of BVI individuals in the policies and regulations made due to the COVID-19 pandemic goes beyond that of ‘accidental forgetfulness'. Pilson (2020) argues that this is a socio-political exclusion and that this position further establishes how BVI individuals are viewed as ‘abject and Other'. Pilson (2020) further states that the BVI community has been ‘Other-ed' in the sense that during the COVID-19 pandemic, they were not perceived as ‘disabled, enough to warrant governmental consideration and ‘protection'. Yet they were placed in a vulnerable state during the pandemic as they had to access the world through tactile means, which put them at risk due to deadly viral load, which can be found on any surface within public spaces (Pilson, 2020). Ultimately, Pilson (2020) argues that thought has been absent about including BVI individuals within the greater scheme of society. There has been a blasé approach to making things accessible for people with disabilities (ibid). There remains an absence of understanding of the barriers that visually impaired people face in their everyday lives. It is, therefore, crucial to position accessibility within every sphere of our societal world, trying to embed inclusivity and dismantle barriers, both physical and attitudinal (ibid). Unmistakeably, systematic and structural challenges faced by this marginalised group are evident and magnified during times of crisis.

Thus, this thesis views social structures and systems as enabling and constraining how people manage their experiences and lifeworld. In alignment with the philosophical viewpoint, that structure influences the lived experiences of the BVI person, particularly regarding any sociocultural context. Social determinants and their association and prevalence with blindness and visual impairment impact the experiences and agency of BVIP through intermediary determinants and within a socioeconomic, socio-structural context. The disadvantaged social and economic position of blind and visually impaired individuals hold, through a socio-political lens, that these individuals face stigmatisation, exclusion, and marginalisation as a result of social factors and assumptions about incapacity that are embedded in a wide variety of structural, cultural, and physical manifestations (Schriner, 2001).

We are presented with a network of interrelated forces that hinder and limit these individuals' opportunities to explore, navigate, and maintain independence within spaces. COVID-19 added a new layer of challenges to the lives of this demographic and exacerbated pre-existing barriers and difficulties. Social and environmental determinants embedded within the structure of society create obstacles for these individuals and hinder their full and active participation within their "known world". As such, it can be stated that these domains overlap within this population's lives, as shown in the diagram above. This conceptual framework, therefore, substantiates the assumption and comprehension that the COVID-19 pandemic and societal structures have a noticeable impact on the experiences of BVI individuals as they accessed and navigated public spaces during the pandemic.

The conceptual framework also guides the exploratory questions in this study. First, to understand the challenges and associated risks of COVID-19 experiences by BVIP in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic. Second, to know how BVIP managed the challenges and associated risk of COVID-19 when accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

3.2 Theoretical Framework

This section introduces the theoretical and philosophical frameworks used in this study. Selecting a theoretical framework is essential as it is the foundation of a thesis (Grant & Osanloo, 2014). It serves as the structure and rationale of the study, the problem, the statement, and the significance thereof. It serves as a guide and support structure to define how the dissertation will philosophically, epistemologically, methodologically, and analytically approach the study (Grant & Osanloo, 2014). It is essential, as it requires a deep and thoughtful understanding of the research problem, purpose, significance, and research questions (Crawford, 2019). The theoretical framework needs to connect and justify the intended purpose and significance of the study (Crawford, 2019). A theoretical framework can be derived from existing literature that has already been tested and validated by others and is considered an acceptable theory in scholarly literature. Eisenheart (1991, p.205 cited in Grant & Osanloo, 2014) defines a theoretical framework as "...a structure that guides research by relying on a

formal theory... constructed by using an establishment, coherent explanation of certain phenomena and relationships." A selected theory is a blueprint for a research study, connecting with and justifying the intended research (Crawford, 2019). This study adopted a phenomenological paradigm and the Structural Violence Theory as the theoretical framework for analysing the findings.

3.2.1 Phenomenological Paradigm

The phenomenological paradigm aims to describe and interpret the lived experiences of individuals (Ojikutu, 2017). It focuses on research questions about what it is like to experience a particular situation. The phenomenological paradigm speaks to the method design and a theoretical framework stating that humans know and perceive the world through their lived experiences (Ojikutu, 2017).

Phenomenology can also be viewed as how people perceive the social world or a phenomenon through their senses and how these perceptions can, in turn, shape one's lived experiences (Ojikutu, 2017). Hence, it can be inferred that a 'phenomenon' can only be understood or known from experiencing an individual's viewpoint as it has been lived (Ojikutu, 2017). It is an individual's conscious experience; therefore, a phenomenon can only occur if the individual experiencing it is present. The various definitions of phenomenology can be linked back to the initial studies of Edmund Husserl (1859-1938), Martin Heidegger (1889-1976), Max Scheler (1874-1928), Jean-Paul Sartre (1905-1980), Maurice Merlau-Ponty (1908-1961), as well as Alfred Schutz. Many social theorists have developed and advanced phenomenology, and most arguments in phenomenology can be linked and associated with the work of Edmund Husserl or Martin Heidegger. Hence, many social theorists consider Edmund Husserl the "father" of phenomenology, even though Alfred Schutz first applied the philosophical idea to social sciences (Ojikutu, 2017).

The philosophical stance adopted within the dissertation is based on Husserl's phenomenological framework. The phenomenological approach allows for descriptions of how individuals make sense of the world around them. Therefore, the primary purpose of the phenomenological framework in this study's context will be to explore the viewpoints of

individuals experiencing certain phenomena in their everyday lives and broader societal worlds through the spaces they interact with, navigate, and encounter.

Using this framework helps us understand that the experiences of blind and visually impaired persons are subjective and how they experience and perceive their spatial environment through their unique lens and viewpoint. How they experienced and navigated the COVID-19 (SARS-CoV-2) pandemic differs from sighted individuals. Therefore, their unique view and lived experiences are significant to study, and this framework helps to explain the essence of blind and visually impaired individuals' experiences. In the context of this study, the primary purpose of the phenomenological approach is to explore the viewpoints of individuals experiencing certain phenomena in their everyday lives and broader societal worlds as they explore public spaces and environments during the pandemic. This approach allows for exploring the 'inner' viewpoint of the individual experiencing a phenomenon, permitting the researcher to gain an insightful and holistic understanding of the experience (Husserl, 1997). Furthermore, the theoretical framework intends to acknowledge interactions across and amongst three dimensions: societal structures and systems, accessibility, and agency.

3.2.2 Structural Violence Theory

This study also drew on the Structural Violence Theory to illustrate the impact of societal structures on the social realities and agency of BVI individuals. Structural violence theory refers to a form of violence embedded within social systems or social institutions which harm people by preventing them from meeting their basic needs (Dutta, 2016). It perpetuates inequality, as well as produces and normalises marginalisation, exclusion, and exploitation along the lines of "race", class, gender, ethnicity, and other invidious categories (ibid). Utilising this theory is ideal for the study as it enables the exploration of the impact of societal structures on the social realities of BVI individuals. This theory allows for assessing how society and social systems operate, how it affects the agency of BVI people, and how BVI individuals are disadvantaged when looking at accessibility to public spaces.

Structural violence was conceptualised in the 1960s by Johan Galtung, a Norwegian sociologist and mathematician, the founder of the Discipline of Peace and Conflict Studies and thus known as "the father of peace studies". Structural violence (also termed indirect violence and, sometimes, institutionalised violence) differentiates from personal violence (also known as direct or behavioural), as it refers to avertible harm or damage to people because of violence which is embedded in structures (Weigert, 2008). This form of violence is not committed by an actor enforcing or perpetrating violence towards individuals. Such violence emerges from the unequal distribution of power and resources, aspects of social structures – economic, political, legal, religious, cultural- or institutions that prevent and hinder individuals from meeting their basic needs. Galtung (1969) advocated for an expanded concept and notion of violence as "the cause of the difference between the potential and the actual" (p.168); to put it simply, violence obstructs the lessening and easing of the distance between what exists and what could be possible (Galtung, 1969). This refers to the avoidable limitations and constraints that society places on persons that restrict them from meeting their basic needs and achieving the quality of life that would otherwise be possible. Common examples of structural violence include racism, sexism, classism, poverty, hunger, discriminatory policies, and health inequities (Dutta, 2016).

Galtung (1990) described the different forms of violence in the following terms: "Direct violence is an event; structural violence is a process with ups and downs". (p.294). Structural and symbolic violence systemically violates individual, social, and cultural rights through exploitation, abuse, and epistemic violence built into institutional, cultural, social, and research practices (Dutta, 2016). Both structural and cultural violence are intricately intertwined and causally immersed in social inequality and injustice (Dutta, 2016). This type of violence is, therefore, like social injustice and the structures that promote this social injustice. It is an invisible force constructed by the structures that hinder fundamental human needs. To reiterate, with direct violence, there is a specific event, an identifiable victim, an identifiable perpetrator, and, as stated above, an actor enforcing the action; however, structural violence is not visible in specific events. The effects of structural violence are observed at the societal level, presenting itself through systematic shortfalls, deficits, and shortages in the quality of life of particular groups of people (Kent, 2011). In direct violence, there is visible physical damage to the human body occurring in a noticeable time-bound event, and the individual victims and perpetrators are identifiable. In structural violence, the individual suffers and experiences the

harm and forms of violence indirectly, often through a slow and steady process, with no identifiable perpetrator (s) (ibid). This form of violence is indistinct. It is revealed only through its patterned effects (Kent, 2011). Because this form of violence is indistinct and embedded in normatively social structures, people often overlook them as nothing more than ordinary or conventional difficulties encountered during everyday life (Lee, 2019). Due to the subtlety and invisibility of structural violence, where it is accepted as a matter of course, the actors and perpetrators are difficult to identify, resulting in no assigning of culpability for it, leading to the violence continuing (Lee, 2019). This makes this critical aspect of structural violence the most lethal form of violence, as well as the most potent cause of other forms of violence (ibid).

Mohamed (2019) contends that structural violence places people with disabilities at risk in society, subjecting and stigmatising these individuals to distressing experiences. The author further relays that individuals who do not conform to societal or cultural beliefs and ideologies of embodiment may encounter this violence and various forms of exclusion (Mohamed, 2019). Thus, this theory enables the assessment of how society and social systems operate, how it affects the autonomy of BVI people, and how BVI individuals are disadvantaged when looking at accessibility to public spaces. Structural violence theory refers to a form of violence embedded within social systems or social institutions that harms people by preventing them from meeting their basic needs (Dutta, 2016). It perpetuates inequality, as well as produces and normalises marginalisation, exclusion, and exploitation along the lines of "race", class, gender, ethnicity, and other invidious categories (ibid).

Chapter Four: Research Methodology

4.1 Introduction

Goddard and Melville (2004) assert that the discovery and the creation of knowledge lie at the heart of research. Defining research as "a systematic pursuit for undiscovered knowledge" (Goddard & Melville, 2004). The systematic inquiry of research is a crucial process that entails collecting critical information and data and the interpretation and analysis thereof (Goddard & Melville, 2004). This process is essential to any conclusion that will be made on any subject matter. Applying scientific procedures is pertinent to research (Kothari, 2004). Evans et al. (2014) thus define methodology as 'the branch of knowledge that deals with method and its application in a particular field of study' (2014: 89). Therefore, the presence of a methodological approach is necessary to understand the phenomena under study and to reach a conclusion about the study. Gaining an in-depth and holistic understanding of the experiences of blind and visually impaired individuals in accessing and navigating public spaces during the COVID-19 pandemic in Gqeberha requires research methods.

The chapter looks at the methodologies used in the study. Various methods were utilised to analyse and critically evaluate the material accurately. Exploring these research methods enabled me to state the methods involved in this study and provide reasons for why these methods were used rather than other possible methods.

4.2 Study Approach

A qualitative anthropological approach was utilised to guide the study. Cypress (2015) defines qualitative research as a distinct mode of inquiry. This research collects, analyses, and interprets non-numerical data (McLeod, 2019). Kothari (2004:20) asserts that a qualitative approach involves the attitudes, feelings, opinions, behaviour, underlying motives, and desires of a human being. The qualitative paradigm utilises a naturalistic approach that seeks to

understand phenomena in individual's lives, stories, experiences, and behaviours (McLeod, 2019). It can be used to understand how an individual subjectively perceives and gives meaning to their social reality (McLeod, 2019), which offered this study, through utilising this research paradigm, a deeper understanding of the experiences of blind and visually impaired people when accessing and navigating public spaces during the COVID-19 pandemic.

4.3 Study Design

This study took a qualitative ethnographic research design. Jones and Smith (2017) define ethnography as one of the early qualitative approaches concerned with learning about people through immersion. This enables the researcher to discover and describe the diverse nature and complexities of shared cultural nuances of the social world and interpret the phenomena under study. This approach encompasses a continuous process of engaging with participants in their natural environment, which is central and adds validity to the findings of ethnographic studies (Jones & Smith, 2017). Thus, doing this required the use of participant observation. Kawulich (2005) defines participant observation as a process that enables researchers to learn about the activities of the people under study in their natural setting through observing and participating in those activities. Utilising participant observation as a research method develops a holistic understanding of the phenomena under study (Kawulich, 2005). This approach is considered ideal for this study as it allows for information to be recorded as it occurs. Spending time with the participants and participating in their daily activities enabled me to hear, see, experience, and understand some events as the participants do.

The study also utilised a phenomenological design, which is appropriate for research that pertains to questions of meaning-making and the principle of experiences to uncover an in-depth understanding of people's lived experiences (Tindall, 2009). Neubauer et al. (2019) contend that to study a person's lived experience of a phenomenon. The researcher needs to suspend their attitudes, beliefs, and suppositions to focus on the individual's experience and then identify the nature and significance of that phenomenon. Intending to study and understand the lived experiences of individuals who are blind and visually impaired, the phenomenological design was ideal for this purpose. Utilising this approach allowed for the in-

depth lived experiences of the research participants to be uncovered, revealing the challenges and barriers that these individuals encountered as they accessed and navigated public spaces in Gqeberha during the COVID-19 pandemic, pre-COVID-19 pandemic, as well as presently. The significance of their experiences demonstrated the influence of structural violence within their known world, how these injustices compelled and restrained them, and heightened the inequalities that transpired during the pandemic. Therefore, this approach enabled the exploration of these individuals' attitudes, feelings, actions, and experiences as they interacted and explored public spaces during the COVID-19 pandemic.

4.4 Research site

There are crucial aspects to consider when conducting field research, such as the appropriate field site to observe and conduct the study. These decisions are shaped by various factors that significantly influence the data generated, analysis, and how the data impacts the study's outcome. Therefore, identifying a site for this research was shaped by the time spent conducting participant observations and the importance of the location. Hence, this study took place at Nkosinathi Foundation of and for Blind and Partially Sighted People, a non-governmental organisation that provides a support structure and comprehensive model to raise awareness which enables blind and partially sighted people to be empowered, gain independence, overcome challenges, as well as develop their potential (Nkosinathi Foundation, Services, 2023).

The organisation is situated within the Eastern Cape Province of South Africa, specifically its South-eastern area on the coast, which is the most populous city and makes up approximately 17% of the population within this province known as Port Elizabeth, officially renamed Gqeberha and colloquially often referred to as P. E (Morris-Paxton, Reid, & Ewing, 2020).

Figure 8 – Geographical location of South Africa, depicting the positioning of the Eastern Cape Province – (Google Maps, 2023)

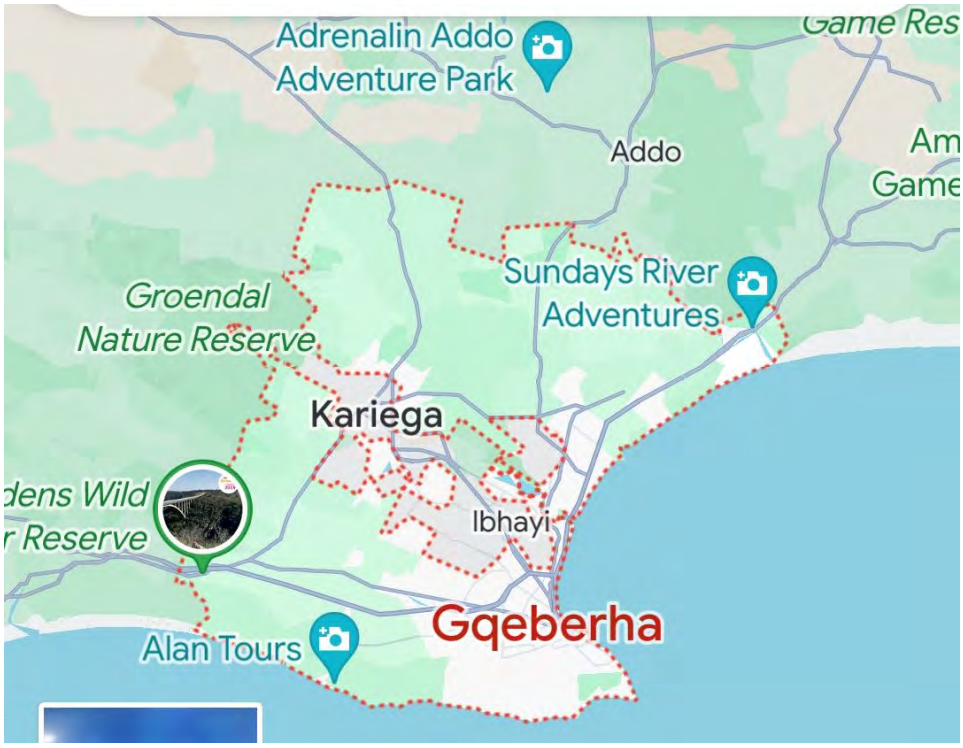


Figure 9- Geographical location of the Eastern Cape Province, depicting where Gqeberha is situated (Google Maps, 2023)

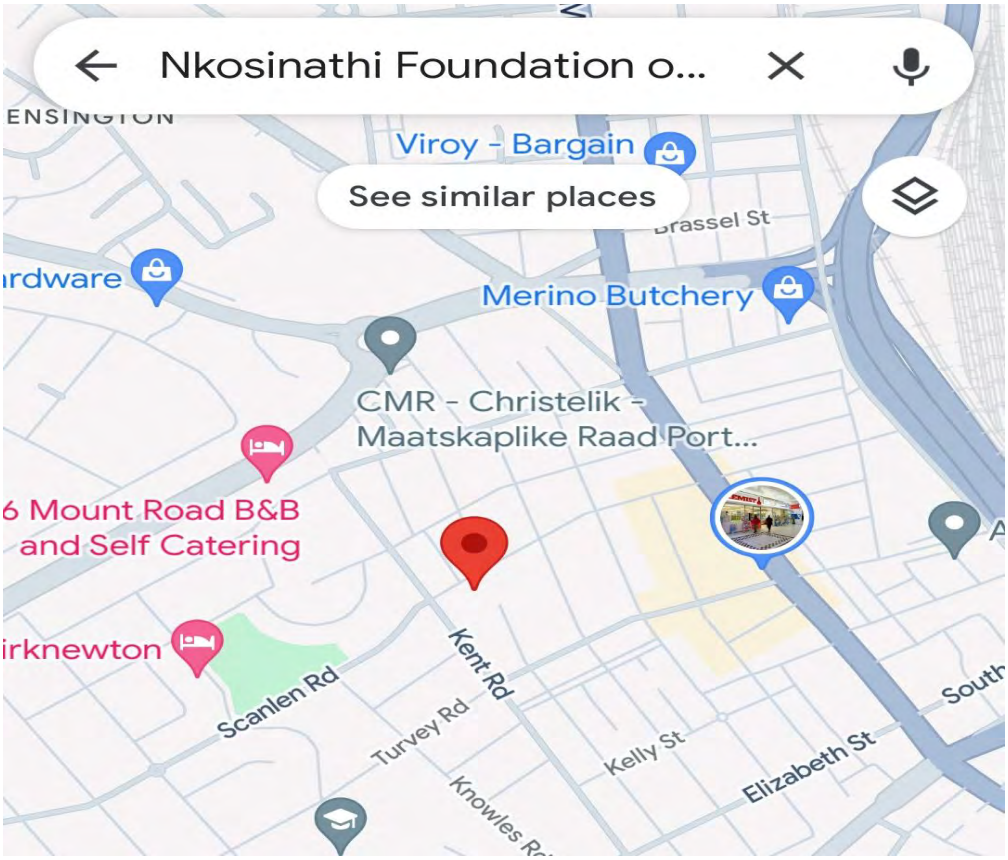


Figure 10- Geographical location of Gqeberha, depicting where the site location is situated (Google Maps, 2023)

The diverse and beautiful coastal town is renowned as the 'Friendly City' or 'Windy City'. Its population estimation for 2023 is 1 295 928 (World Population Review, 2023). The Nelson Mandela Bay Metropolitan Municipality area communities comprise urban and rural areas (Melariri, Chimbari, & Kalinda, 2021). Encompassing a diverse population, this metropolitan is primarily driven by the automotive industry and tourism sector (Melariri et al., 2021). Unfortunately, the municipality is burdened by significant challenges regarding poverty, poor infrastructure, township overcrowding, informal settlements, unemployment, social and health inequalities, and poor service delivery (Melariri et al., 2021). Nkosinathi Foundation is the only known organisation solely for blind and visually impaired individuals within Gqeberha. However, the city encompasses organisations for persons with disabilities such as the Association for the Physically Disabled (APD), a registered Non-Profit organisation affiliated to the National Council for Persons with Physical Disabilities in South Africa (NMBT, 2023), Cheshire Home Summerstrand established in 1975 for chronically disabled adults in need of

assistance (Cheshire Homes, 2023), as well as the Port Elizabeth Deaf Association, Aurora Special Care Centre, the Cerebral Palsy Association E.C., and the Missionvale Care Centre (Show Me, 2023)

Nkosinathi Foundation was founded in Gqeberha by a small group of blind people on the 27th of May, 1948 (Nkosinathi Foundation, Services, 2023).

Figures 11 and 12: Nkosinathi Foundation (Source: Nkosinathi Foundation, Services, 2023)

The group's formation was guided by recognising a need for rehabilitation and adaptive skills services and support for those who recently lost sight (ibid). The organisation has grown to become one of the biggest service providers to blind and partially sighted people in the Eastern Cape Province, as well as the rural areas of the Eastern Cape Province, which includes Kareedouw, Hankey, Patensie, Loerie, Addo, Paterson and Kirkwood (ibid). This institution has been operative for 75 years within the city of Gqeberha, serving as a support structure, shedding light on the plight of blind and visually impaired individuals, and advocating for their right to be fully integrated into society. The organisation offers crucial services such as orientation and mobility training, adapted daily living skills training, braille literacy training, low vision assessments and low vision training, computer training, early childhood development programs, as well as individual, family, and group emotional support and

counselling to name a few (ibid). The organisation's governing body comprises a board of a diversified team of sighted, blind, and partially sighted professionals. The managing committee (BOARD) members comprise seven volunteers, and in terms of the Foundation's constitution, 60% of the management board members must be blind or of low vision (Nkosinathi Foundation, Profile 2023/2024, 2023). The organisation includes well-resourced individual offices, kitchen and bathroom facilities, a self-contained meeting room, and a well-equipped classroom for the early childhood development programme on the premises (Smith Marshall, 2016). The in-house team within the organisation is represented in the organogram below:

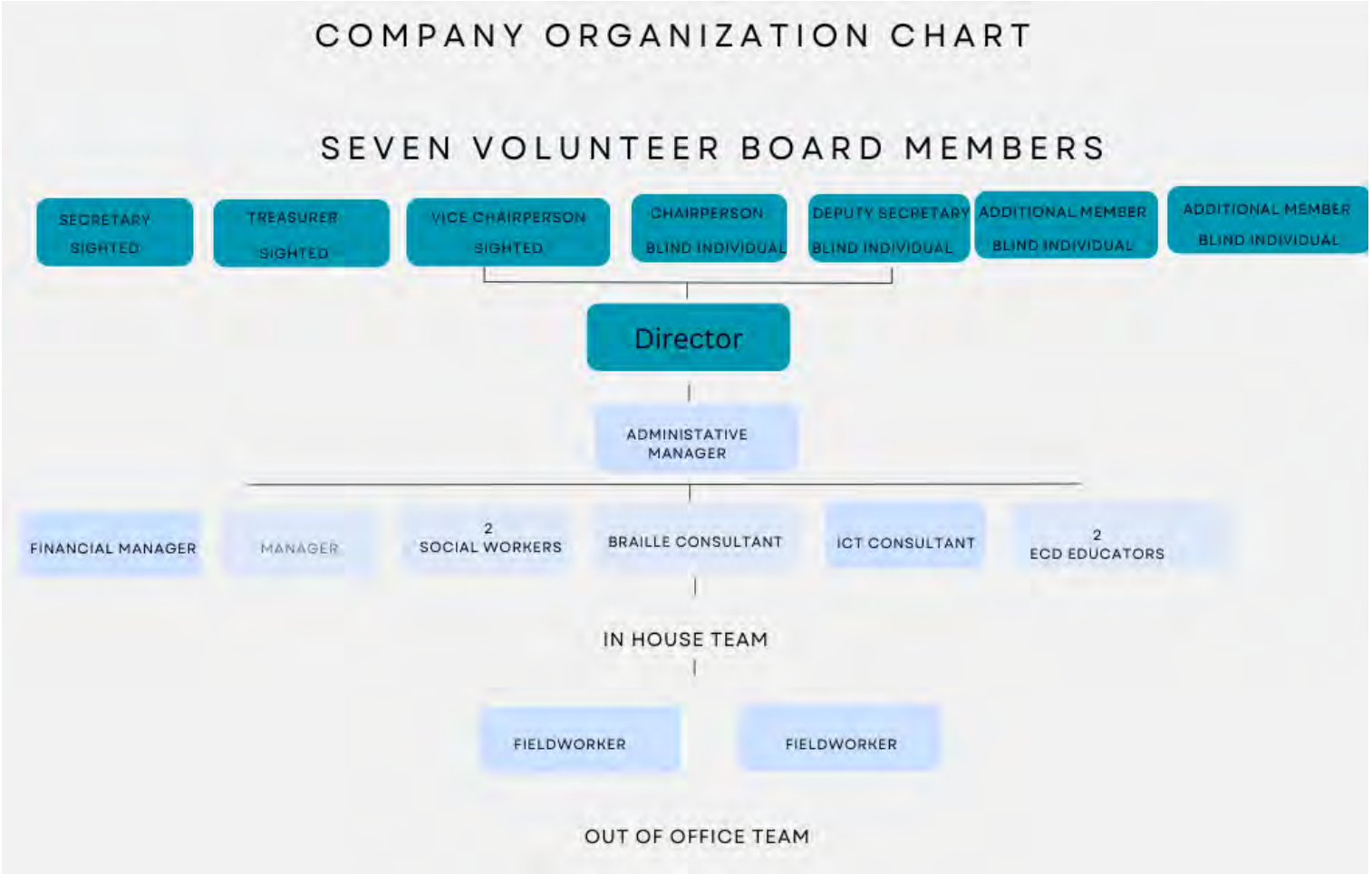


Figure 13: Organogram of the team within the organisation

The director of the organisation manages, coordinates, and supervises the foundation. The current administrator is also an orientation and mobility practitioner within the organisation. The office staff comprises a financial manager and a senior manager of resources. The staff that provides training as well as counselling to the BVI individuals shall consist of two social workers, a braille and rehabilitation consultant, the orientation mentioned above and mobility practitioner, an ICT (Information Computer Technology) facilitator and a trainer that provides training using adaptive computer software, as a blind individual themselves, and a project coordinator. The foundation includes a comprehensive children's rehabilitation and development programme directed by two ECD (Early Child Development) teachers. The organisation operates a sewing programme for blind and visually impaired individuals and parents of blind and visually impaired individuals, which the project coordinator directs. The in-house staff thus comprises ten individuals, including the trainers, counsellors, and administrative team. The foundation concurrently administers a fieldwork program which allows the organisation access to blind and partially sighted persons situated in rural communities of the Eastern Cape Province, in which two active fieldworkers preside over these activities, one of which is a blind individual and one of the participants in this study. Altogether, the full-time staff consists of 11 individuals and five part-time individuals.

The organisation provides services tailored towards loss of sight and independence; therefore, their demographic includes individuals of all ages, all races, all religious groups, and levels of education residing in the western and southern parts of the Eastern Cape Province. Beneficiaries comprise individuals who have lost their vision recently, as well as those who have been blind or partially sighted for many years or since birth (Smith Marshall, 2016). Service recipients also comprise the family members of the blind and partially sighted person (i.e., significant others) as well as loved members within the individual life, mainstream schoolteachers, university and staff members, employers of blind and partially sighted people, co-workers, retirement staff members, and hospital staff members (Nkosinathi Foundation, Profile 2023/2024, 2023). All services offered by the organisation are done free of charge, as most of the clients of the organisation live below the South African poverty line and, therefore, need assistance with combatting socioeconomic challenges (Nkosinathi Foundation, Profile 2023/2024, 2023). In total, the clientele of the organisation consists of 1125 individuals (see Appendix Three). Clients will visit the premises, or the staff members will visit the client at home or work (ibid).

Although this study was not about the organisation, situating the study within the NGO was fundamental to the study. It allowed for in-depth participation and observation of the activities and experiences of the BVI individuals and how they experienced, accessed, and navigated public spaces in Gqeberha. The study in the organisation also enabled me to understand how the trainers helped the participants mitigate the challenges and associated risks they faced in accessing and navigating public spaces in Gqeberha. The situatedness and selection of the field site also allowed for greater immersion and understanding of the phenomenon under study.

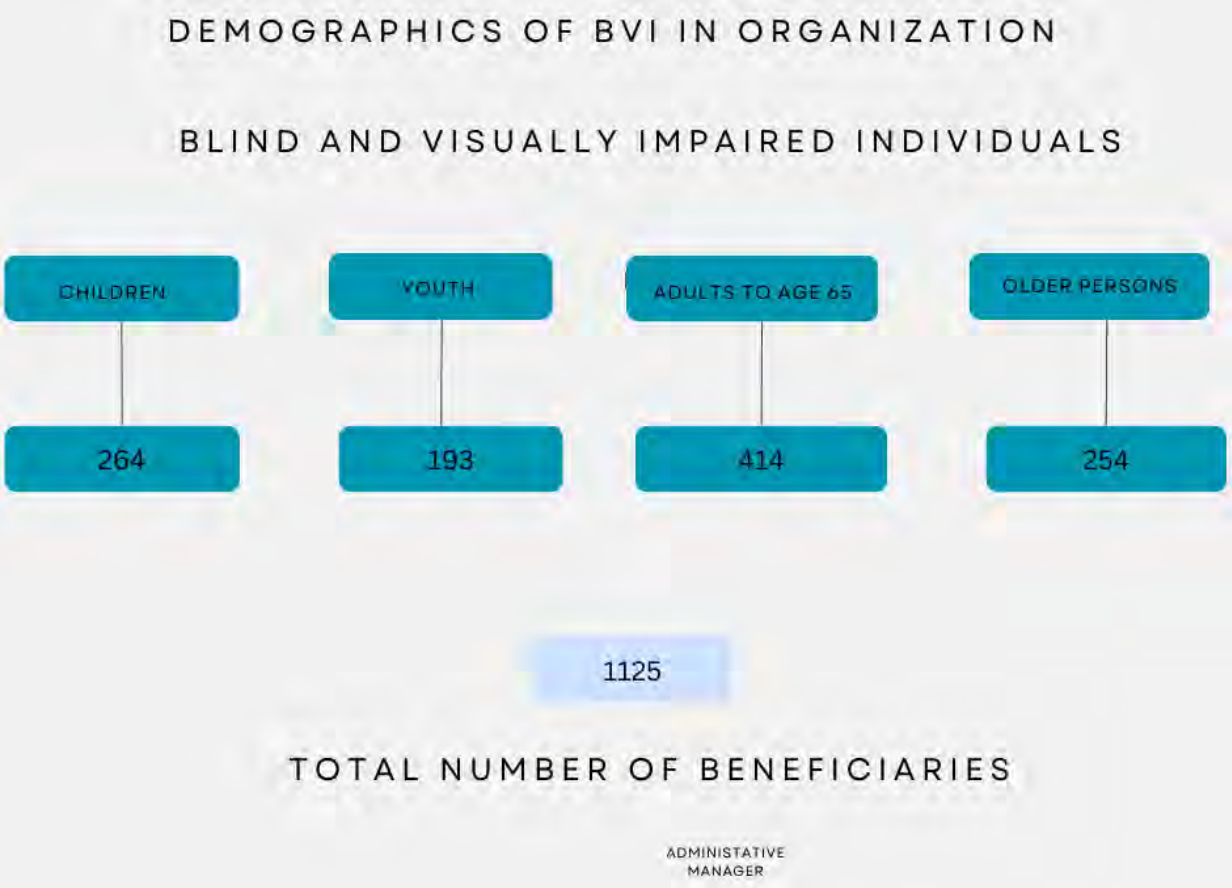


Figure 14: Organogram of the demographics of BVI individuals in the organisation

Varying factors influenced my choice of this non-governmental organisation. Firstly, most of the individuals were clients and frequented the organisation daily, which allowed for consistent participant observation and immersion to be undertaken, as well as being able to observe the daily life and activities of these individuals, their exchanges amongst themselves, their formal and informal conversations, habits, and experiences. Secondly, most of the clients at the

organisation were persons with visual impairments; as such, there was a high chance of recruiting research participants who were blind or visually impaired. I began volunteering within the organisation while conceptualising the study in October 2022. This allowed for familiarity with the setting, the trainers and counsellors at the organisation, the staff members, and the potential and later research participants before data collection. Due to this familiarity and my status as a volunteer at the organisation, there was little or no difficulty in attaining permission from the organisation's director to conduct the research and rapport with the study participants when data generation began.

From the first day in the field, I was introduced to the director and manager of the organisation, the staff members, and the multidisciplinary trainers and counsellors within the organisation by the financial director of the organisation, who approved my application to volunteer at the NGO. The trainers and counsellors then introduced me to their clients as they came in for their training sessions and programmes at the organisation. The warm reception and friendliness that commenced throughout my volunteering and fieldwork from the first day enabled me to adapt effortlessly to the environment and create rapport with the potential and later research participants. Having become accustomed and integrated into the environment by training and venturing alongside the trainers to workshops and awareness programmes, I could easily communicate and interact with the trainers and counsellors at the organisation and the research participants.

4.5 Study Population and Sampling

Research sampling is the study of a population subgroup characterising the whole population (Patton, 2002). This study adopted a heterogeneous purposive sampling technique. Purposive sampling is framed around selection units (e.g., people, organisations, phenomena, lived experiences, etc.), usually informed by research questions (Ojikutu, 2017). According to Starks and Trinidad (2007), qualitative research uses purposive sampling methods to recruit participants with lived experience of the phenomenon under study. The lived experiences are the unit of analysis; therefore, large sample sizes are unimportant in generating rich data sets, given that each participant provides deep insight into the phenomena (Starks & Trinidad, 2007).

This method aims at selecting and describing the central themes that cut across variation and diverse characteristics to see where there are common patterns, as asserted by Patton (2002). Patton (2002) states that the strength of utilising this sampling method is that it permits high-quality, detailed descriptions of each case, which yields uniqueness and helps document. Heterogenous purposive sampling simultaneously conveys the shared patterns that intersect cases and derive their significance of heterogeneity (Patton, 2002). These methods are essential in qualitative inquiry (ibid). Therefore, blind, partially sighted individuals and trainers were selected as their experiences were subjective and unique, based on their level of vision or role in the study setting.

There were 14 participants recruited for this study. They are made up of three blind individuals and seven partially sighted individuals at the organisation, four trainers and counsellors, consisting of a fieldworker, a braille facilitator who was also an adapted living skills trainer, a social worker, and an orientation and mobility practitioner. The participants were of mixed gender and different age groups. The inclusion of the trainers was to understand how the primary participants, the BVI individuals, in the organisation were assisted in mitigating the challenges experienced.

I recruited 14 participants for this study because the lived experiences of these participants were the unit of analysis. Starks & Trinidad (2007) assert that large sample sizes are unimportant to generating rich data sets. Vasileiou et al. (2018) posit that fewer participants are needed if rich data sets and in-depth data are collected from an individual. The data collected has thus been saturated, which Hennink et al. (2017) refer to as the point whereby data collection produced enough data to draw necessary conclusions, as no additional issues or insights emerged from data and all relevant conceptual categories. The data collected has, therefore, been identified, explored, and exhausted (Hennink, Kaiser, & Marconi, 2017). Although the overall staff members consist of 16 members and the organisation's clientele comprises 1125 individuals. The selection of 14 participants was thus enough to provide me with the necessary rich data for the study, considering it is a Master's thesis with a limited time frame. The recruited participants provided meaningful and insightful data which were pertinent to the outcome of the study. I recruited both blind and partially sighted participants as their experiences would determine the quality of the research, as opposed to only blind individuals or only partially sighted. The inclusion of the trainers assumed that the data they provided

would be more knowledgeable through a practitioner's lens, as well as they would possibly offer data that the primary participants might not consider mentioning as they may view it as unimportant e, g., how their training may have been affected during the peak of the COVID-19 pandemic. Including these secondary participants would also enable insight into how they trained these individuals to mitigate the challenges and associated risks of COVID-19 in public spaces. Participants were from the age of 24 and above. This choice of age group allowed for comprehensive, accurate, and extensive data. The recruited participants were also visually impaired before or from 2019, as this was when the COVID-19 pandemic emerged. Being visually impaired during the pandemic's peak was crucial in understanding and gaining insight into their experiences accessing and navigating public spaces.

The research participants have been assigned pseudonyms to protect their identity and anonymity.

Table 3.1: Profile of research participants

No.	Name of Participant	Gender	Age	Home Language	Type of Impairment	Years of living with impairment	Role at the Organisation
1	Ms. Nandipha	Female	46	isiXhosa	N/A	N/A	Trainer – Fieldworker
2	Mr. Lwazi	Male	53	isiXhosa	Partially Sighted	From 2009	BVI
3	Mr. Lwazi	Male	53	isiXhosa	Partially Sighted	From 2009	Trainer- Braille and Rehabilitation Facilitator
4	Mr. Milani	Male	37	isiXhosa	Partially Sighted	From 2014	BVI
5	Mr. Themba	Male	64	isiXhosa	Blind	From birth – 1958	BVI
6	Miss Claire	Female	28	Afrikaans	Blind	From birth – 1994	BVI

7	Ms. Noluvuyo	Female	43	isiXhosa	Partially Sighted	From 2013	BVI
8	Mr. Jacob	Male	58	Afrikaans/English	Partially Sighted	From 2019	BVI
9	Ms. Yandiswa	Female	33	isiXhosa	N/A	N/A	Trainer – Social Worker
10	Miss Samila	Female	29	isiXhosa	Partially Sighted	From 2019	BVI
11	Mr. Clark	Male	24	English	Partially Sighted	From 2018	BVI
12	Ms. Daphne	Female	58	Afrikaans	Partially Sighted	From 2018	BVI
13	Ms. Babalwa	Female	N/A	isiXhosa	N/A	N/A	Trainer- Orientation and Mobility Practitioner
14	Ms. Brooke	Female	36	Afrikaans	Blind	From 1996	BVI

4.6 Data Generation

Data generation comprises processes involving searching for, focusing on, noting, selecting, extracting, and capturing data (Goldkuhl, 2019) . The generation of data is a cumulative process, which results in the creation, management, and analysis of the dataset (Goldkuhl, 2019). Data was generated through the ethnographic process of participant observation and semi-structured interviews.

4.6.1 Participant Observation

Before undertaking this study, I was encouraged by my supervisor to volunteer at the organisation I was to carry out my research from October 2022, where informal observations took place. This allowed for familiarity with the potential research participants and the study setting. It simultaneously allowed the potential research participants to be aware of the study before its commencement. At this stage, members of the organisation knew that my volunteerism was part of preparing me for the conceptualisation of my master's proposal and the eventual official fieldwork. I have included an excerpt from the journal writings to illustrate the first day at the organisation and my reflection.

> *They (i.e., potential research participants and the team at the organisation) seem excited and interested in the research and are open to discussing and sharing their stories. They are eager for their stories to be heard and for them to be taken seriously. They reiterated their desire for opportunities and a place in society. The organisation and individuals stated that COVID-19 affected them and increased the challenges and barriers they faced in a way that they could not have comprehended ('**Week 1 - |11.10.22 |Tuesday-Braille Training Group | summary/recap of the day)**.*

Formal observation commenced after receiving ethical approval (see Appendix Five for Rhodes University's Ethical Approval Letter), allowing me to undertake the data-gathering process from 16 May 2023 to 31 October 2023. This process of participant observation was undertaken through weekly visits to the organisation, consisting of visiting the site once or twice a week for six hours per day. Although participant observation predominantly took place at the site of the study, additional off-site visits occurred as the staff invited me to observe as they visited their clients at their homes or work locations. Off-site visits simultaneously entailed blind awareness workshops within local communities in Gqeberha, coordinated by the organisation. Off-site visits would include my six hours at the organisation and an additional three hours off the grounds of the Foundation. Through these interactions, I could observe the behaviour and interactions of the individuals up close.

I had the opportunity to observe how these individuals utilised assistive devices such as their white cane (see Appendix Four for an image of a white cane), as there were instances where they allowed me to interact with their white canes to grasp a better understanding of the configuration of the device as well as to visualise how it assists them in navigating their spatial environment. For example, on one of the walks after attending a workshop with the BVI individuals, I noticed that due to overgrown bushes alongside the path, the strap of the white cane occasionally became entangled therein, hindering the movement of the individual and obstructing those following her. This then led to inquiring if this happened often. The individual responded by stating that only when the bushes are overgrown and she is walking close to this thick vegetation does that happen. This then allowed me to observe how the physical environment can obstruct the accurate and safe navigation of public spaces by BVI persons. Navigating these individuals within the organisation's space was also interesting to observe. The BVI individuals would simultaneously use the cane to explore the space and tactile contact by trailing their hand or finger along the wall or the rail when going down a staircase. In an enclosed environment, the individual would only use their sense of touch and not their white cane to navigate. They stated this was because the environment was familiar, and they knew where everything was.

I was also allowed to observe how a newly partially sighted individual navigated the physical environment (see image below). Having received verbal consent from the O&M practitioner, the individual, and his wife, I observed as this gentleman navigated barriers in the physical environment. The individual utilised his white cane as an assistive device to orientate and utilise wayfinding skills, starting from the organisation to the city town area and back to the organisation. He was tasked to navigate the spatial surroundings by himself. He did so without any sighted guides or assistance. The O&M practitioner, his wife, and I observed from a distance to not distract the individual. On several occasions, when bystanders in the environment asked if he needed assistance or guidance, the individual would politely decline and state confidently that he could navigate independently and that this was a task he had to do by himself. The individual used his hearing modality, tactile contact, and assistive device to orient himself. He navigated past physical barriers and obstructions in the road, stairs and lamp poles in his pathway, dogs, and construction work he encountered on his walk. These observations helped to answer research questions that focused on the challenges and associated risks BVI currently encounter in the external environment.

I also had the opportunity to observe as well as interact with a braille board, which is a self-contained learning tool (see Appendix Four for an Image of a Braille board) (MaxiAids, 2023). This learning tool enabled me to comprehend how BVI individuals initially begin to learn braille. Also, I would often take coffee breaks with the research participants, which led to discussions based on how they approached the daily life activity of making themselves a cup of coffee or tea. This discussion then ensued on a visual representation of the assistive device utilised in aiding this task. These individuals then presented a liquid level indicator, demonstrating their cooking of a hot beverage. The assistive device has three prongs which hold onto the mug's rim, permitting a loud beeping sound to indicate how much liquid is within the beaker (see Appendix Four for the image of the liquid level indicator). This device thus prevents the individual from spilling or burning themselves. It was noted that most do not have this assistive device based on the expense thereof. Therefore, they either create an alternative mechanism using a cork and a piece of string, or they will use their thumb to assess when the liquid has reached a certain point.

It was fascinating to observe how these individuals identified themselves within these spheres, although through the medical model and understanding, some would be classified as blind or partially sighted. However, these individuals would identify as blind even though they fall under a specific visual acuity range which would determine them as partially sighted, instead of saying 'I am blind', or 'I have residual vision', or 'I am partially sighted', they would identify as visually impaired. This was interesting personally; as an individual who started to utilise spectacles as an aid, someone identified me as a visually impaired individual, which I never considered myself to be, as I viewed this as a category that is authorised medically; this, therefore, incited introspection.

Simultaneously, during my volunteering, the commencement of the study, and during the process of data collection and analysis, I was allowed to participate in programmes such as braille training, as well as awareness group-focused workshops, where blind and partially sighted individuals discussed their lived experiences, amidst these discussions these individuals would discuss blindness and visual impairment, how they manage and navigate the visual world, how they manage social and physical barriers revealing the exclusion and disabling obstacles that they face in society, as many of these individuals disclosed similar narratives and encounters, of dismissals after they became visually impaired. I have included another excerpt from the digital journal writings to illustrate the focused awareness group workshop discussions and my reflection.

> *Cases of individuals who became blind or partially sighted later in their lives.*
> *Once becoming blind or partially sighted, these individuals were faced with economic (being retrenched from their jobs), psychological, and social issues.*
>
> *There is a silence surrounding blind and visually impaired individuals and their challenges, as well as their needs. Their issues are not discussed, and they are frustrated* ***(Week 9 - 11/05/2023\|Thursday –BVI Workshop - Motherwell).***

Most conveyed that this occurred unexpectedly and arbitrarily. One narrative that made a considerable impression was the account of a mother who detailed her son's experience, revealing that her son complained about a headache the previous evening. Ignoring this headache, he retired to bed, and when he woke up, he was enveloped in darkness, which was

all he could “see”. This astonishing encounter incited feelings of fear upon hearing this, which I had to question as well as overcome; simultaneously, it cemented the notion that no one is immune to impairments, which is why it is so crucial to integrate accessibility and inclusivity in society. These experiences became a rich data source as they enabled me to correlate what was said and revealed by the participants through what I observed. This process of participant observation took place after the peak of the COVID-19 pandemic; what was observed, therefore, was the process of accessing and navigating public spaces by blind and visually impaired people in Gqeberha, observing the physical barriers that they encounter in public settings.

4.6.2 Interviews

The formal interview process commenced from 30 May 2023 to 31 October 2023. Before the formal commencement of the interview process, the previous two weeks were set aside to establish as well as confirm the formal recruitment of the research participants, the explanation of the study once again, allowing for any questions or concerns to be addressed; confirmation of participation by the research participants through the signing of consent forms, and the final arrangement of the interview dates and venues. The interviews were semi-structured. Mathers et al. (1998) assert that this interview method is extensively used for qualitative research and can occur with individuals or groups.

The open-ended questions in this form of interviews define the subject matter under investigation (Mathers, Fox, & Hunn, 1998). It also allows the interviewer and interviewee to discuss specific topics and questions in more detail, thus differentiating from a structured interview (Mathers, Fox, & Hunn, 1998). This approach offered greater flexibility, allowed specific questions to be clarified or corrected, and allowed the interviewee to follow up or build on new ideas to be discussed. The open-ended nature of the questions offered in-depth insight into the participant’s worldviews. This method helped to reveal the barriers and associated risks that blind and visually impaired people experienced in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic. Using open-ended questions elicited the participants' experiences regarding the challenges and hurdles they faced as they reflected on

their encounters during the pandemic's peak while simultaneously disclosing the encounters they faced in the present. Interviews were conducted in a time frame of 25 to 45 minutes, but each participant had a choice of making it longer or shorter depending on their disposition.

As a result, as a volunteer at the organisation, while conceptualising the study, I had access to the participants and venues within the organisation. Therefore, the interview locations were within the organisation, where I was provided a private room. One of the participants, Ms Brooke, was interviewed telephonically, as she was out of town when her interview was scheduled, and consent was provided verbally. Mathers et al. (1998) assert that telephone interviews are advantageous when the respondents are widely geographically distributed. It is also an effective and economical way to collect data when the participants are accessible telephonically. The interviews of the other thirteen research participants were conducted near the organisation as this was a safe space and gave the participants a sense of familiarity. I used my cellular phone as an audio recording device during the interviews. The permission for its usage was included in the participant consent and information form. I also confirmed its usage with each participant before any formal interview was conducted with the participant.

4.7 Data Processing Analysis

The purpose of data analysis is to search for and obtain meaningful insights from raw data (Swanson & Holton, 2005). Merriam (1998) asserts that qualitative data analysis is, in essence, "the process of making sense of the data" (Merriam, 1998: 178). Therefore, after my data collection process, I began the process of data analysis to achieve and obtain meaningful insights from the collected data. A thematic approach was used.

Braun and Clarke (2006) state that thematic analysis is "a method for identification, analysis, and reporting of patterns (themes) within data" (Braun & Clarke, 2006). This analytic method of data provides a flexible approach to the analysis of qualitative data (Zahoor, 2019). It comprises the following six steps: 1) familiarisation with the data, 2) coding, 3) identification of themes, 4) reviewing the established themes, 5) defining and naming identified themes, and 6) creating and finalising the report (Zahoor, 2019). This form of analysis of data organises and describes the data set holistically and in-depth. Thus, thematic analysis is ideal for this study

as it enabled a deep analysis of the data collected by looking for themes and connections within the experiences and challenges faced by the participants.

Thus, I first transcribed all audio-recorded responses. This process was followed by organising the data in a more manageable format, which was carried out through coding and collating my interviews. The collected data was, therefore, analysed manually as the coded information was within the transcribed data. Tabulating the data was the best format for presenting the data in ways that provided meaningful summaries, interpretations, and insights by selecting quotations from the responses to questions posed in the semi-structured interviews. I separated the data into themes, which emerged during the ethnography and data collection process. This form of qualitative analysis is defined as thematic analysis. These themes were tabulated based on coded quotations and significant statements extracted from the participants' experiences. Hence, similar topics were grouped. Distinct topics were also represented as they showed deviant cases from what most participants would have experienced or shared. Consequently, these themes were used to analyse the participants' experiences.

4.8 Ensuring Trustworthiness

Ensuring trustworthiness in qualitative research is pertinent. Patton (2015) attests that reflexivity enriches the quality of qualitative research. Darawsheh (2014) affirms that reflexivity enables the researcher to ensure data credibility and the study's dependability, transferability, and conformability of the findings. Credibility is a measure of the truth value of qualitative research (Patton, 2002). To impart this, I have ensured the credibility of the research Methods and my positionality to the topic, the study setting, and the participants. Although analyst triangulation is vital in ensuring credibility, this was not possible in this study as it is for degree purposes, and such analysis ought to be carried out by me as a student who seeks to be awarded the degree. I, however, ensured that there was persistent observation, prolonged engagement with the data, reported on negative cases, and provided verbatim quotations to increase the study's credibility.

Transferability in qualitative research evaluates whether or the extent to which the research findings are applicable in other contexts, circumstances, and settings (Darawsheh, 2014). This approach encompasses providing a 'thick description,' which entails giving sufficient details of the research site, participants, and methods undertaken to collect and generate data during the study (Patton, 2002), all achieved in this study. The dependability of the research study is essential to demonstrate the consistency and reliability of the study's findings (Patton, 2015). This approach provides a clear description of data collection and analysis methods, coherent congruence between the data and themes, and a clear link between the findings and conclusions (Patton, 2002). These measures were equally met in this study. In the context of confirmability, this is to demonstrate the neutrality of the research undertaken, illustrating that the study is grounded in the data and not influenced by the assumptions and biases of the researcher (Patton, 2015). Thus, the research findings should portray the steps taken during the data analysis process, reflecting that the findings accurately display the participants' responses (Patton 2002; Patton 2015), all achieved in this study. Reflexivity is an intricate and crucial part of all these approaches.

The role of reflexivity in varied qualitative methodologies is deemed significant (Dowling, 2006) and distinguished by Jootun et al. (2009) as one of the pillars of "critical" qualitative research. Haynes (2012) defines reflexivity simply as an awareness of the researcher's role in undertaking research and how this is influenced by the research objective, allowing the researcher to acknowledge their influence on the research process and outcomes. This process is often depicted as the process whereby the researcher reflects and takes account of themselves (Alvesson, Hardy, & Harley, 2008), described by Clegg and Hardy (1996, p.4) as "ways of seeing which act back on and reflect existing ways of seeing'. This process involves thinking about how our ways of thinking developed or "came into existence," and how pre-existent understanding and these ways of thinking is constantly altered because of new understandings, and how this in turn influences and impacts our research (Haynes, 2012). The process of reflexivity in this study brings to the fore my positionality about the study topic, context, and participants.

Positionality refers to the researcher's position in undertaking and understanding the research (Wilson, Janes, & Williams, 2022). Holmes (2020) states that positionality describes the researcher's worldview or 'where the researcher is coming from'. These are influenced by an individual's beliefs and values, shaped by personal experiences, gender, race, ethnicity, social class, and history. These positionalities influence our research interests and topics, the perspectives we adopt, our motivations, how we conduct the research, and the outcomes (Holmes, 2020). A researcher must be aware of their positionality and how this influences the production and interpretation of knowledge (Wilson, Janes, & Williams, 2022). Positionality is identified by locating the researcher in three areas: 1) the subject under investigation, 2) the research participants, and 3) the research context and process (Holmes, 2020).

Before my volunteering experience at the organisation, I attained minimal knowledge of 'blindness' and what it means to be 'blind' in a predominantly visual world. I also had no experience of interactions with blind and visually impaired individuals. I had to be consciously aware of this lack of knowledge and unfamiliarity. I had preconceived notions of 'blindness' that I maintained, as it could effectuate ignorance within the way I comprehend and understand the experiences of these individuals. In certain instances, it did. In December 2021, I was diagnosed with myopia (near-sightedness/shortsightedness), a shared vision condition in which near objects appear clear, but objects at a farther distance appear blurry (Fredrick, 2002); and astigmatism, defined as a refractive error in the eye and curvature of the eye attributing to blurred and near vision (Mayoclinicstaff, 2024). The diagnosis of my eyesight and the now-needed dependence on a visual aid shaped my perception of vision and the effect this has on the identity of an individual, as I now had to grasp that my vision had changed. Although I am not considered blind as most of the participants were, I may be regarded as visually impaired. As an individual who utilises glasses as an aid to 'see,' this position may shape the way I approach and interpret the research process, research participants, and outcomes. Therefore, as Hertz (1997) denotes, I had to analyse what 'I know and how I know it'. This is where bracketing was applied as well, as I had to put aside my own beliefs consciously, understanding what I thought I knew about visual impairment and be receptive and open to learn firsthand and directly from these blind, partially, and visually impaired individuals, as well as from the trainers, and staff at the organisation.

Jootun et al. (2009) conceptualise bracketing as a cognitive process of putting aside one's beliefs and judgements regarding what one has heard or observed and being receptive to information as it is revealed. This allows researchers to recognise their subjectivity and approach the study honestly and openly (Jootun, McGhee, & Marland, 2009). Therefore, executing a reflexive process to provide an accurate account of the phenomena under study, I found keeping a digital journal documenting the process useful. My research journal contained notes during the field working process, participant observations, and informal and formal interviews. This allowed me to ensure the study's trustworthiness through applying credibility. Watt (2007) contends that writing short notes and memos to oneself during a research project is beneficial as it allows the researcher to discover thoughts and notions that they were not aware of before the commencement of the project. Therefore, this journal writing process allowed me to work through my subjectivity, concerns for the study, the study setting and the experience of being in the field, the process of interacting with the research participants, and the analysis of the findings.

Consciousness of my relation to the organisation and the research participants motivated my responsibility to the participants and the organisation. I concurrently realised that I had to be aware of these ongoing relationships. Watt (2007) denotes the importance of this awareness of the state of relationships with participants and how this may influence the study's outcome. The positioning of my role as a researcher was also questioned, frequently examining my ontological and epistemological assumptions. Down et al. (2006) correspondingly affirm that when engaging in ethnographic work, the researcher is placed in a predicament, having to stand between two social worlds. Thus, the researcher must distinguish between closeness and distance (Down, Garrety, & Badham, 2006). Haynes (2012) characterises this as the consideration of the complex relationship between the production of knowledge (epistemology) and the involvement and impact of the knowledge producer or researcher (ontology). Henceforth, I scrutinised my role as the researcher in the study and how strong my voice should be, questioning what role it should play in the interpretive process and how to interpret the experiences of these individuals in a way that accurately represents them and their encounters. This process initially caused anxiety and trepidation as it was my first time engaging in ethnographic research, feelings I consciously had to be aware of as well as negotiate and overcome so that they did not influence the study negatively.

4.9 Ethical Considerations

Ethical considerations guide research design and practices (Arifin, 2018; Bhandari, 2018). They protect the rights of research participants, enhance research validity, and maintain academic integrity (Bhandari, 2018). Hence, my research proposal was reviewed and approved by the Rhodes University Human Research Ethics Committee (RU-HREC) (ethics approval number: **2023-7164-7549**). As this research involves human participants, the principles of informed consent, voluntary participation, and confidentiality were adhered to.

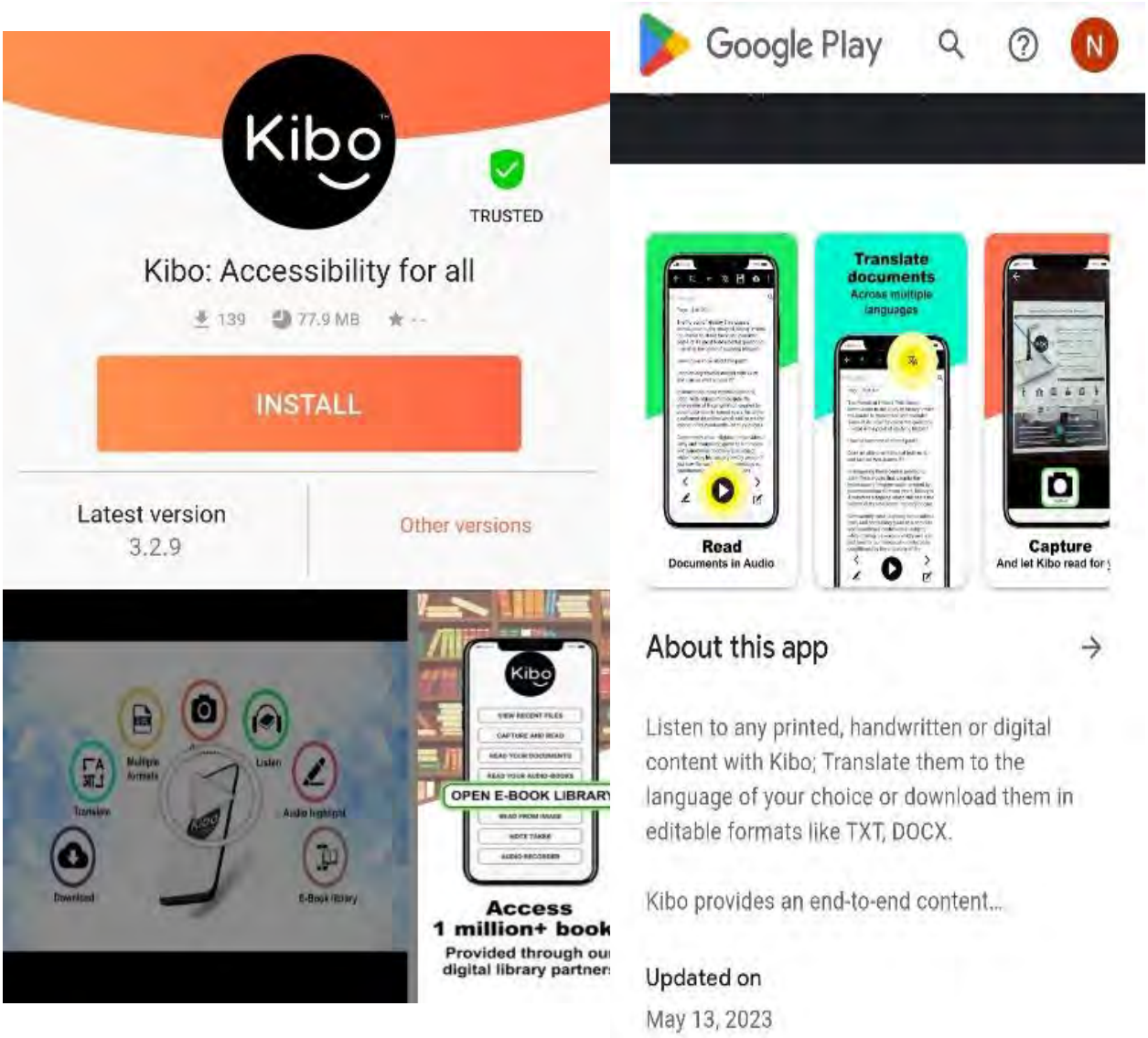
Informed Consent and Voluntary Participation

I secured permission from the executive director of Nkosinathi Foundation to conduct the research within the organisation (See Appendix Six for Gatekeeper's Letter). The aim of the research, objectives and methodology were presented to the executive director of the organisation, who fully supported the research and thus permitted the study to be conducted.

The process of obtaining consent consists of the following principles: consent should be given freely (voluntary), the participants should understand what the research study and interview will entail, and the involved participants should be competent to consent (Arifin, 2018). Therefore, a detailed information form was read or handed to participants (see Appendices Seven and Eight), detailing the purpose of the study, the data collection process, and their role within the study. The BVI individuals requested the forms be read to them or sent as a PDF file. Thus, blind individuals and those partially sighted who requested were provided with a PDF formatted information form sent to their devices so that they could utilise a screen reader (i.e., Talkback).[1] or KIBO[2]) to read the form (see the image below for application information).

[1] Talkback is an accessibility service for android operating systems. It provides auditory feedback to blind or partially sighted individuals, reading aloud page content and relevant semantic information (Harvard University, n.d.).

[2] KIBO is an OCR (Optical Character Recognition) application that recognizes text within a printed, handwritten text, or digital image. It conveys through spoken feedback the content of the document or image to the blind or visually impaired individual. It is an accessible tool and application (Google Play, Kibo: Accessibility for all, 2023)



Figures 15 and 16: Screen-reader device application - Kibo – Source (Google Play, Kibo: Accessibility for all, 2023)

Figure 17: Screen-reader device application - Talkback – source: (Google Play, Android Accessibility Suite, 2023)

The information and consent forms could not be made available to them in Braille based on limitations regarding the inability to pay the fees for Braille printing or transcription costs. The participants were provided with adequate information regarding the research, and they demonstrated comprehension and understanding of the research study and their role within the study. The document stipulated that participation was voluntary and that any participant could withdraw without penalty. The participants were given opportunities to ask questions and address any concerns. The participants' knowledge before the formal data generation phase enabled them to address concerns related to the study and ask questions about the study and their potential role therein before the study's inception. As such, before the commencement of the interviews, there was already interest, and participants were willing to participate in the study as they were already familiar with me and what the study was about. The consent forms were signed or sealed with their thumbprint as I provided the participants with a fingerprint ink stamp pad. I provided the individuals with a copy to keep for referral purposes. Verbal consent was also reiterated before and after each interview session. This process was done with each participant.

Written informed consent documents were presented to the participants before the interview (see Appendix Nine for the English version of the Informed Consent Form, Appendix 9.2 for the Afrikaans version and Appendix 9.3 for the isiXhosa version for the BVI individuals). The consent forms were signed by the secondary participants (i.e., the trainers of the BVI individuals) (see Appendix Ten for the English version of the Informed Consent Form, Appendix 10.2 for the Afrikaans version and Appendix 10.3 for the isiXhosa version for the Trainers of the BVI individuals).

Although the informed consent and information letters were available in English, Afrikaans, and isiXhosa (see Appendices Nine and Ten), During my volunteering period at the organisation, I observed that the participants received their training in English and the communication between the trainers, staff members, and clients was predominantly English; thus, the participants were legible readers and speakers of the English language. Hence, there was no need for an interpreter. No participant opted to be interviewed in Afrikaans or isiXhosa, nor did they prefer to be presented with the forms or questions in Afrikaans or isiXhosa. They appreciated the gesture as it was given to them despite not being undertaken. In cases where a person would have chosen to be interviewed in Afrikaans or isiXhosa, I would have undertaken the interview in Afrikaans, as I am proficient in the language. For the interview to be conducted in isiXhosa, I would have sought their permission to utilise an interpreter as I attained no proficiency or comprehension of the isiXhosa language. Participants were also made aware that participation had no incentives or financial benefits.

Confidentiality

Baez (2002) signifies that the pinnacle for every research participant is complete confidentiality, referring to this as the "convention of confidentiality". The convention of confidentiality is principally established to protect research participants from harm (Baez, 2002). Therefore, confidentiality is a crucial step in protecting participants from potential harm. In this respect, I assured participants of the protection of their identity in the write-up of my thesis. The data was, as a result, transcribed and analysed independently. I kept all collected data safe and confidential in a password-protected folder and electronic devices.

No harm – beneficence and non-maleficence

The principle of 'beneficence' or no harm was adopted in this study. Beneficence requires researchers to minimise risk and maximise the benefits of participation in research (Ajuwon, 2020). The basis of this principle is an acknowledgement of the actuality that all research involves inherent risks and benefits and that it is the researchers 'responsibility to not only identify potential harm but also ensure that all human research participants are exposed to minimal risk and harm (Ajuwon, 2020). This includes physical harm, as well as emotional and psychological damage.

Therefore, being guided by this vital principle, the research participants were not harmed in any way, and those who might have been affected by questions during the interviewing process were presented with the option to postpone, cancel, or stop the interview at any time as well as the ability to engage in a debriefing and counselling session with the resident social workers at the organisation. These arrangements and referral procedures were made and explained to each participant before the commencement of the interview process. However, I encountered no challenges throughout the interview and research process.

Study Limitations

All research is subject to limitations, and this study is no exception. Although I had no problem gaining access to the research site and participants, the challenge prevailed from the inability to physically be at the site five times a week during the interview period. Thus, I could only visit the study setting 1 to 2 times per week. This shortcoming was because of financial constraints, as no funds were available throughout the study. Thus, I was only able to obtain data as I could within the period I was able to visit the research site.

Another limitation due to financial difficulties was that I did not have the required research equipment (i.e., laptop) for six months, leading to only having access to a borrowed laptop during a specified time during the day. This challenge limited my access to literature and the amount of data I would have gathered through observation, data generation, and analysis. Another challenge noted was the inability to provide the written consent forms and information forms in braille for blind and partially sighted individuals who were literate in braille, as the provision thereof required a fee which I could not afford at the time, this limited a method of inclusion and provision of accessibility for these individuals in the study.

4.10 Chapter Summary

This chapter describes the research methodology that was undertaken to conduct the study. The data techniques utilised were participant observation and semi-structured interviews. The data collected was analysed thematically. A heterogenous purposive sampling method was used to recruit and select the research participants. The chapter briefly discussed the ethical considerations to ensure that the participants were ethically protected, and that confidentiality and no harm were implemented and upheld throughout the data collection process. The following chapters hereafter commence the findings chapters. Therefore, the chapter hereafter details the environmental and structural barriers experienced by BVI individuals as they access and navigate public spaces.

Chapter Five: Environmental and Structural Barriers Experienced

5.1 Introduction

The environment encompasses all aspects of a person's external world, the physical world. Schneider (2006) contends that the environment is a definitive influence in creating disability. Denoting that if the external environment that BVI individuals interact with changes, their experiences within these spheres will also change (Schneider, 2006). Mohamed and Shefer (2015) affirm that normative ideals of ability/disability configure and shape the structure and architecture of the built environment. Disability thus compasses external environmental factors and internal personal factors. Schneider (2006), therefore, asserts that it is crucial to explore both the individual and the environment if one is to describe an individual's experience of disability accurately and comprehensively. The narratives and experiences discussed in this chapter elucidate how the COVID-19-related limitation on touch has led to unintended yet significant challenges to BVI individuals' spatial perception, interpretation, and behaviour. The chapter further explores the structural barriers these individuals navigate through tactile contact and how these barriers unmistakably influence their access to these spatial environments.

5.2 Structural Barriers in the Physical and Built Environment

Many environmental factors facilitate and create barriers in the lives of these individuals (CDC, National Center on Birth Defects and Developmental Disabilities, 2020). BVI individuals encounter inaccessibility through physical barriers and the built environment when accessing and navigating public spaces (CDC, 2020). The nature and organisation of built environments and physical obstacles in the natural environment create a challenge for blind and visually impaired people to access and move in these environments freely and easily.

5.2.1 Presence of Potholes on Public Roads

> *I would say potholes and these rough tar roads. I am now looking to check if I can these roller tips because, you see, sometimes it gets stuck when you walk, and you can walk right into the back handle, which can be quite painful sometimes (Mr Milani)*

Mr Milani describes how potholes in the natural environment present a barrier to his exploration and navigation of the environment. He depicts that not only does this barrier hinder him physically, but it can also cause physical harm. Frazila and Zukhruf (2018) affirm that BVI individuals encounter difficulties when navigating the physical environment, as the barriers within these spatial spheres directly influence their mobility. The inaccessibility of these facilities then limits the individual from actively participating in social and economic activities (Frazila & Zukhruf, 2018). Achirei et al. (2021) attest that pavement holes (i.e. potholes) hinder the navigation and walking of BVI persons. Frazila and Zukhruf (2018) relay that the condition of the pavement component and the number of potholes in the sidewalk or road are associated with the convenient perception of the blind pedestrian. Therefore, the physical attributes of the external environment construct the safe and accurate navigation of the blind and visually impaired individual (Frazila & Zukhruf, 2018). Ms. Yandiswa contends: "*Even though I think, I feel like there's still a lot to do with potholes and stuff, and unmarked pedestrian crossing*". The natural environment, with the built environment, presents BVI individuals with many barriers and limitations in their daily lives. Physical factors in the built environment shape the safe and efficient navigation of BVI persons as they access the external environment. There is a recognisable correlation between the physical attributes of the environment and the walkability[3] of BVI individuals (Frazila & Zukhruf, 2018).

[3] Accessibility of amenities by foot (Frazila & Zukhruf, 2018). A measure of quality of how the built, natural, and social environment, support physical activity, energy balance, and health (Tobin, et al., 2022).

5.2.2 Lack of Appropriate Ramps and Pavements

Snyman (2002) asserts that many people with disabilities find that the built environment is inaccessible to them. Mr Lwazi confirms the observation made by Snyman (2002) in his narration of inaccessibility within public spaces, as he affirms: "There is not even *ramps for blind people at the intersections. To know where I am, you feel with your feet. There are some, but not everywhere*." Ramps allow for easy access to vehicles, facilities, and many other locations for wheelchair users; these ramps are also significant in enabling blind and visually impaired individuals to orientate themselves and locate and create landmarks within their spatial environment. Legge et al. (2010) concur that the detection of steps, as well as ramps, is an essential component of visual accessibility[4]. Ms Babalwa, the orientation and mobility practitioner, explains the significance of ramps and why it is beneficial to have bumps on ramps. She explains:

> *Here in our province, they are lacking a little bit. We have wheelchair ramps, although most of the time, the wheelchair ramps don't have bumps because that bump helps a blind person to feel 'that I'm about to cross the street, I'm about to reach the street'. So, we don't have bumps here; it's only the normal wheelchair ramps. Another thing is that it is not accessible for partially sighted people because in Gauteng, they have on wheelchair ramps have bumps that are painted yellow. In order for the partially sighted people to know and identify that I am approaching the street now, you understand.*

The bumps on the ramps that Ms Babalwa references are a style of pavement called tactile paving. Tactile paving, or tactile pavement, is a group of patterns, raised lines, domes, or other varied textures that alert those with visual impairments that there is a change in the area (Barden, 2022). These bumps are often painted in different colours, such as yellow, white, or red, to provide a colour contrast between the pavement or ramp and the bumps (Barden, 2022). The contrast in these colours is helpful for those with low or partial vision (ibid). Tactile paving provides a safer and more accessible environment for blind and visually impaired individuals (ibid).

[4] Visual accessibility refers to the effectiveness with which vision can be used to travel and navigate a space safely (Legge, Yu, Kallie, Bochsler, & Gage, 2010).

> *...Infrastructure in general, the infrastructure we have no sidewalks; I mean, sidewalks, if you get it, it is uneven or not very helpful to people who are visually impaired because of the grey, you know, they cannot really see the grey, you know if our pavements could have yellow paint, or white paint, or some sort of contrast that's going to help people who are visually impaired (Ms Yandiswa).*

Ms Yandiswa descriptively details the barriers that BVI people encounter in the spatial landscape of Gqeberha. She depicts how these physical barriers affect the experiences of these individuals. The lack of inclusivity is displayed through not considering people with disabilities when designing the built environment. The lack of yellow and/or white sidewalks, which will help visually impaired people, limits the functioning of these individuals as they navigate and explore their environments. Ms Noluvuyo, a partially sighted individual who utilises a white cane to navigate, affirms why the contrast and bright colours on sidewalk pathways or ramps are crucial for visually impaired people. She states: *"When you see speed humps, it's got the bold print so that you can see that bold print, and it helps those white lines."*

This depiction of the inequities and inaccessibility faced by blind and visually impaired individuals within their lifeworld is described by the research participants. Ms Yandiswa describes the inaccessibility these individuals encounter within spatial environments and how it affects them. She states:

> *...I mean, we need a world, a city that is designed in mind for the people who are visually impaired. Because us with eyes, we don't care if there's a ramp or if there's no ramp. If there's a ramp, it does not affect us. But if there's no ramp it affects visually impaired people. If there is no marked pedestrian crossing, it does not affect us. I mean, if there's a marked pedestrian crossing, it does not affect us, but for visually impaired people, if the pedestrian crossing is not marked, it affects them (Ms Yandiswa).*

A wide range of studies state that the integration of inclusive design in design practices and planning is limited, especially concerning the built environment (Heylighen, Van der Linden, & Van Steenwinkel, 2017). Adopting and implementing inclusively designed environments can provide diverse spatial qualities and opportunities to use spaces in various ways by incorporating people with diverse abilities into the thought, planning, design, and development

process (Heylighen, Van der Linden, & Van Steenwinkel, 2017). Notably, changes to the urban and physical environment are constrained by various factors, such as the existing built environment, variations in building regulations, technical and cost factors, and levels of provision; however, as Imrie and Hall (2001) note that key actors could influence developers, urban planners, and architects of the built environment through their attitudes and practices in incorporating access. An alignment of critical forces such as the BVI community, their organisations, the government, policymakers, architects, and urban/town planners could potentially influence the development of the physical environment through strategic discussions and planning, factoring in the importance of this issue.

A phrase often reiterated at the organisation is *"Disability does not mean Inability".* Affirming the viewpoint that disability is socially constructed, created by physical, organisational, structural, systematic, physical, and attitudinal barriers, limiting the functioning and inclusion of these individuals in their known world (Snyman, 2002). Many of the research participants stated that if accommodations were instilled for them within social and physical spheres, they would be able to participate in society actively. These individuals often joke with me, especially when I struggled to comprehend Braille at first; they usually state, "Can you see, Nicay, we can learn things faster than you can; in fact, we can *do things better than you can*". Although presented light-heartedly and jokingly, these statements and sentiments are rooted in truth. Therefore, as Egard et al. (2022) contend, accessibility is worthy of note, and an accessible everyday life is far from trivial.

> *...You don't plan for it, yes. If you can hear the stories from the people in group. How it started, some say, they just woke up and feel that their eyes are itching and when they open their eyes, they can't see, so just like that. It is like a blink of an eye. It affects you psychologically because you don't accept that some of the group members. It is very difficult (Mr Lwazi).*

Mr Lwazi discloses that visual impairment is unplanned, and many of his clients have revealed the spontaneity of their disability occurring accidentally or arbitrarily. Barbara Lisicki (2013) asserts "that impairments are, and always will be, present in every known society; therefore, the only logical position to take is to plan and organise society in a way that includes, rather than excludes, disabled people" (Inclusion London, n.d.). No person is immune from

disabilities; therefore, it is crucial to incorporate accessibility as a basic feature in society. Remedying and eliminating barriers that constrict and limit people with disabilities. Egard et al. (2022) argue that accessibility work must constantly be adaptable, strategic, and moving. Accessibility needs to place this demographic at the forefront and commit to improving barriers in their everyday lives. It is essential to monitor the processes and implementation of accessibility, ensuring that these processes are practised in society and creating societies that incorporate these individuals in every sphere. This is concurrently displayed in the commentary provided by Mr Milani as he remarks:

> "*I would be lying if I were to say that there are a lot of assistive devices that are meant to help especially visually impaired people, around Gqeberha. But there isn't much, especially in public spaces... It is quite sad, but what can we do? That is just how it is, and by the looks of things, it will still be a long time before we have such features. I think it is nowhere near our lists of priorities, because just assisting those who can see but are facing other challenges, just like people in wheelchairs and such, making provision to assist them is nowhere near our governments or councils list of priorities. Maybe, if we are on their list of priorities we are maybe right at the bottom, who knows."* As he further asserts, Mr Lwazi shares this sentiment*: "The thing is we struggle, especially in the metro. There is no accessibility for us. The government focus on the wheelchair-bound, especially within buildings. We are fighting a long time for accessibility".*

The spatial environments that blind and partially sighted people interact with play a central role as either a barrier, hindrance, potential health risk, or architect of active participation and accessibility. Snyman (2002) asserts that people with disabilities often find that spatial environments and features within society are inaccessible to them and present them with a range of difficulties and barriers, constraining them in various ways. The research participants vent their frustration about the lack of inaccessibility that they face in many facets of their life world. Hobbes (1995) contends that mobility is a fundamental right to the liberty of the body. However, restrictions to mobility, access, and movement are a defining feature in the lives of persons with visual impairments and people with disabilities. The environments these individuals' access is characterised by obstacles and barriers that render their efforts ineffective

as they pursue and maintain independence of movement and mobility. Many of the participants are aware that accessibility is a right, yet the accessibility that they are promised through laws and policies does not materialise, not wholly or consistently.

5.3 Associated Risks of Touching Public Surfaces

Many individuals do not realise the central role environmental factors play in creating disability. However, the definitive influence that the environment has on creating disability is firmly established (Watermeyer, Swartz, Lorenzo, Schneider, & Priestly, 2006). Watermeyer et al. (2006) assert that disability is an experience that transpires because of the interaction between a person with a health condition and the context in which they live—denoting that the environment plays a significant role in influencing disabilities. Schneider (2006) remarks that if the environment changes, the experience of disability will also change. This is demonstrated through the effect the COVID-19 pandemic had on the environment, the change and adjustment in spatial environments through regulations and encouragement of behavioural changes, altered the experiences of BVI persons as they interact and access these environments. Disability thus includes environmental factors. Therefore, to understand a person's experience of disability comprehensively, it is crucial to consider the role of the environment (ibid).

Sébastien Guillié (1837), a French ophthalmologist and pedagogue who stressed the importance of blind literacy, conferred that touch was "the natural language of the blind, their instrument of confidence, their most excellent sense, their universal sense to some extent" (Guillie, 1820). During the rise of COVID-19, the South African government constructed guidelines to mitigate the spread of the virus in alignment with COVID-19 directives. Within section three of the issued document, titled Minimising Contacts, the following guidelines are specified: apply social distancing measures, there will be no handshaking with any person, avoid unnecessary touching (Government Notice, 2020). The need to touch public surfaces during the COVID-19 pandemic thus exposed BVI individuals to an increased risk of infection. This experience was captured in the view below:

> *…You know what, they were very vulnerable to COVID, they are very exposed to COVID-19 because they, as you know, as I mentioned before, that they must touch everything because they are blind, they have to feel. You understand. So, for them, it was an adamant time. Because there are no other adaptations whereby they can use their feet. But I think the sanitiser helped them, although it was not 100% (Ms Babalwa).*

This assertion shared by Ms Babalwa, an Orientation and Mobility practitioner at the organisation, captures the reality of many of the research participants. Most of the research participants disclosed concerns about touching surfaces within public spaces and the risk of infection with the coronavirus disease, as their reliance on touch may further increase their chance of becoming infected. This narrative is shared by Ms Noluvuyo, who asserts:

> *…I was uncomfortable because when you are blind or partially sighted, we use our hands most of the time. And they normally say COVID is spread through by touching and all that kind of stuff. So, every time you touch anywhere, even if you touch your jacket now because they said if someone is sneezing or doing something like that next to you, it can even be on your clothes as well. So, I was like, yeah, it was scary. It was very scary…*

Per the statement made by Ms Noluvuyo above, sharing the same viewpoint, Mr Milani expresses: "The risk of contracting COVID-19*, by going around touching, is risky especially when you don't have those small sanitisers that people use to carry around, so it also helps to have that with you."* The fear of contracting the virus is a similar concern held by Miss Samila, who shares*:*

> *Sometimes, we get paranoid. When we go buy, maybe we went to Checkers, and we buy a can of coke, you're going to use a wipe to disinfect it to wipe that can of coke. It made me to be paranoid. Even to the mall we would carry our own sanitiser, even before touching the handle of the fridge, we will spray it with our own sanitiser.*

The apprehension of the perceived risk of infection is accompanied by anxiousness and paranoia. The COVID-19-related difficulties instilled distress and trepidation in the lives of these individuals. Mr Clark, a soft-spoken young man, gave a brief answer regarding implementing and adopting the minimisation of touch and how this affected him. He quietly stated*, "I was scared".* This apprehensive behaviour experienced was concurred by Mr Lwazi, applying the same narrative *"I was scared. Yeah. COVID caught me. COVID Yeah. And it was a severe experience, it was not easy. I went to hospital for a period of two weeks."* Mr Lwazi reveals that contracting the coronavirus disease, resulted in him being hospitalised. He expresses the worry and fear he felt. In alignment with the sentiment of experiencing feelings of fear. This emotion is also shared by Miss Claire, a blind ICT- student within the organisation who descriptively assented:

> *...For me, the biggest thing was fear because we will forever have to touch things, and they will tell you it is clean, but you don't know how clean it is. So, your eyes might irritate you, so you might touch your face unknowingly. So, for me, the biggest was fear because you're forever physically in contact with things with your hands because you're blind, and then you have to handle things you do not know how clean they are even when they tell you it's clean. And you know other people also touch and handle the things and surfaces you come into contact with. For me that was the biggest challenge, that fear… And even if they did sanitise five minutes earlier, someone else might have been there that has the virus, so it was sometimes scary going home and wondering if I'm going to get up tomorrow morning and if I am going to be fine."*

The fear and perceived risk of touching or encountering surfaces and/or objects that may be contaminated with viral particles profoundly affected this population's lives. These individuals' expression of their perceived risk of infection, which resulted in feelings of fear and worry, influenced their avoidance of public spaces. Ms Noluvuyo discloses that noting her susceptibility within the spatial environment, she reduced her contact with surfaces to protect herself while simultaneously adopting other precautionary behaviours. She remarked:

> *Yes, I did use my white cane, and you know, everywhere I go, I used to have wet wipes in my pocket. The small bottle of sanitiser, and you need to buy those things. So, everywhere I go, I have to take the wipe to clean my stick because I don't trust it even*

my stick now. The cane I am carrying. I used to wipe it with wet wipes so that I can be sure that it's clean."

The individual perceives that the typical tactile cues utilised to navigate the environment are no longer recommended nor safe, as she firmly remarked that she does not even trust her cane, which allows her to explore public settings safely. Studies show that the COVID-19 pandemic significantly impacted people's emotional and behavioural reactions (see Xiang et al. 2019; Ornell et al. 2020). The incited emotional and behavioural reactions, such as fear, boredom, loneliness, anxiety, insomnia, or anger; such conditions could potentially evolve into disorders of depression, anxiety (inclusive of panic attacks and post-traumatic stress), psychotic episodes, paranoia, and can even lead to suicidal ideation (see Xiang et al. 2019; Ornell et al. 2020; Maunder et al. 2003). Arora et al. (2020) disclose that the fear of contracting the coronavirus elicited excessive concern, which catalysed an increase in safety-seeking behaviours, leading to an avoidance of public spaces amongst the general population. For those with vision loss, the sense of touch and haptics (i.e., information received through active touch) becomes the primary mode of interacting with and exploring their environment, as touch accurately conveys spatial information (Rizzo et al., 2021). Touch is, therefore, significant to BVI individuals as it allows them to accurately attain information about their environment, orientate themselves, and 'access' their known world. Although blind and visually impaired persons utilise other principal modes of non-visual sensing, touch is vital to this demographic, and they, therefore, greatly rely on the sense of touching to support spatial tasks (Rizzo et al., 2021). Given the ubiquity of touch for these individuals, the COVID-19 pandemic presented concerns around touch and the need to minimise contact with others and surfaces, which imposed significant challenges for BVI people. The outbreak of the COVID-19 pandemic evoked the South African government to establish guidelines to curb the spread of the virus across the country. The regulations established comprised the encouragement of social distancing, which included avoiding public spaces, social events as well as recreational activities (SAcoronavirus, 2020). In addition, individuals were encouraged to avoid handshakes, hugs, and other forms of direct contact with other individuals and/or surfaces, as well as maintain a distance of at least two metres from others (see Government Notice 2020; SA coronavirus 2020; Buthelezi 2020; Sewpaul et al. 2022).

The preventative measure that promotes limited touching of public surfaces created a barrier for the BVI individuals. Although touching such surfaces would increase their risk of exposure to the virus and heighten what they consider threats, touch is also important for directly supporting their safe and efficient navigation. Mr Themba expresses the importance of touch as he explores and navigates his environment as a blind individual. He states:

> *Specifically, during COVID-19, usually, or before I can do many things for my own self. As a blind person, as any other person, I used to touch when I wanted to move around; even when I was amongst other people, I used to touch so that I could identify where am I. So that I can be safe.*

With the promoted caution of touching public surfaces during COVID-19, as shown in the excerpt, the individuals' accurate and safe navigation and exploration within public spaces was hindered as touch is an integral part of their lives (see Rizzo et al. 2021; Heidi 2021; Heller 2011), some participants expressed that they could not avoid relying on touch to explore their spatial environments. Mr Jacob expresses this*: "At stages, you have to touch, you have to touch the trolley, you have to touch the stuff that you pick up. It is difficult to avoid it. All you have to trust is the sanitiser you use".* This regulation imposed a difficult, if not impossible, task to comply with. Ms Samila shares a similar notion: *"I'll still be careful, although sometimes it will slip my mind because remember I'm partially sighted, so sometimes, I won't be able to see, so I need to feel some of the things".* Having to live in a now untouchable world, when touch is your primary sense of experiencing your world, became an immeasurable and difficult objective.

The limitation of touch may have been insignificant for many, but for the BVI individuals, this was an immense challenge and hindrance within their lives, which is clearly articulated by Mr Lwazi, a cheerful, partially sighted participant, and Braille facilitator with a Degree in Engineering at the organisation, who often referred to me as "Umtshanam", an isiXhosa slang word for "my friend". Mr Lwazi became a key informant to me within the organisation. This is because he would often engage me in tasks that would equip me with insight into the lives of blind and partially sighted individuals. We often attended awareness workshops where I could observe this community's behaviours, interactions, and practices. Mr Lwazi encouraged me to undertake his braille training classes with a few of his clients every Tuesday, which allowed me a deeper understanding and appreciation for this skill. Participating in the training

also enabled me to develop relationships with the clients, who were also research participants in the study. In ethnographic research, a key informant serves as a gatekeeper overseeing access to people and information and as a cultural expert concurrently explaining the culture of a community to an outsider (McKenna & Main, 2013). McKenna and Main (2013) contend that key informants are valued and are unquestionably crucial in providing information about the community and helping the researcher make additional contacts. Ms Nandipha, a fieldworker and Early Childhood Development (ECD) teacher for blind and partially sighted persons at the organisation, stated that she encouraged her clients to abstain from public spaces to protect themselves.

> *...I would also motivate them to use sanitiser every time, not go into crowded places, and keeping distance from the community here because they are visually impaired/blind.*

Approaching the field of inquiry of the cruciality of touch for blind and visually impaired individuals, I asked Mr Lwazi how the encouragement of "no touch" affected him as a partially sighted individual. He pondered the question for a moment and then briefly answered:

> *...Very difficult. Because you can feel that there's a lot of obstruction. Yeah. You are blocked, in some things maybe you were doing before COVID-19. Yes, you can't do that. It was really a delay to my life...*

Mr Lwazi narrates the encumbrance of this imperative within his life as a partially sighted individual. He further states, *"I avoid a lot of touching."* This sentiment of being restrained is shared by Miss Claire, who states: "And that made it difficult *because how do you get around without touching things if you can't see?"*

The effectuated measures recommended adopting new behavioural changes, which posed an immense challenge within these individuals' lives. These measures added and created new barriers for this demographic, depriving them of their usual sensory and explorative ways of navigating their environment, thus compelling their mobility and agency within spatial environments. Adhering to this recommendation hinders the agency of these individuals from engaging in their daily activities. The known world of BVI individuals undoubtedly became an unfamiliar and hostile environment, intertwined with fear as touch is crucial, and the barring

and encouragement of minimisation of touch resulted in a source of avoidance. This finding and the narratives shown conform with the literature (see Rizzo et al. 2021; Gombas & Csakvari 2022; Khan et al. 2023; Alves et al. 2023), illustrating that the enforcement of preventative approaches, synonymous with touch, hindered the lives of BVI persons. It unmistakably increased their position of vulnerability to the risk of contamination and simultaneously heightened their fears and the threats they face within spatial environments.

5.4 Mitigating the Environmental and Structural Barriers

Several participants provided feedback on what they consider needing attention if the environmental and structural barriers experienced by BVI individuals are to be adequately addressed.

5.4.1 Legible Words and the Use of Braille

> *Number one is the font. We need to, because yes, M'na (me), I can see that font, but there must be bigger font. And secondly, some of the notes need to be written in braille also, because maybe one, the totally blind, for example, Boet (brother) Loyiso, so at least he can go straight to the braille board and feel it with his hands. So, such things (Miss Samila).*

> *Pricing: they have to make their pricing bigger (Ms Daphne).*

> *I mean, even something like boards, I have seen that in the western cape, where it is written and gives notice, there is a printed one and then next to it is the braille one (Mr Lwazi).*

> *Even in the restaurants, they must have a Braille menu (Mr Milani).*

5.4.2 Reserved Queues

Well, first of all, I would like there to be more, like in the Standard Bank, that is the only place I know that has a sign that this person is disabled. No other place has that, so I would say to implement that… And like train people and tell them if you see a blind person waiting at your information counter, go to them and assist them and ask them what do they want to buy and what do they want to do. Because that is something that they started to do at Pick n Pay in Worcester. If you go to the information desk and you wait there someone will normally come, one of the workers in the shop and they will take us through the whole shop and help you with buying things. And that is not something that is here (Miss Claire).

5.4.3 More Accessible Ramps for Public Spaces

I think the upgrading of everything, buildings, shops. I think they must upgrade to make it accessible for blind people (Mr Lwazi).

One, for the roads to be accessible to BVI. To have signs on the roads, for BVI and drivers to be aware of them crossing. In our location, to have landmarks suited for them. I wish the taxi ranks would be accessible for blind people. There is a lot. People that are blind and visually impaired, they would even like landmarks in their homes too, to make their lives easier (Ms Nandipha).

Szejnfeld (2014) affirms that the distinguishing feature of an urban space is exclusion. The findings of this study have shown the exclusion of BVI individuals within physical spheres. The narratives of the research participants demonstrate the visible barriers they encounter within the built environment and how these barriers restrict them from accessing these spaces, as well as reduce their satisfaction with navigating these spheres independently. The comments above reveal the changes these individuals aspire to perceive within Gqeberha, first and foremost. However, this is a crucial subject matter that needs to emerge and be enforced within the fabric of South African society.

Therefore, inclusive design (or universal design for all) within the built environment is pertinent to enable BVI individuals to access and navigate public spaces in Gqeberha safely and accurately. As Heylighen, Van der Linden, and Van Steenwinkel (2017) contend, adopting inclusive designs in the built environment provides people with diverse abilities to effectively utilise and explore their spatial environment in multiple ways. Ntakana et al. (2023) attest that inclusivity in South Africa is achievable through initiating contemporary development approaches. To address development issues, this approach needs to be inaugurated by critical stakeholders, including marginalised groups (Ntakana, Mbanga, Botha, & Ariyan, 2023).

5.5 Chapter Summary

Blind and visually impaired persons faced difficulties in the safe and accurate navigation of public space during the peak of the COVID-19 pandemic, as touch/tactile contact, a crucial behaviour for these individuals, was cautioned against. This resulted in unprecedented challenges, such as an elicitation of fear as well an avoidance of public spaces. The pandemic constructed a hostile spatial environment that was challenging to navigate through their standard sensorial modalities. The pandemic exacerbated an already tricky spatial environment, as the narratives revealed inaccessibility presented through structural barriers before the pandemic during the peak of the COVID-19 pandemic.

This chapter, thus, attempted to reveal the structural barriers presented in the physical navigation and illustrate the added layer that the pandemic presented to these individuals. These barriers significantly impacted the lives of persons with visual impairments. If these factors are not considered, the improvement of the disadvantages and inequities experienced by these individuals will not come into fulfilment. Thus, this must be addressed through the broadest sense of access, significantly to eliminate social injustices faced by blind and visually impaired individuals, and more widely, people with disabilities, in every sphere (Snyman, 2002).

Chapter Six: Inaccessibility *to* information: media and public notification

6.1 Introduction

Etymologically, access is defined as attaining a right or opportunity to use or obtain something, the permission, liberty, or ability to enter (Levesque, Harris, & Russell, 2013). Accessibility comprehensibly is ensuring the ability for everyone, regardless of disability, to have access to, use, and benefit from their environment (Equitas, 2019). It entails making sure that people with disabilities have equal access to physical environments, transportation, information, and communications and to all facilities and services that are accessible or provided for the public (Equitas, 2019). Accessibility means having the requirements to reduce or eliminate the barriers that hinder the full and effective participation of persons with disabilities (PWD) on an equal basis with others (Equitas, 2019). Blind and visually impaired individuals recognisably encounter inaccessibility through physical barriers, social barriers, and unusable accessible facilities in the process of accessing and navigating public spaces (CDC, 2020). Furthermore, the outbreak of the COVID-19 pandemic has further exposed and highlighted these inequities that BVI persons face within their known world. As such, this chapter explores the inaccessibility of blind and visually impaired individuals through media, information, and physical barriers during the peak of the COVID-19 pandemic.

6.2 Media Exclusion

The root causes of inaccessibility and inequity faced by this demographic stem from two primary forms. The first is the intrapersonal, interpersonal, institutional, and systematic mechanisms that categorise and arrange the distribution of power and resources differentially across the lines of race, gender, class, sexual orientation, and other dimensions of individual and group identity. The second and more fundamental root cause is the unequal allocation of power and resources - including goods, resources, and services, which reveals itself in unequal social, economic, and environmental conditions (Baciu, Negussie, & Geller, 2017). The aspects

contributing to and constructing the root causes of societal inequity are diverse, complex, evolving, and interdependent. It is strongly linked to inequalities embedded within structures in society. The impact of these societal structures on the social realities of BVI individuals hinders and restricts them from meeting their basic needs and a quality of life that would otherwise be possible. The obstruction and structural injustices these individuals face limit and exclude them from actively participating in their life world. The narratives provided by the research participants allow us to assess and perceive how society and social systems operate, how they affect the agency of BVI people, and how BVI individuals are disadvantaged when looking at accessibility within their spatial environments and in their known world. They faced a reality pre-COVID-19, during the COVID-19 pandemic, and presently.

Internet and media access amongst people with disabilities, specifically BVI individuals, is a particularly under-researched area (Newman, Browne-Yung, Raghavenda, Wood, & Grace, 2017). Goggin (2018) affirms that media and digital inequalities yield "new forms of marginalisation or digital discrimination", further heightening and increasing inequities and disparities. Therefore, because digital technology is rapidly advancing, as well as being embedded and interwoven into complex global, regional, and local societies, infrastructure, cultures, and environments, social inclusion must be integrated within the digital sphere (Goggin, 2018).

Tsatsou (2022) reveals that there is a correlation between disability, stigma, digital inclusion, and social exclusion. The author notes that, from one perspective, digital communication enables people with disabilities to overcome bio-medical constraints, thus increasing autonomy, feelings of belonging, competence, enjoyment, and self-worth; however, from another perspective, the disadvantages and inequality presented through this form of technology is greatly compounded by the socio-economic factors that these individuals experience in their lifeworld (Tsatsou, 2022). Chadwick and Wesson (2016) contend that this exclusion of people with disabilities from the online world is one of the critical components of the "digital divide".

> *I think we live in a visual world where information is accessible when mainly due to vision. I think most of them felt very overwhelmed with what they were hearing on the radios, hearing on TV, but not seeing, you know, or being able to do research for themselves, especially the ones that have got very, very low vision or are totally blind.*

Yes, you know, they're totally blind people who read through pre-recorded information. So now there's no pre-recorded information about COVID. So, they cannot go and access that information by themselves, we had to rely on sources. So, it caused a lot of panic. And for me, I had to adjust my time so that whenever they have a question, they have something they have a question, and I will be able to assist somehow or send information through to them, reliable information. And so, there is just a lot of panicking.

A narrative by Ms Yandiswa displays the gap in accessible information for blind and visually impaired individuals during the COVID-19 pandemic. The lack of accessible information created panic among these individuals. The absence of inclusion for this demographic displays how barriers are built into processes limiting the agency and freedom of BVI persons. This narrative confirms what is shown within the literature, asserted by Croft and Fraser (2022), that people with disabilities experienced difficulties accessing public health messaging and information regarding COVID-19 due to a lack of accommodation and inclusive approaches. Dalvit (2022) asserts that media and public notification reflect a society's understanding of disability while concurrently contributing to informing such understanding. The absence of invisibility or under-representation of people with disabilities in these spaces signifies the minor role designated to these individuals in these spheres (Dalvit, 2022). Digital technology allows individuals to extend their social network, work/study remotely, and access relevant information (Dalvit, 2022). Simultaneously, digital spheres risk paralleling or even exacerbating existing inequalities present in society concerning people with disabilities (ibid). Mr Milani expresses a similar narration.

...I wouldn't say most of the things are due to a lack of regulations. When it comes to regulations and policies, most of the time, we are advanced, and we declared as a first world country if we are to be challenged or charged on this. But, unfortunately, because of a lack of sensitisation, those who are meant to implement those policies and regulations are sort of, I don't want to say, useless, but to a certain degree, they do not have any impact. So, it is not due to a lack of regulations, it is due to a lack of implementation of those regulations which have been placed there. I think it was those regulations because government policy in terms of helping people who are physically

challenged, as I was saying, they are good policies on paper, but in terms of implementing it, because of a lack of sensitisation, because of those people who are meant to implement them, they are no good and of no use to us. So, it was just those COVID regulations that made things hard for us, especially with them being implemented by people who are most of the time distracted by things that are not what they are supposed to be doing (Mr Milani).

Mr. Milani's interpretation of the regulations that were implemented and the impact they had. Mr Milani's detailed description highlights that the countermeasures and health preventative strategies had little consideration for the impact this may have on blind and visually impaired individuals, as well as other people with disabilities. Most governments and health policymakers failed to cater to and consider the needs of these communities, ultimately excluding them while simultaneously increasing their position of vulnerability, fears, and concerns regarding the coronavirus disease. The regulations enforced presented concerns and challenges within the lives of these individuals. The pandemic aggravated the difficulties and barriers experienced while simultaneously exposing the fault lines and inequities already existing within society.

Similarly, Ms Daphne expresses the lack of accessibility in her everyday life. She reveals her disappointment in the lack of awareness during National Rights Awareness Month, celebrated in South Africa between 3 November and 3 December. The 3rd of December is the International Day of Persons with Disabilities and is celebrated as National Disability Rights Awareness Day. She verbalises her frustration and disappointment, stating:

We are not being recognised. We don't get the same recognition from the government because they still have this blind people are stupid; we can't do anything because we are blind. If that mentally can be changed, maybe in reality, in real life, because I'm sitting here, I'm still battling with this. There's never a time, even when it's blind awareness month, its quiet. There is no time when people are being made aware of blind people… "Like we really understand, I really understand that I cannot do certain things. Like I cannot drive, and I know what the consequences will be. So, we are aware of the things that we can't do, but there are a lot of things that we can do.

Before the commencement of my fieldwork, I volunteered at the organisation to familiarise myself with the organisation, BVI persons, and trainers, as per the recommendation of my supervisor. Within the month of November 2022, Ms Daphne, Mr Milani, and Ms Brooke, a blind and fully independent individual at the organisation and participant of the study, were invited to speak on visual impairments and disabilities by one of the local radio stations in Gqeberha. However, only Ms Brooke agreed to participate. In contrast, Ms Daphne and Mr Milani revealed that they declined this invitation because the time slot they provided was late (it was arranged for 10:00 pm), and only a ten-minute discussion was scheduled. Ms Daphne expressed her frustration with the arrangement, stating that no one would be listening at that time since it was not prime time and allocated to a time when most would be sleeping. This was organised due to Disability Awareness Month. However, they were not trying to fully integrate people with disabilities and place them at the forefront of these public notification spheres and conversations, truly allowing their voices to be heard. This may seem trivial to some; however, to these individuals, this is colossal and significant in their lives. Stadler (2006) reveals that programmes about disability are marginalised in terms of being placed only on educational channels and scheduled outside of prime time, which is in the case of these individuals. The author argues that these kinds of arrangements and tactics reinforce a sense that disabled people are separate from 'mainstream' society and not a part thereof.

This mindset of "just getting something over and done with" catalyses inaccessibility, whereas providing an inclusive, accessible digital and media platform for these individuals could have effectuated awareness through hearing about their lived experiences as blind and visually impaired people. This incident simultaneously displays the marginalisation and exclusion from media and aspects of everyday life that visually impaired individuals, and more broadly, people with disabilities, face in society. These individuals faced a lack of recognition during a month that advocated for their importance and inclusion within society. Stadler (2006) contends that social, affirmative, and cultural aspects of disability are not adequately represented in the media. The authors further note that a lack of representation and representation of these individuals' importance in society, primarily through media, is also a form of prejudice (ibid). This lack of presentation can cause alienation and exclude these individuals from mainstream processes.

6.3 Non-integration of Braille in Public Spaces

Integrating braille in the built environment is one of the ways of incorporating blind and visually impaired individuals into their spatial environments. Using braille in public spaces enables blind and visually impaired persons to easily access information and navigate a building or environment. It grants them access to everything in the same way as sighted people. Including braille in public spaces allows BVI persons to maintain their sense of agency and independence. The research participants in the study revealed that they have started to recognise braille in their environment, noting that this has only been within specific spaces.

> *Whoa, so I think one of the things that I've noticed lately is some of the municipality buildings have talking lifts. And when you press the button, they have Braille. So, if you go to lift now, you're going to um, for sure from now on, you're going to notice it as well that those little dots are braille, and the lift will say we're going floor number and all of this stuff (Ms Yandiswa).*

Ms Yandiswa discloses her experience observing braille and audible information within some of the municipality buildings in the town area of Gqeberha. This is confirmed by Ms Nandipha, who states: "*No. But in some of the malls, the lifts will have braille and the banks. The lifts have braille at Pier 14 (a vibrant shopping centre). Also, the lift has audio indicating which floor it is going to and which floor it stopped at."* Although braille is being integrated with the built environment, it is a slow process, as this is not integrated throughout the city, as revealed in the narrative by Ms Claire as she expresses*: "There is no braille anywhere, in my town anyway to indicate that this is this entrance maybe, I wish they would put that at entrances."*

Ensuring access to the built environment is critical in reducing the vulnerability and isolation of BVI individuals within these spheres (Jenkins, Yuen, & Vogtle, 2015). Jenkins, Yuen, and Vogtle (2015) assert that unity between the processing of BVI persons and sensory cues in the built environment is essential for their successful and efficient utilisation of places and spaces. Thus, using braille within the built environment is critical to convey significant information for persons with visual impairments. Rey-Galindo et al. (2020) affirm that using these tactile cues

(i.e. braille) enables BVI persons to identify and perceive environmental characteristics, making their wayfinding safer and more efficient.

Ignorance is one of the universal hindrances of accessibility. Along with unwillingness, ignorance results from attitudinal barriers stemming from social obstacles. The refusal to address the needs of people with disabilities displays these attitudes (Snyman, 2002). However, some societies are developing ahead of others and progressing in realising the wisdom and importance of including barrier-free design in the built environment. Regardless, as a society, there is still a lot of progress to be made in physical spaces and the attitudinal, structural, and social spheres. Barriers in these spheres limit the participation and perception of freedom amongst persons with impairments, restricting their feelings of personal control and competence in their known world (Snyman, 2002). Snyman (2002) asserts that people strive for personal control over their behaviour as well as the environment; thus, barriers in these spaces inhibit and compel these feelings of power and independence, which may result in restricting these individuals from accessing these spaces or significantly reducing their satisfaction derived from the experience of independently navigating environments. The built environment (buildings, streets, parks, infrastructure) significantly impacts the lives of BVI individuals, as observable through the narratives presented by the research participants in the study.

There is insufficient integration of the planning and development of the built environment and development, both within the city of Gqeberha, countrywide and across countries. What is observable is structural injustice imposed in the lives of BVI individuals. The embedded nature of these structural injustices displays the violence inflicted on these individuals. These pervasive structures denigrate and diminish the independence, acceptance, and inclusion of blind and visually impaired people and people with disabilities (Lee, 2019). Lee (2019) emphasises that structural violence and structural injustices refer to and display the ease with which humans can reduce the socially vulnerable and marginalised to expendable “non-persons” or “others”. This is corroborated by Mohamed and Shefer (2015), stating that the fabrication of normalcy justifies the marginalisation and “othering” of bodies, minds, and affects that do not fit into a particular sociocultural notion of the ordinary, every day, or acceptable. This can be seen in these individuals' lack of inclusion in digital, social, and physical worlds. Therefore, improving access and eliminating constraints and barriers are not

just an issue of providing a legal solution to physical access issues (Snyman, 2002). In the broader sense, it attacks the legal, political, social, attitudinal, economic, and physical structures that institutionalise and perpetuate these barriers.

6.4 Non-inclusive Information in Shops

Ms Daphne affirms these exclusionary and inaccessibility barriers within various spheres; she states:

> *…You know what is worse. They have this new, barcoded stuff that they price everything. Have you seen that? The price is there, but it is so small, smaller than usual, so you see, by Spar, even Shoprite has that now. So now it's difficult to see the prices, it is completely difficult. You can't see the price. I was like, really, so now you have to call people to come and help you like if you buy something you can't see the price (Ms Daphne).*

She details her description of her encounter within public settings, describing that not only is she excluded from the environment as there are no accessible adjustments provided for her as a partially sighted individual, but she also experiences criticism, discrimination, and negative attitudes. She further continues:

> *If you go in, imagine if you want to buy something, then you go in and you have this. I need this. I need to buy this, but you can't see the price. And then people don't want to help. It's one thing that I learned: you get those people who will help, but other people will say what's wrong with you? Can't you see? I think the shops are supposed to do something about that pricing, because you know what, you can only see something special, you can't see the other prices. I do not know why they do that, like the other day I was asking why have you guys decided to put the barcodes. And we sometimes, sometimes you don't want to take somebody with, but you are forced to. Yes. Like, I don't know why they decided to go to this barcode thing. Maybe it's to make their jobs easier. But it is making our lives very difficult. Because even if you go, I went to*

Truworths once and wanted to buy a dress, but I couldn't see the price. I went to the teller and said I can't see this price. And she said, "where is your specs?".

Inaccessibility is rooted in both physical and social barriers. These social structures and systems enable and constrain how these individuals experience their world. The narrative presented by Ms Daphne displays the exclusion of BVI persons within social processes. These adjustments in the public environment were made without considering the implications these changes might have on the visually impaired community. The font change of a barcode might seem insignificant, but for persons with visual impairments, it restrains them in their everyday lives as they are now deprived of essential information when carrying out daily tasks (i.e., shopping). The individual simultaneously notes that attempting to ask for assistance from others raises difficulties, as some individuals are unwilling to help and offer their assistance.

Concurrently, travelling with a guide or companion, as the individual notes, then restricts the agency and autonomy of these individuals. It is recognised that mainstream and social processes are inattentive to the needs of people with disabilities. The Royal National Institute for the Blind's (RNIB, 1995:6) 'Needs Survey' attests that persons with visual impairments are isolated and trapped in their homes, "with many dependent on sighted assistance for such tasks as shopping" (Imrie & Hall, 2001). The narrative provided by Ms Daphne illuminates why people with visual impairments are 'trapped or isolated' and dependent on sighted guides to complete everyday tasks. As Imrie and Hall (2001) indicate, modern society is opposed to people with disabilities, which stem from and is compounded by social and attitudinal barriers which tend to regard these individuals as inferior or of little value. These attitudes thus result in these individuals feeling 'out-of-place' because of these social and attitudinal markers of difference, ranging from peoples' indifference to them to acts of hostility to perceivable exclusionary processes in physical and social spheres (Imrie & Hall, 2001).

Egard et al. (2022) assert that people with disabilities are often burdened with having to point out rights that everybody should know and respect regarding disability, even though some laws and policies ensure that these are laws that society should be able to understand, respect and comply with on their own. Ms Yandiswa, in her narration, provides an example of these shortcomings in accessibility in society.

Supermarkets that do not have a dedicated person or just a mall that doesn't have a dedicated office that will assist people who are visually impaired. There are customer care offices in each Mall. But even if you go there, no one is aware that they are supposed to be helping people who are visually impaired. I mean, it's easy for someone who's in a wheelchair or crutches; you can identify them quickly. And most of the time, if you go to a supermarket, you'll see that there's someone who's assisting them. But for someone who's visually impaired, some people you cannot tell that they are blind or visually impaired; you cannot really tell it's hard to get that help.

Through Ms Yandiswa's descriptive narrative, we can observe the limitations presented to blind and visually impaired people and people with disabilities holistically, perpetuated in society. Ms. Yandiswa attests that some policies and procedures are supposed to be adhered to in malls, where provision for assistance is made, however, the implementation of these regulations is disregarded. Unmistakeably, society encompasses a disabling world which aggravates a person's disability. A barrier-free and all-inclusive society is presented in the convention and declared through policies; however, in practice, these declarations are not practised or observable within the lifeworld of these individuals. The display of inattentiveness and exclusion of the needs of these individuals is evident in various social processes, as well as in the stages of the design and development of the built environment (Imrie & Hall, 2001).

6.5 Lack of Digital Traffic Lights

Ms Noluvuyo descriptively details her experience when waiting at a streetlight to cross the road. She narrates:

When you go into the city, the streetlights don't talk; they change colour, which I can't see. On the road you have to stand, if it is only, you on the road, you have to stand until there's someone else so that you can ask the person if it is the right time for me to cross now? You can't just cross by the streetlights by yourself. I thought if the government can do these changes with the streetlights because there in Mount Road [one of the well-known main roads in the city of Gqeberha]*, there was a streetlight. I'm not sure if it's still there, but when you get there, it talks when you press the button and tells you*

when you can go. So, if all the streetlights in the city can be like that, it will make things easier for us. Because sometimes the transport money cost you to have someone to always come with you. And also, we like to be independent. We like to do things by ourselves. We like it, I like it.

Ms Noluvuyo's narration displays how this lack of inaccessibility and inclusivity within the physical environment limits her functioning and sense of agency. Mr Lwazi shares a sentiment about the importance and necessity of audible beacons in built environments. He concurs:

Traffic lights, nothing. There is something like a siren that is installed in the Western Cape and even in Gauteng, but not in our city. But it is so that we know when it is safe to cross, so with oncoming cars, we listen with our ears and stop, and then the siren would allow us to cross by knowing it is safe.

Mr Lwazi reveals that audible beacons enable BVI individuals to know when it is safe to cross the road at intersections. They also inform the individual where the other side of the road is and help them not to go off course. Snyman (2002) states that being able to cross a street safely and effectively would benefit BVIP by knowing how to obtain assistance for crossing streets or intersections more quickly, without diminishing their safety, through these assistive technologies and devices being integrated. These systems thus allow accurate and safe navigation in public spaces for those with limited or no vision. Mr Lwazi states that although this system is implemented within certain parts of the Western Cape Province and the Gauteng Province, as he has observed within these regions, he has not located any of these systems within Gqeberha.

Ms. Babalwa corroborates the importance of audible beacons; she expresses:

I know by the fact that the robots, when it changes, but for us for sighted people, we are too ignorant, we can't even notice most of us, that there is a beep on the robot when it changes to yellow, it beeps to red, it beeps a little bit. But it will be a challenge for someone who is deaf-blind because he can't hear that.

She discloses that ignorance lies at the heart of these issues, revealing that there are some intersections and robots that emit a sound, whether it be through a beep or siren; however, non-disabled individuals do not even recognise these systems. She further reveals that although these systems are integrated into a certain environment if they only emit a sound, they exclude those with hearing impairments, as they will be unable to observe these systems. An Accessible Pedestrian Signa (APS) is "an integrated device that communicates information about WALK and DON'T WALK intervals at signalised intersections in non-visual formats (i.e., audible tones and vibrotactile surfaces) to pedestrians who are blind or have low vision)." (Proposed Accessibility Guidelines for Pedestrian Facilities in the Public Right-of-Way; Advisory R209 2011) (Jones, 2018). These APS systems are used to help BVI individuals navigate intersections more safely.

Audible beacons, which can be placed at intersections, pedestrian crossings, or traffic lights, provide audio information within a designated area (Jacobson, 1996). These beacons are a simple but effective means to provide additional audio cues and information, either in the form of speech, or other recorded sounds (Jacobson, 1996). These systems (i.e., Audible beacons, APS) can include various combinations of audio, visual, and tactile data, providing information to people with multiple impairments (Jones, 2018). For blind and visually impaired individuals, who can utilise their hearing modality, this sense allows them to locate where they are, who, and what is around them. These forms of assistive technology would help them by providing valuable feedback while simultaneously including them in the environment. However, this assistive technology is not accessible to these individuals within Gqeberha, as reported by the individuals in the study. The physical configuration of the built environment, as Imrie and Hall (2001) denote, is a powerful mechanism of social exclusion that these individuals experience in their known world. Ms Noluvuyo's phrase, *"We like to do things by ourselves, we like it, I like it"*, reveals that agency and independence and the maintenance thereof are crucial for these individuals. However, their independence is restricted and compelled by these physical barriers. It is evident that inadequate built environments in spatial settings disproportionately affect people with disabilities, limiting their ability to function in public spaces effortlessly and equally.

6.6 Chapter Summary

The lack of accessibility in social, digital, and physical spheres is central to BVI individuals' myriad challenges in their known world. In this chapter, I have attempted to explore the barriers that persons with visual impairments face in accessing digital and media environments and their physical spatial environment. These individuals observably face inaccessibility through numerous spheres.

Chapter Seven: Social Barriers Experienced when Accessing Public Spaces

7.1 Introduction

Kasnitz and Shuttleworth (1999) assert that disability only exists about ability. This view, however, is not through biomedical sense and perception of ability. Instead, it is through the social model, which denotes that people are disabled if they are considered and treated as disabled. As such, disability is viewed as a category that is fundamentally socially constructed (Reid-Cunningham, 2009). Devlieger (2018) affirms that it is not the impairment that creates a disability but rather the incompatibility of impaired bodies with social norms and physical environments determined by societal standards. This thus denotes that disability is not located solely within the mind or body of an individual but instead in the relationship between people with bodily and intellectual differences and their social environment (Devlieger, 2018).

Reid-Cunningham (2009) further contends that individuals affected by medical issues are merely impaired; they become disabled only when society creates barriers and hinders their functioning and independence because of their impairment. Therefore, the complex (e.g., inaccessibility of the physical surroundings) and soft (e.g., attitudinal barriers) factors in the settings which people with disabilities interact with play a significant role as barriers or facilitators in influencing or determining their experiences and active participation (Chan, Livneh, Pruett, Wang, & Zhang, 2009). As such, the greatest challenge for persons with disabilities is typically not the disability in and of itself but rather the social barriers imposed upon them. Blind and visually impaired individuals falling under this category are thus influenced by social barriers (i.e., attitudes, stereotypes) constraining them in their everyday lives. Kemp (1981) states that the attitudes of others towards blindness affect and influence the behaviour and social integration of these individuals in society.

The “attitudinal barriers” experienced by people with impairments are ways of thinking or feeling resulting from behaviours that hinder and limit the active participation and independence of people with disabilities in social environments (Snyman, 2002). People with disabilities encounter various forms of attitudinal barriers: inferiority, pity, charity, hero

worship, ignorance, the spread effect[5], stereotypes, discrimination, dehumanisation, stigmatisation, backlash, denial, and fear (Kumar Sahu & Sahu, 2015). As such, this chapter looks at the social attitudes in public spaces that provoke disabling barriers and influence the experiences of blind and visually impaired individuals as they access and navigate their spatial environments.

7.2 Dehumanising Systemic Injustices

> *There are regulations on how to treat and serve physically challenged, not just visually impaired people, physically challenged people in general. But I find that, due to a lack of implementation of those, then the experiences of physically challenged people in general become a very unpleasant one. If you were to be told, what is the problem, and I say I am visually impaired, and the individual in these spaces say here's the sanitiser, use it on your hands and then a person tells you, look I am going to walk in front of you (as a means to guide) because you are not meant to touch surfaces, then I will sort of direct you, walk straight to your left, are you comfortable with me doing that? Then, the experience becomes much more comfortable for everybody.*

The descriptive narrative relayed by Mr Milani not only displays the factor of attitudinal barriers experienced by people with disabilities and, more specifically, those with visual impairments, but it also concurrently reveals the form of structural injustice embedded in social systems and how it affects the functioning of these individuals in their spatial environments to other actors therein. What we see in the recounting of his experience is the distinctiveness of structural injustices and the way that it is replicated, as well as how they render agents to operate in these structures while also perpetuating these structures (Jugov & Ypi, 2019). Structural injustices embedded in systems and institutions influence this lack of sensitisation.

[5] A negative generalization formed about people with disabilities. A perception held that a person's disability negatively affects and has spread to their other senses, abilities, personality traits, or that the totality of the person is impaired (Kumar Sahu & Sahu, 2015).

Watermeyer et al. (2006) state that efforts to mainstream disability issues, to initiate awareness, to address the exclusion of people with disabilities, and to deal with structural barriers that people with disabilities face in their lifeworld have only been implemented and placed onto the agenda relatively recently. These systems and structures have been slow to change, resulting in people with disabilities still experiencing the effects of exclusion (Watermeyer et al., 2006). These structures determine the extent to which these individuals are included or excluded from their social and physical environments. It is displayed through physical entities (i.e., built environments, physical barriers) and social processes (i.e., attitudinal barriers). These individuals' actions and relative experiences within spatial environments are thus formed and influenced by these social structures.

7.3 Discrimination as a Form of Barrier

Ms Daphne, a partially sighted participant, first remarks on how the COVID-19 pandemic impacted her life, stating: *"During Covid-19, people didn't really cater for us*." She then sustains her reason for this statement by saying:

> *...For me as an individual, if you go to, apart from standing in the queue because they didn't allow you to go in whether you had your white cane or not like, for instance, I went to SARS once, and I stood there with my cane, and then they said that I need to go stand in the normal queue, after standing there for more than one hour, someone as I came closer to the door and then they asked me to enter. I did that, and then when I get to the cubicle, the lady that were helping me wanted me to read something and. I told her that I am partially sighted, and she said, "Ja (Afrikaans word meaning yes), but you need to read, you need to sign" and I told her that I can't do that. She said, "now I must read for you?" and then I said ja because I can't and she was not really nice to me, then I felt offended a little bit by that and embarrassed at the same time. To make matters worse, when I needed to sign, she didn't want to show me where to sign, then I said, okay, then I'll sign all over the page, then she said I'm trying to be funny because she did not believe me, but eventually when she saw how I signed, she saw that okay I can*

see that you can't see what you are writing. I said ja, I know how to sign, but I don't know where to sign…

Ms. Daphne's encounter displays the inaccessibility that BVI persons endure in spatial environments and attitudinal barriers. These physical and systematic barriers interplay with attitudinal obstacles, leading to illegal discrimination. Inaccessibility in these spheres (i.e. no form of assistive devices, adjustments for BVI individuals), combined with negative attitudes (i.e. unwillingness to understand and help, ignorance) demonstrates how these cumulative forces work together to constrain individual agency and visibly deny them the benefits of social progress (Lee, 2019).

7.4 Stereotypes and Pity as Barriers

The narratives by the blind and visually impaired individuals in the study present light on the impact of barriers before the COVID-19 pandemic, during the peak of the COVID-19 pandemic, and at the time of the study.

…So, I usually have a guide and most people they will tell my guide they're gonna sanitise my hand or they're gonna take my temperature or what not and that, and not to me. I don't actually prefer that because I can't see; I can speak. That was about the only thing that I didn't like (Ms Claire).

The encounter experienced by Ms Claire, a blind individual, who at the time made use of a sighted guide during the peak of the COVID-19 pandemic, however at the time of the interview process, Ms Claire utilises a white cane to navigate, as she mentioned during the time of the peak of the COVID-19 pandemic, she was still undergoing orientation and mobility training to learn how to utilise the white cane. A few weeks after the interview process, in passing by and starting up a conversation with the individual, she excitedly mentioned that she had applied and had been placed on the waiting list for a guide dog. The experience encountered in the narrative disclosed by Ms Claire displays a common stereotype related to a common assumption among nondisabled people that disabled individuals cannot speak for themselves.

(Watermeyer et al., 2006). Instead of directly addressing Ms Claire, the individual in the public setting addresses the sighted guide, even though the action (i.e., application of sanitiser) will be directed to Ms Claire. After expressing this experience, the individual remembers a recent encounter within the public space, which displays these constant attitudinal barriers.

> *…I actually had an experience the other day when I went to buy myself a USB cable. So, the lady wouldn't allow me to go with her through the aisle to find my own cable because I know what I'm looking for and she couldn't understand that I will know because I'm blind. When I was done buying, I said, please just assist me and get me back to the door because then I know my way out. But she expected me to know where the counter was by myself. If someone didn't train you to know where a specific shop's counter is, then you won't know…*

Watermeyer et al. (2006) state that the heart of stereotype is the refusal to understand anything unscripted about the stereotyped person. This is displayed in the narration and interaction experienced by Ms. Claire. It is observable that the behaviour displayed is in refusal to understand that even though Ms Claire is blind, she can know what she is looking for. This attitude shows that there is a refusal to understand a disabled person as anything other than the monolithic sign 'disability.' (Watermeyer et al., 2006).

The relaying of these encounters experienced by Ms. Claire demonstrates how attitudinal barriers limit the functioning and participation of the individual within the social and physical environments she interacts with. Watermeyer et al. (2006) convey that persons with disabilities may be excluded by the prejudiced nondisabled people whom they engage with; these individuals may relegate them to the position of bystanders in their own lives. This is recognisable in the accounts provided by Ms Claire, where she is either ignored, excluded, or overlooked.

The experience of attitudinal barriers in social and physical spheres may influence people with disabilities, and more specifically BVI persons, to avoid these environments.

> *…You can imagine that is why you will find people who don't want to go out. People don't want to go out; people feel let me rather sit in my space where I'm comfortable, and you won't find them going anywhere. You'll find people sitting at home because if*

they go anywhere, people will ask them stuff that they don't want to hear. Nobody wants to be made aware that you can't see properly (Ms Daphne).

Ms Daphne provides insight as to why some BVI persons may refrain from going into public spaces. She justifies, stating that no person wants to endure negative attitudes, and no individual should endure these barriers. These negative attitudes demonstrate a history that displays ignorance, neglect, misconceptions, discrimination, and stigmatisation, to name a few, perpetuated by social factors that have exacerbated the isolation of these individuals in society. (Gyamfi, n.d.). Attitudinal barriers impose limitations on the lives of BVI people, denying them equal opportunities not only in spatial environments but also in their social progress and societal standpoints.

7.5 *"They will say we are pretending to be blind"*

Ms Noluvuyo, a partially sighted individual, provided insight into her encounters during the COVID-19 pandemic while shedding light on the reality that these attitudinal barriers have been an active component within the lives of BVI people. She narrates*:*

And some people, you fold your stick, and you sit, and some people don't see that you are carrying a white cane because it's folded. They will shout at you, "Oh, how can you sit there because you can see?" and most of the time, they normally think that you ***are faking to be blind*** *because you want to be helped first.*

Ms Noluvuyo conveys that although she pertains residual vision, she still may unintentionally violate COVID-19 regulations regarding social distancing; this, therefore, elicits negative attitudes as individuals only note her deviance towards these measures. This conforms with the literature provided by Jondani (2021), which states that when BVI individuals access public spaces, their inability to adhere to specific regulations exposes them to hostility, ignorance, and/or discrimination. What is compelling and peculiar about Ms Noluvuyo's narration is that she notes that since she is partially sighted. She presents in a way that people might not perceive her as a visually impaired individual, exposing her to certain negative attitudes in these social environments. I found it challenging to comprehend Ms. Noluvuyo's statement, and I further

inquired from her what she meant by this and if this was a regular occurrence. She contended her statement, disclosing:

> *...It's happening, and it was happening even before Covid. You know, it was happening and worse in the COVID because people don't like to stand in line because, in some places, there used to be long lines to be helped. You need to wait for a long time to be helped. So, when you have the cane or the wheelchair or something, then we have to go in front so that we can be helped and go first. So, some people,* ***they will say we are pretending to be blind****. And it was hurting because it's not nice…*

The revelation presented by Ms Noluvuyo reveals that these attitudinal barriers and the perception held that "partially sighted individuals that do not present themselves in what others perceive as a visually impaired person are therefore pretending" is a phenomenon experienced before the pandemic, however, as she notes, that the pandemic also exacerbated these encounters. She expresses that these attitudes and misconceptions hurt to hear and engage within social environments. This misconception, held, illustrates the cognitive and behavioural components defined by Kumar Sahu and Sahu (2015) as the misconstrued beliefs and notions that people maintain and how this influences their actions and behavioural tendencies towards blind and partially sighted individuals. This, therefore, displays how structural violence takes on the form of ignorance, stereotyping, and discrimination, influencing individuals, agency, interactions, and overall experiences within their known world.

Another participant, Ms Daphne, relayed after recounting her experience of being made to sign a document at a South African Revenue Service (SARS) office*:*

> *So, when you are visually impaired, you have another problem: people don't know, or they don't understand. When you tell them you can't see properly, that's the difference between being visually impaired and being completely blind. The people that are completely blind has got sympathy because people can see really, they can't. But us that are visually impaired* ***they treat us as if there's nothing wrong with us, they don't believe you, we have to convince people*** *and you have to endure a lot of insults before you even get helped.*

Ms. Daphne affirms the narration presented by Ms. Noluvuyo. She descriptively details that partially sighted individuals, or those with low, poor, or residual vision, must deconstruct misunderstandings or misconceptions that they are "pretending" to be blind or visually impaired. She says that they must convince people that they are visually impaired. Watermeyer et al. (2006) contend that issues that relate to disabilities and are of a nature which is not visibly written or perceived are often disregarded. Kumar Sahu and Sahu (2015) concur with this notion, asserting that when individuals have "hidden"[6] disabilities, or when people do not "perceive what they regard as a disability, or if they are not able to perceive it based on their perceptions", they tend to believe that these are not actual disabilities. They will then reject the need for accommodation, adjustments, or adaptations by saying that these disabilities are not actual disabilities (Kumar Sahu & Sahu, 2015). However, disability is an impairment that "significantly limits one or more of the major life activities" (ibid). It is important to note that blindness is not binary (Wu, 2019). Blindness is a spectrum, and there are variations of visual impairments (Wu, 2019).

Some BVI individuals may utilise a white cane, a guide dog, a human guide, or other assistive devices in their daily lives, whereas others may not. When individuals view blind, partially sighted, or visually impaired individuals navigating and exploring their spatial environments through any means helpful to them, they may maintain the viewpoint through whatever assumption or incorrect notion sustained about BVI people; they may then deduce that these individuals are therefore "faking or pretending" to be visually impaired. These mindsets and flawed ways of thinking impact the experiences of BVI individuals in social and physical environments. These false narratives hinder their inclusion within their known world, as well as create feelings of worry, anxiety, and isolation. The observation of these attitudinal barriers through negative attitudes and prejudiced views constrains this community in their everyday life. These socio-institutional structures thus perpetuate these disabling barriers in the environments BVI persons engage and interact with.

[6] Some disabilities that are perceived to be "hidden" disabilities are inclusive of learning disabilities, psychiatric disabilities, epilepsy, cancer, arthritis, and heart conditions (Kumar Sahu & Sahu, 2015).

7.6 Ignorance Leading to Attitudinal Barriers

People with disabilities (PWDs) experience barriers more frequently and severely, which has a more significant impact on their lives (Kumar Sahu & Sahu, 2015). Persons with disabilities experienced attitudinal barriers before the COVID-19 pandemic; the pandemic, however, added a heightened dimension to this complex factor. The narratives presented by the research participants display the interrelated dimension of attitudinal barriers that are associated with the influence of the COVID-19 pandemic on their lives.

> *…The challenges of Covid, as I was saying, is that 1. sometimes you would find in public spaces people who are easily irritable, and instead of telling you or finding out why you are going around touching in those spaces, they will sort of shout at you (Mr Milani).*

Kumar Sahu & Sahu (2015) position an attitude as a component that can be positive or negative, phrasing that an expression of said attitude can be in favour or disfavour, which are composed of three interrelated dimensions of personality: affective, cognition, and behaviour. Conveying that each dimension is an interplay of several factors (Kumar Sahu & Sahu, 2015). Affective (assessing feelings as pleasant or unpleasant), cognitive (concerning beliefs, opinions, and notions about the attitude object), and behavioural (concerning behavioural intentions or action predispositions) (ibid). The affective component represents the emotional reaction towards a person with a disability. The attitude is displayed through the behavioural component, represented through the tendencies and actions of an individual (ibid). This component refers to how an individual behaves when exposed to someone with disabilities. The cognitive component represents the thoughts and beliefs one attains about a person with a disability or impairment (ibid). Bridger (2020) affirms that barriers of this nature are the cumulative outcome of individual and collective misunderstandings concerning impairment, illness, or disability.

The encounter Mr Milani experienced displays these three components interplay in the public space. Holding a certain belief and opinion regarding the regulations presented by the pandemic (the cognitive component) and not perceiving Mr Milani adhering to these regulations resulted in a backlash being adopted, which was unpleasant to Mr Milani (affective component), the showing from the individual towards Mr Milani shows the negative action (behavioural component). The individual holds onto this behaviour, displaying ignorance through assuming non-compliance, not realising that Mr Milani is visually impaired and utilises tactile contact to navigate his environment. Mr Milani himself notes that instead of inquiring from him why he is touching surfaces, the individual subjects a negative attitude towards him. Mr Milani further details his experience in the public setting during the COVID-19 pandemic.

> *…I wouldn't say it was a bad experience, nor was it a good one. In most of these public spaces, sometimes people, because of ignorance, don't know how to react to a visually impaired person. Some of us navigate our spaces through feeling and the sense of touch, so the person, even when they can see you are carrying a white cane, instead of coming over and maybe explaining that "Look, sir, you are not meant to touch around on surfaces, or you are not supposed to do this" and inquire why you're doing this and so that we can explain. So, it was not a pleasant one…*

The ignorance expressed by individuals in public spaces unmistakeably limits the functioning of Mr Milani within his environment. Snyman (2002) states the unwillingness to understand or even venture forward to interact with the individual to inquire from them to reach this basis of understanding as to why this individual might be navigating the spatial environment through touch displays ‘intentional’ ignorance. Mr Milani remarks that along with this ignorance, there is also a lack of sensitisation and implementation thereof within our societal world, denoting that this is the cause of creating unpleasant experiences for blind and visually impaired individuals in public settings.

Watermeyer et al. (2002) contend that the institutionalisation.[7] Of people with disabilities, the lack of sensitisation and lack of access to many mainstream processes and public spaces may be an essential factor to note in how and why people with disabilities and, in this case, people with visual impairments are stigmatised. This means to understand and relate these negative attitudes to a lack of awareness, which perpetuates ignorance, which is corroborated by Ms Daphne, who states:

> *But someone said once it's not their fault because they do not know how to treat people who are visually impaired; they don't understand. They need to be educated in that regard. Sometimes, I also don't blame them; at the beginning, I was very frustrated and acted out, but now I understand. Like I think this comes with maturity, I just tell them, okay, I am really visually impaired, and I can't see.*

Misconceptions produce negative attitudes that stem from a lack of proper understanding of disabilities, and these forms of negative attitudes negatively affect the experiences of people with disabilities. Ms Claire then further relays:

> "*But I still deal with people that don't know how to talk to me or talk to someone else next to me... the biggest challenge for me as a blind person, because I can't make eye contact, I can't always get people's attention so for me most of the things that I've struggled with and that I struggle with now is that*."

A brief and literal definition of sensitisation[8] is making people 'sensitive' about an issue (Youth Do It, n.d.). It lies at the heart of raising awareness and, ideally, what you want people to become aware of and how to react to certain issues. Similar narratives and conceptions are held by the other participants in the study. The narratives presented by the research participants in the study illustrate how the COVID-19 pandemic exacerbated attitudinal barriers while simultaneously exposing that these barriers had been an occurrence before the pandemic. It is observable that the social and physical environment creates barriers in these individuals' lives, limiting their participation and functioning in society (Watermeyer et al., 2006). It is recognisable that BVI persons, through structural violence entrenched in society, are excluded,

[7] The action of establishing or implementing something as a convention or norm in an organisation or culture (Oxford Languages, 2023).
[8] Strategies of sensitisation is to improve knowledge, changing attitudes, focusing on skills to align with changed behaviour, and building social support systems (Youth Do It, n.d.).

marginalised, and devalued. Their experiences of many disadvantages and negative labelling affect their quality of life.

7.7 Recommendations on Mitigating Social Barriers Experienced by BVI Individuals

Several participants provided some feedback on what they consider as needing attention as a way of addressing the social barriers experienced by BVI individuals.

> *We need awareness drives and awareness campaigns. Sometimes, that is due to ignorance and lack of access to information, lack of sensitisation on those. When you say to a person do this, sometimes they have to realise and be made aware to provide information on why you are saying I must do this and the impact of doing such would have on these people (Mr Milani).*

> *But it's just to make people more alert about blind people and understanding (Mr Jacob).*

> *…if there's only like a space where people can be made aware that blind people are not stupid (Ms Daphne).*

> *You know what, we always have some talks, some empowerment sessions. It's whereby we talk about these things and even you hear from them, what are their challenge, and even the resolution, they come with a solution you understand. And it is for them too to go to the public, even to their relatives, to explain those things they understand (Ms Babalwa - O&M).*

> *If the mayor can help to do sort of the awareness, especially in the society where we stay. Because most people don't understand between the partial and the total blind people, so, I think they do need the awareness not once a year, Quarterly, quarterly so that it can stay in their mind (Ms. Noluvuyo).*

Also, on TV, they can make advertisements to teach people about disabilities more than once a year. To bring back our dignity because when you are blind, some people think that there is something wrong psychologically. So, if we can see it on TV and listen to it on the radio, then they will know. And also in the malls, if they can give us a chance in the malls to give us a chance to explain ourselves in the malls (Ms. Noluvuyo).

Sensitisation programs and awareness programmes are crucial to educate communities about these individuals' realities, experiences, and lifeworld. Lupon et al. (2021) assert that population awareness through fostering visual health literacy is imperative since improving public knowledge on low vision and blindness might positively influence attitudes, practices and understanding in all domains, such as communities, healthcare, disease prevention, health promotion and so forth. The authors contend that this form of awareness is essential, as they disclose that the public has limited knowledge of fundamental concepts of visual health, such as blindness. (Lupon, Cardona, & Armayones, 2021). Stadler (2006) concurs that integrating disabilities in mainstream social processes plays a crucial role in not only reflecting public attitudes and values regarding disabilities but also shaping them.

7.8 Chapter Summary

These narratives and experiences display the social barriers that compel the agency of BVI individuals when accessing and navigating public spaces before the pandemic, during the peak of the COVID-19 pandemic, and presently. Ajayi (2021) contends that persons with visual impairment encounter negative attitudes such as stigmatisation, marginalisation, neglect, and isolation by society. The attitudes of sighted individuals majorly influence the behaviour, adjustments, and social integration of blind and visually impaired individuals (Allen & Bellstedt, 1996). Societal attitudes towards BVI persons construct disabling barriers in the lives of these individuals and unmistakably affect their active participation and functioning in their known world.

In times of crisis, these barriers are exacerbated and thus increase the challenges that these individuals already face. Therefore, in this chapter, I have explored and displayed the social obstacles that blind and visually impaired people faced before COVID-19, during the peak of the COVID-19 pandemic, and simultaneously their present experiences. The captured narratives in this chapter show the attitudinal barriers that these individuals encounter in their life world through varying factors. These individuals face negative attitudes, discrimination, stereotypes, and ignorance as they interact with sighted and non-disabled bodies in the public sphere, and these attitudinal barriers shape and constrain their functioning, as well as affect their emotional well-being, as one of the individuals noted that it hurts to hear remarks and negative connotations. Thus, it is crucial to shed light on these social and disabling barriers as they allow for exploring the effects of these barriers on persons with visual impairments and the interactions between the visually impaired and society. The next chapter looks at navigating barriers and COVID-19 risks by BVI persons.

Chapter Eight: Navigating Barriers and COVID-19 Risks

8.1 Introduction

This chapter explores how the blind and visually impaired individuals managed and navigated three categories of barriers (i.e., attitudinal/social barriers, tactile and structural barriers, barriers presented by the regulations imposed) during the peak of the COVID-19 pandemic as well as "post-COVID-19".

8.2 Wearing of Masks in Public Spaces

> *I must always use the material that can protect me, for instance, a mask, whenever I go maybe to somebody's house. As a fieldworker, we must use gloves as well. I must use and must always have sanitiser, the small bottle in my pocket to sanitise. And time and again I have to wash my hands after a few minutes I have to wash my hands. So, that if there is a virus it must be removed (Mr Themba).*

These were the words of one of the research participants I was lucky to meet that day as Mr Themba resides in Addo, a town encompassing a beautiful and natural landscape located within the Sarah Baartman District Municipality in the Eastern Cape and renowned for the Addo National Elephant Park, the third largest national park in South Africa. Mr Themba, a friendly blind gentleman employed at the organisation as an outsource fieldworker in Addo, spontaneously and happily availed himself to be interviewed on the day of our meeting. Mr Themba detailed his experience of social distancing during the COVID-19 pandemic as a blind individual. The significant impact that the social distancing regulation had on the blind and partially sighted community is firmly conveyed through his narrative. Mr Themba's experience illustrates that as a blind individual, the pandemic created new concerns and barriers within his life. He had to take extra precautions as he was aware that he was at a greater risk of contracting the virus and vulnerable to infection thereof. He realised that due to the implementation of the

regulation and his position of vulnerability, he was limited and constrained in his everyday life. As he further states, *"So many things were struck. That is, it blocks the life of our people and in my life."*

The implementation of facemasks was utilised as a protective and precautionary instrument to limit the rapid spread and transmission of the coronavirus disease. Although a critical safety measure, using facemasks poses a barrier to persons with visual impairments. The imperative of mask-wearing also potentially impaired the utilisation of olfactory and auditory cues.

BVI individuals utilise echolocation and other auditory strategies to detect objects and obstacles through the reflected echoes of sounds that bounce off these entities (Kreidy, Martiniello, Nemargut, & Wittich, 2022). Echolocation allows visually impaired individuals to locate objects, differentiate between objects of sizes and shapes, and, in some cases, differentiate between objects of differing textures (Kreidy, Martiniello, Nemargut, & Wittich, 2022). Auditory cues (e.g., voices and provides sounds of others speaking) also provide crucial information that enables orientation (ibid). Although passive echolocation, as proclaimed by Kreidy et al. (2022), is usually unconsciously used by these individuals, active echolocation techniques are taught. Taking everything into account, Kreidy et al. (2022), therefore, that the wearing of facemasks may impair the ability of BVI persons to use echolocation and other auditory strategies by either muffling self-generated sounds (e.g., speech) or blocking vital environmental cues that reach the ears (e.g., the sound of traffic). Kreidy et al. (2022) establish that having undertaken this study, the participants indicated that wearing masks delayed their ability to locate others in the environment, locate landmarks, and obstruct their ability to communicate with others. They further highlighted that the ability to use olfactory cues has also been obstructed (ibid). This view is supported by White (2020), who confers that through reading accounts from blind people on social media, it can be deduced that their sound-based spatial awareness has been inhibited when wearing a mask. The author further remarks that blind mask wearers have reported difficulty perceiving distances to objects as well, leading to incidents in spatial environments (White, 2020).

McGrath and Mohler (n.d.), both visually impaired, remark that the recommendation of mask-wearing created additional challenges. Mohler (n.d.) discloses that auditory cues are used to navigate the environment safely. However, masks create difficulty in accurately assessing and discerning vital traffic patterns and other environmental cues. The author further states that

masks also obstruct glasses and residual vision, which some visually impaired persons may have and rely on (McGrath & Mohler, n.d.). In correspondence, Kal et al. (2020) corroborate that facemask obstructs vision for glasses wearers (by causing spectacles to fog up) and block parts of the lower, peripheral visual field. Visual information from the lower, peripheral field is essential as it allows for detecting and avoiding nearby hazards. The wearing of facemasks thus reduces the wearers' ability to use this crucial sensory information during walking, increasing the chances of tripping or falling (Kal, Young, & Ellmers, 2020).

The difficulties faced in wearing masks are maintained by some of the partially sighted individuals in the study. While discussing the implications of social distancing regulations in Ms Noluvuyo's life, I asked if the participant could think of any other rules that might have created a barrier or hindrance. Ms Noluvuyo swiftly remarked, *"I can remember the mask was suffocating*." Not expecting this answer, I asked her to elaborate; she further stated, "*It makes things worse. And you have to take out now the glasses sometimes. And that was the reason I put my mask under my nose because you know the steam".* Ms Noluvuyo, as a partially sighted individual who utilises spectacles, described that she disliked wearing masks, stating that it created a challenge for her visual ability as the fog that would be emitted because of condensation would inhibit her sight. After this unexpectant conversation regarding mask-wearing with Ms Noluvuyo, I decided to implement this question within the questionnaire (see Appendix Eleven for Questionnaire/Interview guide), inquiring from the research participants if they faced any challenges or barriers regarding the wearing of masks and how they managed these challenges.

Mr Jacob shared the same narrative of the difficulty masks created as a partially sighted individual who wears glasses, stating: *"It was a lot of challenges. Especially when it makes that steam, and then you have to take the mask off or the glasses off for a while. So that the steam must disappear, so that was also another challenge."* Mr Clark, another partially sighted individual, shared the same sentiment, strongly expressing: *"Yes, the steam, and then you must wipe it off. I do not know why we had to get that; it was the worst".* The narratives by the participants corroborate what the author McGrath and Mohler (n.d.) note: this is a complex issue faced by persons with visual impairments. The wearing of masks impacted and created another barrier to these individuals' residual vision, further limiting them.

8.3 Challenges of Training while Social Distancing

An unforeseen complex issue revealed in the discussions with the trainers at the organisation has been that the COVID-19 pandemic hindered training for newly blind and partially sighted individuals.

Mr Lwazi, a Braille and Rehabilitation facilitator and Trainer of blind and partially sighted individuals provides an insightful explanation revealing how the training of newly blind and partially sighted individuals has been affected by social distancing regulations. He explains:

> *…As I said before, when I have to train with a blind client, the regulation affects me in this way, so I can't touch the client, but it is difficult because I have to touch and hold their hand to show them how to navigate. But those regulations did not allow me to do that. It was difficult, so we either had to leave that part of the training or explain verbally.*

He narrates that to train these individuals, it is essential to touch them to guide them, which permits him to educate them in navigating their spatial environments. He conveys, however, that the newly implemented regulations obstructed this part of training. Therefore, he either had to leave this crucial part of the training out or explain it verbally. The narrative provided by Mr Lwazi elucidates how training as well as counselling provided for blind and partially sighted individuals, as well as newly blind and partially sighted individuals' training, have been implicated, stalled, and/or hindered.

Rehabilitation services and training are imperative in equipping blind and partially sighted individuals with the essential skills to adjust to life with visual impairment. Travel in the spatial environment involves orientation and mobility skills (O&M). Virgili and Rubin (2010) indicate that orientation is the ability to recognise and establish your location and position with the environment, while mobility is the physical ability to move consistently, efficiently, and safely through the environment. Maintaining travel independence is vital for a visually impaired individual to learn. This is executed through training in new orientation and mobility skills to compensate for reduced visual information (Virgili & Rubin, 2010). O&M training is

undertaken to help people with low or no vision use their residual vision, accompanied by their other senses and modalities, to navigate spatial environments. Human guides, canes, and optical aids may be used in this training method (ibid). Training also encompasses essential living skills, often called Independent Living Skills or Daily Living Skills, which pertain to the essential skills used in your daily routine or everyday life (Blind SA, n.d.). This form of training focuses on the basic skills of daily living and how to effectively fulfil and accomplish tasks such as cooking, general housekeeping, etc.

Training also includes computer literacy with assistive software and Braille literacy (Blind SA, n.d.). Braille is an accessible tactile reading and writing system. It is crucial to blind literacy and pursue education and employment for blind and visually impaired individuals. Training is critical to ensure that those with little or no vision gain confidence, self-sufficiency, and a sense of autonomy. Rehabilitation services and training enable these individuals to learn new skills and safety measures and to participate in society actively (ibid). Subsequently, the COVID-19 pandemic and the countermeasures, including physical and social distancing, halted the organisation's and the trainers' services during the lockdown period. When businesses were allowed to function while implementing precautionary behaviours and methods, specific training and rehabilitation services could not commence, or it was restricted for both the trainers and the BVI individuals. This is concurred by the O&M practitioner at the organisation, Ms Babalwa, as she exclaims:

> *Yoh* [a South African expression exclaiming surprise or shock] *Nicay, it was very challenging for me. Because remember, by that time, they said we mustn't have contact with people, but for me, it was a must to have contact* [as an orientation and mobility facilitator, one guides the individual, and contact is an important part of training] *with them because remember, they can't see, they only feel you…*
> *I was taking a big risk for my life; you understand because there was no other option that I could not go to them. Because they needed that, I had to train them the skills of daily living so that they can feel that they are part of the community you understand.*

Ms Babalwa divulges the perceived risk of infection that she experienced as a trainer during this period. I decided to ask Ms Babalwa whether it was necessary to touch the blind or partially sighted individual or if there was another tactic to bypass this. She disclosed that another method to bypass this would be to utilise the white cane to implement social distancing; while guiding the individual through their environment, the guide would hold one end of the cane and the blind or partially sighted individual the other end, creating the needed distance. She illustrates:

> *But in some blind people, especially those who are not rigid anymore, those who are not scared to navigate the space by their own, yes, I could use the walking stick; the guiding person should grip the tip of the cane, and the person with visual impairment should grip on the actual grip of the cane.*

Ms Babalwa remarked that this method was not as effective as touching the client, especially newly blind clients and guiding them in this manner. She affirms the reasons for this statement:

> *...Remember, here you are teaching a blind person, a newly blind sometimes. Yes, I could use the cane, and together with that, remember, when you are teaching a blind person, you don't just start with a cane. You start with the human guide techniques because that person doesn't have confidence, you are just facilitating confidence to the person, you see. So, a human guide technique is where a blind person is gripping a sighted person to assist that person to navigate spaces, so it is the only way to facilitate confidence first. Before you go to the actual cane…. the human guide is whereby you walk with these people using different techniques according to their environment you understand. Then, thereafter, while you are walking with these people, you are walking in a public space, then you come back to their house, whereby you're going to teach that person to navigate around the house, outside their house that is in a controlled environment. Then there's the other one called the trailing, whereby they have to trail with the wall to get to maybe to the bathroom.*

Ms Babalwa kindly educated me and detailed the process of O&M training and why it is important to start with touch through the human guide techniques and not a cane. She interestingly notes that you must build and attain confidence within the newly blind or partially sighted individual. So, this form of touch and close contact is integral to the training of these individuals.

The differing techniques and methods utilised to train and guide blind and partially sighted individuals reveal the complexities of these techniques and tactics but the significance thereof. These techniques enable these individuals the aptitude and capability to access and navigate their environments, as well as the ability to participate actively within society. However, because of the COVID-19 pandemic and the implementation of social distancing regulations, no close contact and encouraging avoidance of touch posed unprecedented challenges for this demographic.

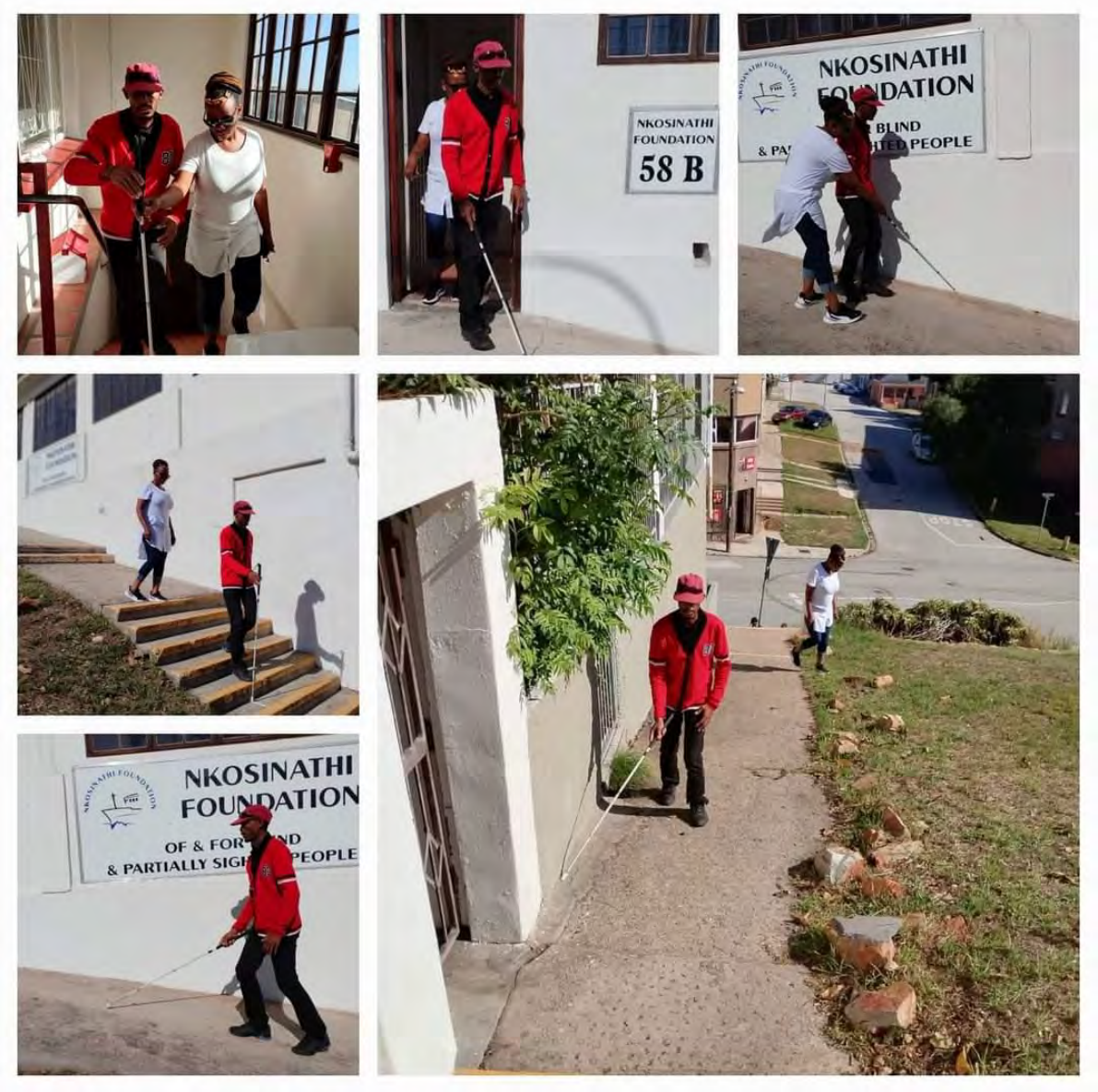


Figure 18: Image of a newly partially sighted individual navigating physical barriers in Gqeberha (Nkosinathi Foundation, Services, 2023)**.**

These regulations impeded this community from attaining the essential skills needed to function and approach responsibilities in their daily lives. Halting this training or changing the form of training compelled and inhibited them within every facet of their lives.

8.4 Challenges with Social Distancing in Public Spaces

> *…But with your eyes, when you can't see, you can't see, it doesn't matter whether there is a sign or not a sign (Mr Jacob).*

Mr Jacob, a soft-spoken man, and a family friend, realised after the commencement of the interview he expressed his views on visual signages and visual cues within public spaces. Mr Jacob contends that regardless of visual cues to encourage physical distancing, if he cannot perceive it, it does not matter whether it is there or not, seeing as he cannot adhere to the sign due to his visual inability. Ms Noluvuyo shared her experience concerning visual cues placed within the public setting to implement social distancing. She states:

> *Because there was like the chairs when you go in the clinic the chairs, they normally put one chair and two or three chairs next to that one with x mark, so that you will know that you don't use these chairs. Sometimes when you go with a carrying a stick, we normally use the stick to feel what's in front of you. But luckily because I have a little percentage on my right eye but there was a delay. I have to look and see if which chair should I sit on because these chairs normally look alike. So, you have to look carefully which chair should I sit? And sometimes you sit in an X chair without knowing that there is an X.*

Visual cues are difficult to navigate for blind and partially sighted individuals, resulting in the unintentional violation of physical distancing regulations, as stated by Rizzo et al. (2021), which is conveyed by the participants within the study as they express and articulate their experiences. This view is supported by Abodunrin (2020), who reported that most of those with visual impairments could not comply with signages. The author further contends that these displays of inaccessible signage and the social pressure to adhere to these rules caused additional stress and worry in the lives of these individuals (Abodunrin, 2020). Jondani (2021) and Khan et al. (2023) corroborate with the notion that BVI individuals may accidentally defy demarcated directional signs within public spaces, visual cues of social distancing, or even sanitising stations as perceiving these entities relies on visual perception which poses a

challenge for blind and partially sighted individuals. This is presented in the experience of Mr Milani, a partially sighted individual who is a knowledge enthusiast and LLB graduate. He described his encounter as follows:

> *Like the other day I was at SARS (South African Revenue Services), and the person said, "Can't you see there's the sanitiser?" Now I am standing at the sanitiser, but I am asking where is the sanitiser? And I said, look, I am visually impaired; I would not ask you if I saw the sanitiser, one, two, I would not be carrying this stick all the way around if I could see. So, what is so difficult in saying, to your right-hand side, or your left-hand side there is a sanitiser there. When you say there, to me, it is like saying that side, which side is that?*

This encounter experienced by Mr Milani displays the inability to observe the visual cues and vague directives presented to him. This, therefore, depicts the inaccessibility that the BVI community experiences within public spaces. The display of visual cues, demarcated directions, and visual signages are unperceivable to this demographic and create a challenge in their lives. This form of inaccessibility reveals the structural violence that BVI individuals face within their known world. The pandemic also adds an extra layer to the structural injustices that these individuals face. These barriers are embedded within structures, conveyed by the circumstances where BVI individuals, as well as other persons with disabilities, were not considered in the implementation process, as well as policies and strategies enforced during the COVID-19 pandemic. This experience of subjection to negative attitudes encountered when these individuals are unable to perceive and comply with measures in public settings is supported by social worker Ms Yandiswa. She states:

> *... I think many of us were very sensitive at that time. And imagine now you're visually impaired. Now you think that you have kept the right distance, and someone gets angry at you because you didn't keep a safe distance from them. So, access to space, I know that many of the people that I was assisting at that time, they just didn't want to go anywhere. Because they felt like it was being in people's space, like bumping into people was one of the main challenges for people who are visually impaired now you bump into somebody, and they they're angry at you because they think that you are doing it on purpose, because you know, there have been many people that were pranking people during the COVID time and stuff like that. And you cannot tell the distance between*

you and the next person. I think most of them just decided that they are just going to stay home and send people over to do the daily activities…

This descriptive detail from Ms Yandiswa corroborates the observation in the study by Gombas and Csakvari (2022) that social distancing regulations resulted in a decline of BVI persons going into public spaces, and the comprehensive excerpt above gives insight into the reasons why some individuals might have abstained from public spaces. The narration by Ms Yandiswa depicts the added layers that BVI people experience as they access and navigate public spaces during the COVID-19 pandemic, displaying the restrictions and hindrances wielded upon this group. The description of the experiences within spaces from the accounts of the research participants in the study displays how structural violence can take on the form of discrimination towards those with disabilities (Lee, 2019). Structural violence is materialised through the display of visual cues and signalling systems, which rely on visual perception, so to know that they were there, you had to be able to see them. These systems, therefore, excluded BVI persons from being able to perceive and comply with these regulations.

If an individual cannot distinguish distance or objects within spatial environments, it poses a challenge in accurately navigating spaces. Hence, the argument maintained by Senjam (2020) that relying on visual acuity and visual function to adhere to social distancing poses a challenge to individuals with low, partial or no vision, thus increasing their risk of infection. This is displayed in the narrative shared by Miss Samila. She acknowledges the prerequisite of social distancing, which encompasses maintaining a six-foot distance between other persons in spaces and avoiding close contact with objects and/or people, which pertains to a challenge for her as a partially sighted individual. This requirement influences her decision to abstain from public settings as she discloses that the crucial dependency on visual awareness to comply with the directives of the pandemic, which is a challenge, resulted in her refraining from public spaces and staying mostly indoors. This perception is also held by Mr Jacob, another partially sighted individual and research participant in this study. He states:

…It was difficult. Because if you see some spaces are occupated [sic - occupied] *then you try and go to another mall, that is how you are navigating to look where it is* ***less crowded…***

Mr Jacob remarks that he navigates and explores spaces that are not densely populated. The accounts provided by both Mr Jacob and Miss Samila display the assertation made by Nagarajan et al. (2022) that visually impaired persons experience concerns relating to their visual ability and maintaining the appropriate social distancing cues in spaces, which result in some BVI individuals refraining from venturing into public spaces or evading crowded spaces altogether, is observably justified. Ms Daphne, a warm and friendly partially sighted individual, who was one of the first clients I met when I started volunteering at the organisation, narrated her experience of social distancing to me over a cup of coffee in the office as this had become one of our customs. She affirms the advice she received from the trainers and counsellors within the organisation. She states:

> *…And with Covid, they were also going to advise you to be cautious and to look for the signs and to* ***stay as far away from people*** *as possible in order to protect…*

This avoidance of public spaces and encouragement is contended by Mr Themba to protect himself and others. He expresses:

> *…The challenge that I experienced at that time, as I indicated before, is that we cannot come to a large number of people, that was a challenge. Because sometimes we may have meetings and as I am a field worker it was not easy for me to go to the clients... Secondly, I got authority from my bosses that I must try all means to stay away because I must protect myself or because maybe I was greeting somebody on the way to the client, and maybe that person, even if I am wearing gloves, I greet that person not knowing I have captured the virus from that person on the road. In other words, I have to protect myself and my client…*

The fear of contagion and adherence to social distancing rules influenced some participants to avoid public spaces. The emerging theme, observably, is the joint forces that hinder and limit these individuals' experiences accessing and navigating their spatial environments. BVI persons felt the need to avoid public spaces not by choice but by obligation to protect themselves from the possible risk of infection and to avoid possible violation of the social distancing guidelines. Guidice (2020) states that the challenge of maintaining an appropriate social distance within the spatial environment without vision is two-fold: one, the difficulty in

assessing and gauging the distance of nearby people (assuming that they are detectable at all) and two, the difficulty in maintaining this distance during movement.

Martinez et al. (2020) assert that even with a sighted guide or assistance from sighted people, this regulation can still create stressful situations, which Miss Claire encountered when she travelled with her sighted guide. She states:

> *…When I went to clinics, I think this was the one thing that, was they will put you like, they will do the social distancing, and separate me from my guide and that was weird. That would make it difficult for me to communicate because my guide, I do not know where they are and what I'm supposed to do next. And the person next to me on my other side will not know what to do with me. So, they will just grab me and move me without warning…*

The separation from her guide within a public setting created and established physical distancing and invoked a stressful situation for the individual. She was left uninformed, unaware, and restricted, as she stated that she did not know what to do next. This measure impacted the individual, affecting her mobility and participation within her spatial environment. Miss Claire was not the only participant in this experience; Ms Noluvuyo shared a similar experience regarding social distancing within the public setting. She stated:

> *…So, if you go to the bank, and you go with someone who is assisting you, she must, or he must, sit away from you. And when they call you. Most banks they use the card with the numbers so when they call, you can't see the number, she's the one who sees the number and when she comes to take you to the counter. People will moan. People will mean that why are you getting close? you must separate from each other, and I was struggling…*

Ms Noluvuyo's experience conveys that regardless of travelling independently or with a human guide, due to the rules of physical distancing, BVI persons are met with incomparable difficulties within the public setting, which adds another source of confinement within their lives. Khan et al. (2023) state that social distancing is a countermeasure that presents unique challenges for BVI individuals as their visual perception hinders them from maintaining a safe

and accurate distance from others. Martinez et al. (2020) corroborates the statement by Khan et al. (2023) and further states that visual cues are also imperceptible to this demographic, along with their inability to perceive the distance between themselves and other persons. Visual cues, signalling systems and visual markings placed within public spaces were implemented without the mindset of including blind and visually impaired persons. This, therefore, negatively impacted the ability of blind and partially sighted people to navigate and access their spatial environments and interact with society (Martinez, Yang, Constantinescu, & Stiefelhagen, 2020).

8.5 Avoidance of Public Spaces

The avoidance of public spaces is a recurring theme within this study. The risk of infection sparked concern amongst BVI, and the implementation of social distancing, which heavily relied on visual perception, as well as the encouragement of no touching of surfaces, which restrained tactile contact to navigate, led to BVI individuals refraining from public spaces. This form of precaution and means to protect themselves from COVID-19 was also encouraged by the trainers at the organisation. This finding conforms with the literature undertaken through the study by Khan et al. (2023), which reported that the BVI community became less independent during the COVID-19 pandemic as the risk of infection incited the concern of reducing contact with physical surfaces and, therefore, avoiding public spaces. This is a precautionary behaviour and theme adopted by the research participants in the study.

> *…Yeah, it was not a happy time for everyone, even the sighted. For some it was worse especially for blind people, since we have to touch, but the rules and regulations of South Africa during that time, we could not, and we had to use sanitiser. For instance, you're walking in Greenacres* [a mall in Gqeberha] *and using the escalators and as a blind person we have to hold onto the handle of the escalator. That was one of the challenges. We were not walking most of the time, we were not outside and in open spaces, we were mostly indoors (Mr Lwazi).*

Mr Lwazi justifies his motivation for avoiding public spaces. He expresses the challenges he experienced in accessing and navigating these spatial environments and the fear of contagion combined with the limitation of touch, which was unavoidable as a partially sighted person, concluding that avoiding public spaces was the most viable solution. When I inquired if he felt that this was the safer option to reduce the risk and chances of infection, Mr Lwazi sustained this viewpoint, remarking:

> *Yes. We feel it is safe. On the other hand, it's not secure. Because there are things you use at home because some do not live alone, so there are other family members that might bring the infection home. For example, where a client did not realise, she was using her family members toothbrush during Covid, so she used it and only found out later…*

Mr Lwazi reveals that although this is one of the solutions adopted by blind and partially sighted individuals to protect themselves from infection, the risk of infection does not go away as they are still placed in a vulnerable position. He details an example of one of his clients who unintentionally used another family member's toothbrush in her household, unaware that it was not her own, as she could not perceive nor recognise this crucial information. The inability to observe this detail placed the individual at a greater risk of infection by the coronavirus disease.

This viewpoint of avoiding public spaces as a solution to protect oneself from contagion is affirmed by Miss Claire, who descriptively shared her experience and why she avoided public spaces. She disclosed:

> *…Yes, definitely! Because I've got kids as well. And my husband is asthmatic. So, if he gets any lung anything, the chances of him falling very ill from this is big. So, I tried to not go out as much because I'm in contact with them a lot. And then I fell pregnant during Covid as well. With my second child, it was then especially in the beginning, I did not want to go anywhere. I was so scared because people were not listening wherever I went. And for me, because I use public transport as well, it was also quite scary…*

Miss Claire explained that she avoided public spaces to protect herself and her family. The narrative of only venturing into the public setting if necessary was also held by Mr Jacob, who remarked: *"It was very tough during COVID. Actually, what we did is we just went out to get the basics, and not loitering in the public, just rushing to get back".* Ms Noluvuyo maintained the same outlook and approach when refraining from public space; she stated: "I didn't even like to go out, but there are times where you are forced to go by yourself, places like going to the clinic, *to see the doctor. So, you can't send someone for that, so you must go by yourself."* Attaining the same stance, Ms Brooke commented on why she evaded public spaces during the peak of the COVID-19 pandemic, she detailed*:" Yeah, it was terrifying. Trying to cope with a disease, how can I put it that you are not used to? So, for me, it was better to be on the safe side than to be in danger."* These individuals firmly held that by venturing into the public space, they were endangering themselves by being infected by the virus. They acknowledged that their reliance on tactile cues in exploring the environment positions them in a vulnerable state; they, therefore, deduced that to protect themselves, abstaining from public settings, although not practical, as some noted, was the most viable solution.

The demographic of BVI persons was placed in a vulnerable state during the COVID-19 pandemic. The spread of SARS-CoV-2 occurs through indirect contact via respiratory droplets, resulting in the contagion remaining airborne and inhabiting surfaces for up to three hours. (van Doremalen, et al., 2020). Therefore, virus transmission occurs if someone touches a contaminated surface (ibid). The possible presence of the virus on surfaces within public settings invariably increases the risk of exposure to COVID-19 amongst blind and visually impaired persons and heightens what they consider threats. (Heidi, 2021). This disproportionately impacted the lives of these individuals as touch and tactile contact is an integral part of how they conduct their daily lives (ibid). Thus, if they touch, they can easily risk contracting and exposing themselves to the coronavirus disease. However, if they do not touch, they cannot easily access and navigate public spaces. This constrained and compelled their agency, and it also heightened their fear of infection.

> *…When it all started,* ***I was always indoors****. I was always indoors because I have a sister who works at NHS, so she was also telling us, Samila, you have a problem, so you need be visually aware when it comes to public spaces. Hence, that is why I always stayed at home; I only went outside or to public spaces when I had to fetch my medication or buy toiletries and stuff…*

Miss Samila, a partially sighted individual, states that she realised that her visual perception placed her at risk since she needs to be visually aware in public spaces. Therefore, she remarked that she avoided public spaces or only ventured into them when necessary. Visual acuity (VA) is defined as a measure of the ability of the eye to distinguish shapes and the details of objects at a given distance (Marsden, Stevens, & Ebri, 2014). Visual acuity enables individuals to perceive and observe distance from objects and persons in spatial environments.

Ms. Noluvuyo, whom I met at an Awareness talk workshop for blind and partially sighted individuals in Motherwell (one of the largest townships in Gqeberha), is a client and one of the sewing ladies for the Bona Ubuntu Bags Programme at the organisation. She expressed her experience regarding social distancing and the managing (or inability) to manage the tactile and structural barriers it evoked within public spaces.

> *…if you go out, If I go out by myself, you always need help from other people. So, people were also scared to help us because we were struggling to get help from the public because they were also scared to be closer because there was, like, we were supposed to do* ***social distance…***

Ms Noluvuyo expresses that because of the social distancing regulation, when she would ask sighted people nearby for their assistance, she would often struggle to get help, as many feared the risk of infection, but the social distancing also hindered their ability to help. This conveys that individuals within public spaces were resistant and wary of touch and help as they, too, feared a risk of infection. The fear of the virus and position of vulnerability limits the willingness and liberty to help and receive help from some individuals. This experience is conveyed within the literature scope and the study undertaken by Oveido-Caceras et al. (2021), where the participants within their study detailed similar experiences within public settings,

stating that when requesting assistance from a passerby within public spaces, the individuals would either be hostile towards them or ignore them.

The study undertaken by Suraweera et al. (2021) revealed that the obstruction BVI individuals now experienced in limiting contact with surfaces in public spaces created a source of worry, which resulted in these individuals adopting precautionary behaviours by avoiding public spaces. This is observed in the narratives provided by the research participants. The public space became a breeding ground for fear and a source of avoidance. Corroborating what is disclosed by Suraweera et al. (2021), James (2020) relays that individuals only ventured out for the required essentials. Thus, public spaces became an unused facility. The public space recognisably became a source of fear for the broad public and even more so for BVI individuals. According to James (2020), minimising the risk of infection by avoiding public spaces became the expected social norm. Luger and Lees (2022) state that people experience new fear and insecurity in the public space, thus evoking an avoidance thereof.

8.6 "Looking back and looking forward": a reflective and retrospective comparison

Reflection has been an appropriate method for the research process and experience, as it acknowledges the assumptions, frameworks, and patterns of thought and behaviour that shape thinking and action (Bilous, Hammersley, & Lloyd, 2018). Bilous, Hammersley, and Lloyd (2018) assert that this method is useful as it can elicit in-depth understandings, allowing for complex experiences to be uncovered and emerge. Reflection thus is utilised as a method to enable the voices of the blind and partially sighted participants in the study to be heard. The research participants were asked to reflect on their experiences during the peak of the COVID-19 pandemic. This process enabled them to describe their experiences in accessing and navigating public spaces during the pandemic's peak, how it changed, and how it compares, differs, or relates to their experiences after the peak of the COVID-19 pandemic. Undertaking this approach provided diverse ways in which the participants' views and experiences could be articulated: voices, actions, or experiences that might otherwise have remained silent, overlooked, or invisible (Bilous, Hammersley, & Lloyd, 2018).

...we are a nation that forgets quite easily. In these public spaces, during the peak of COVID-19, people would never forget to tell you that you must sanitise, but now even those who are meant to say to you to sanitise when you get into these public spaces themselves forget to sanitise. So, I think things have become far easier. Just like now, I was at the other shop, this lady asked if I knew the way, I said I knew the way, I just would not know if I was passing Clicks, so she said no, don't worry, let me help you and get you to clicks and I'll come back to my workplace, and she did not flinch to say hold onto my shoulder. And people would not do that during COVID-19. So, I think the experience has changed quite a lot. I would also say that I am not longer as frightened by Covid as I was before (Mr Milani).

The participant's narrative reveals a shift in his experience within the spatial environment and his interpersonal relationship with others in those environments; he notes that the fear of contagion that he and other individuals once held has de-escalated. This view is held and corroborated by another participant as she states:

Things are better now because I don't have the mask anymore, I'm talking to you without the mask, and I'm glad. And the social distance, yeah, we do keep sometimes when someone has got flu symptoms, but not every time. And also, we get assistance now on the road. People are not scared to help you now in the road because they know they can touch. I am glad that COVID is not like before because it is not gone; it is still living with us, but it is not as strong as before (Ms. Noluvuyo).

The individual reveals that the wariness of the coronavirus disease maintained by blind and visually impaired individuals, as well as sighted individuals in the spatial environment, has shifted, which resulted in an adjustment in people's willingness to assist and help. Passarelli et al. (2022) confirm that the COVID-19 pandemic influenced and changed attitudes toward touch. The authors attest that the countermeasures implemented during the pandemic prompted a change in attitudes towards social touch, as this behaviour was discouraged, prohibited, and labelled as 'dangerous' considering the transmission of the virus through direct and indirect contact (Passarelli, et al., 2022). Green and Moran (2021) corroborate the precedent in the argument provided by Passarelli et al. (2022), stating that some individuals developed a heightened fear of contagion while adopting and advocating social distancing policies. The

authors further contend that even when social distancing measures ease, individuals may still maintain this fear and trepidation of being in close contact or proximity to another person (Green & Moran, 2021). They further argue that whilst the social distancing measures and recommendations of 'no touch' mainly were initially successful in terms of public compliance and curbing the rapid transmission of the virus, the effect these measures had on touch-related human and emotional costs were not envisaged. As such, even when regulations are eased, individuals may still maintain this fear of touch and contagion.

This precautionary behaviour is concurrently displayed by another participant as he reveals, *"I do that. Yes, I take a sanitiser with me to the places where we are visiting."* The individual confirms that he adopted carrying a sanitiser bottle with him as he ventures into public spaces to protect him from any risk of infection, not just regarding the coronavirus disease but any communicable disease he may encounter in the spatial environment. This source of worry is rooted in the vulnerable position that the visually impaired (VI) community sustain as they utilise the sense of touch to navigate and access their known world.

As society has returned to a sense of normalcy or comparatively something that resembles it, it is crucial to remain cautious as COVID-19 has not gone away, and some individuals remain vulnerable and susceptible to the virus (The editorial board, 2022). Flahault et al. (2023) confirm that although the world is transitioning out of the emergency phase and peak of the pandemic, new surges of the virus and the regular emergence of new subvariants continue. The authors reveal that the extent of the most recent COVID-19 waves remains difficult to assess as a result of a decline in diagnostic testing while simultaneously noting there has been a decrease in cases overwhelming healthcare systems, and the impact of the COVID-19 pandemic is likely to continue in the coming years, in various spheres (Flahault , et al., 2023).

The narratives presented by the research participants within the findings and analysis chapter displayed how societal attitudes impacted their experiences during the peak of the COVID-19 pandemic. Through their reflection, the participants reveal their understanding of societal attitudes and attitudinal barriers after the peak of the COVID-19 pandemic.

As for fearing COVID, not anymore, but I still deal with people that don't know how to talk to me or talk to someone else next to me…Because the biggest challenge for me as a blind person, because I can't make eye contact, I can't always get people's attention so for me most of the things that I've struggled with and that I struggle with now is that (Miss Claire).

Negative attitudes towards people with visual impairments are manifested in various ways by members of society. The individual notes that as a blind individual, people do not know how to engage and talk to her, which she reveals is a challenge she has faced throughout her life. The participant narrative demonstrates how she is disregarded within the framework of society. The individual is relegated by prejudiced and stereotypical assumptions made by nondisabled individuals, which she encounters in her known world. The individual alluded to instances where she would be assisted by a sighted guide, and people in these settings would speak to the guide concerning her instead of directly engaging or interacting with her. Watermeyer et al. (2006) interpreted this as people with disabilities being objected to as bystanders or objects by nondisabled people. Papadaki and Tzvetkova-Arsova (2013) reveal that one of the ways that negative attitudes toward BVI people are observed is through the assumption and stereotypical beliefs that a person with a visual impairment is helpless or incapable. This is perceived through Miss Claire's shared experiences. Societal attitudes towards people with visual impairments hinder the fulfilment of their needs and participation in society. Various studies indicate that adverse attitudinal environments prohibit persons with visual impairments from leading a normal life (Watermeyer et al., 2006). Preconceived notions held against blind and visually impaired people exclude them from the rest of the social environment.

You know, like I said, Covid was good for public places. And now it is back to reality. And now it's again the same difficulties, nobody improved... The virus even helped us not in a negative way but in a positive way, a little bit. But if I can allow myself to say that because of the fact that people were scared of the virus and again, we were not treated differently from somebody else because we all were treated with caution, you see. People were afraid and then treated everybody the same way." (Ms Daphne).

Ms Daphne revealed her perspective through her comment, disclosing that everyone was cautiously treated in public spaces, making her feel a part of society.*"* She stated: *"Unlike, now it is normal, and people expect you just to be normal".* The participant divulges that society fails to see and treat visually impaired individuals as functioning people, which has been a strong sentiment held by all the research participants in the study. Rousso (1984) affirms that negative attitudes include views that disabled people are lacking, flawed, or incomplete. The narratives elucidated by the individual display the immediate or microenvironment (e.g., attitudes of individuals) influence on BVI persons. It also indicates how these factors can operate at a broader or macro level through an absence of national policies that focus on these policies being facilitated and integrated in spatial and social spheres, reducing discrimination through these policies, and creating awareness and sensitisation on the issues of BVIP. These factors are also reflected in hindering policies that create barriers for people with disabilities (e.g., building regulations that do not require the built environment to be inclusive and accessible). Various factors influence the participation and level of functioning of people with visual impairments. BVI people cannot fully function and participate in their environment due to societal facilitators (i.e., environmental factors, social factors, etc.) that limit and hinder their agency and autonomy.

Negative attitudes create stumbling blocks in the inclusion and functioning of blind and visually impaired individuals in society. As Helen Keller stated: "Not blindness, but the attitudes of the seeing to the blind is the hardest burden to bear" (Platt, 1950). Societal attitudes not only influence integration in physical and social environments but also influence the daily lives and participation of BVIP. These influences both hinder and facilitate the lives of these individuals. The COVID-19 pandemic unmistakably exacerbated this multi-dimensional factor. However, this factor remains a barrier to the development of visually impaired people, even after the peak of the pandemic. The participants' reflections reveal their encounter of these negative attitudinal encounters and how they affect them.

8.7 Chapter Summary

This chapter attempted to explore how these individuals managed to navigate or the inability to navigate the barriers presented to them during the peak of the COVID-19 pandemic and thereafter. This chapter showed that the BVI individuals managed three categories of barriers during the peak of the COVID-19 pandemic. It simultaneously revealed their present navigation and ways of managing these ever-present barriers.

Chapter Nine: Conclusion and Recommendations

9.1 Introduction

Kemp (1981) perceives blindness to be amongst the most severe forms of physical disabilities. He justifies his assertion, inferring that blind and visually impaired people need to adapt to the social and physical environment, utilising modalities beyond 'sight'; secondly, they must navigate formidable barriers produced by social and physical environments. Papadaki and Tzvetkova-Arsova (2013) contend that blindness has been interpreted and understood in various ways, often controversial and misconstrued, since ancient times. The perception of blindness has been stereotyped, misconceived, and conceptualised by sighted people, affecting the acceptance and integration of visually impaired persons into society (Papadaki & Tzvetkova-Arsova, 2013).

Societal norms and attitudes negatively impact the access of BVI individuals in the societal world; this is observed in education, employment, economic, cultural, political, physical, and social factors. The COVID-19 pandemic, like other health crises and epidemics, again uncovered and enhanced pre-existing societal weaknesses, high levels of inequality, and injustices that blind and visually impaired individuals encounter in their known world (Ek & Larsen, 2021). The blind and visually impaired individuals in this study were adversely affected by the COVID-19 pandemic in accessing and navigating public spaces in Gqeberha; concurrently, these individuals' narratives exposed the prominent and perpetual debilitating barriers that they navigate across social and physical spheres. This chapter presents the findings and understanding of the study. I also present recommendations and reflections learned during the study.

9.2 Conclusion of Study Findings

Five themes emanated during the collection process, transcription, and analysis of the data from this study. These five themes were structured and organised into four chapters based on the significance and contribution to the scope of the study:

1. Environmental and structural barriers experienced by BVI individuals in accessing public spaces

2. Inaccessibility of information - media and public notification

3. Social barriers experienced by BVI when accessing public spaces

4. Navigating barriers and COVID-19 risks

9.2.1 Environmental Barriers Experienced by BVI Individuals in Accessing Public Spaces

The sense of touch is crucial for recognising objects, perceiving form, shape, and texture, detecting vibrations, and enabling BVI individuals to recognise and identify the direction of stimuli moving over their body (Radziun et al., 2023). Tactile contact and haptics enable people with visual impairments to acquire essential information about their spatial environment while concurrently allowing them to orientate themselves as well as accurately and safely navigate spatial spheres (see Rizzo et al. 2021; Heidi 2021; Heller & Walk 2011). Given the prominence and ubiquity of touch for BVI persons, the pandemic and its regulations encouraging the adjustment of behavioural changes through advocating the minimisation of touch with objects, surfaces, and/or other individuals in public spaces immensely impacted the lives of this demographic. The research participants in this study revealed the unintended yet significant challenges that the pandemic yielded to their lives. These individuals had to abstain from a crucial attribute enabling them to perceive and explore their environment, as this sensory faculty heightened their vulnerability in public spaces. This theme illustrated the hindrances that the pandemic effectuated in the lives of BVI individuals, displaying the restructuring that occurred within their lives and the peculiar and profound challenges they had to encounter and

navigate during the peak of the COVID-19 pandemic. This chapter also demonstrates the physical barriers these individuals had to navigate simultaneously, before the pandemic, during the pandemic's peak, and presently. These barriers are perpetual in the lives of this demographic, limiting their access, agency, and autonomy in these spaces, which are forms of social exclusion of visually impaired persons.

9.2.2 Inaccessibility of Information: media and public notification

People living with visual impairments were disproportionately affected by the COVID-19 pandemic. Qamar (2021) contends that institutional and attitudinal barriers towards people with disabilities, and more specifically visually impaired individuals, were reproduced and exacerbated by the COVID-19 pandemic. As research (see Khan et al. 2023; Nagarajan et al. 2022; Suraweera et al. 2021; Senjam 2020) has shown, persons with visual impairments experienced difficulties accessing COVID-19 public health information. The failure to provide crucial information in accessible formats regarding the pandemic regulations and implementing critical hygiene practices led to a lack of knowledge amongst BVI individuals (see Bah et al. 2022; Qamar 2021). The narratives of the blind and visually impaired individuals, as well as their trainers, revealed the lack of inclusivity and accessibility experienced by this demographic in disaster communication during the pandemic. The findings demonstrated the general lack of support BVI persons experienced in access to information about health risks and ways to manage and mitigate the coronavirus disease. During the pandemic, this inaccessibility and lack of inclusivity in media and information incited panic. They heightened concerns regarding their susceptibility to the virus since the inability to access vital information places them at a greater risk of infection. The participants disclosed the exclusion of BVI persons and, more broadly, people with disabilities from mainstream and digital processes, conveying that this is a reality that they face in society. This form of marginalisation and alienation reveals the structural violence that these individuals confront within their everyday lives.

9.2.3 Social Barriers Experienced by BVI when Accessing Public Spaces

This chapter conveyed the attitudinal barriers that blind and visually impaired individuals encountered when accessing and navigating public spaces during the COVID-19 pandemic while concurrently exposing the perpetual cycle of social attitudes displayed in society towards persons with visual impairments. BVI individuals are strongly affected by social barriers (i.e., attitudes, stereotypes, discrimination), influencing their behaviour and social integration (see Kemp 1981; Snyman 2002). The ignorance, lack of accommodation, and lack of accessibility provided for blind and visually impaired individuals during the COVID-19 pandemic by governments and healthcare policymakers exposed the disabling social barriers that these individuals encounter within their lifeworld. The pandemic thus added a heightened dimension to this complex power. These social barriers are attributable to structural violence embedded within institutional processes, revealing how these individuals are included or excluded within social and physical environments (see Jugov & Ypi 2019; Lee 2019; Young 2011).

9.2.4 Navigating Barriers and COVID-19 Risks by BVI People

This chapter conveyed the ways blind and visually impaired individuals managed and navigated (or the inability to cope) barriers of social, structural, tactile, and structural obstacles during the peak of the COVID-19 pandemic as well as "post-COVID-19". Social distancing regulations created unforeseen challenges for these individuals, as these measures relied on visual acuity and reliability. This crucial dependence on visual awareness and 'sight' through anatomical eyes to comply with the directives presented posed unprecedented difficulties for these individuals. Thus, many of the participants conveyed the adoption of behavioural changes and adjustments such as avoiding public spaces or only venturing into these spatial environments, when necessary, as a way of combatting the virus and a measure to protect themselves, as also shown in the literature (see Senjam 2020; Gombas & Csakvari 2022). Most participants navigated these barriers. However, they conveyed that they would unintentionally violate the regulations and processes implemented. This demonstrates their inability to manage and navigate the obstacles presented, as other tactics and strategies to support and account for

BVI persons were not introduced. Conjointly, the trainers of these individuals were concurrently affected by the regulations, as they had to restructure their training strategies for these individuals.

9.3 Study Recommendations

Fanon (2004) argues that people **"must have the opportunity to speak, to express themselves, and innovate".**

Acknowledging the position maintained by Fanon (2004), it is thus imperative that the participants' voices in the study can express themselves, particularly regarding their development efforts and vision. Their voices provide a privileged opportunity for the individual in every position to listen and learn how to listen to those presumed to be voiceless, as aptly captured in sections 5.4 and 7.7 of this dissertation. Therefore, it is crucial to implement a bottom-up approach and place this demographical group at the forefront of the solution to initiate inclusionary and transformative strategies within our society. These individuals know what affects them, and they know what needs to be done to change the narrative of their experiences in their everyday lives. As such, the recommendations captured here are primarily based on the recommendations suggested by the participants and my views as a researcher.

9.3.1 Awareness-based Programs

All the participants noted a lack of awareness surrounding the issues and visibility of BVI individuals in society. Although October, which is Blind Awareness month, elicits a heightened focus on the lives of persons with visual impairments, there is a need for greater societal awareness, particularly in the communities that these individuals access and navigate. Awareness and recognition of this group need to go beyond a specific month; thus, in addition to National Disability Rights Awareness Month, BVI individuals and, more broadly, persons with disabilities must be integrated into media programmes, technologies, policies, and mainstream social processes. Thus, sensitisation and awareness programmes are crucial to educate communities about these individuals' realities, experiences, and lifeworld. Lupon et al. (2021) assert that population awareness through fostering visual health literacy is imperative

since improving public knowledge on low vision and blindness might positively influence attitudes, practices and understanding in all domains, such as communities, healthcare, disease prevention, health promotion and so forth. The authors contend that this form of awareness is essential, as they disclose that the public has limited knowledge of fundamental concepts of visual health, such as blindness (Lupon, Cardona, & Armayones, 2021). Stadler (2006) concurs that integrating disabilities in social mainstream processes plays a crucial role in not only reflecting public attitudes and values regarding disabilities but also in shaping them (Dalvit, 2022). Therefore, this subject must be broadly conceptualised and integrated in all spheres.

The mainstreaming of BVI individuals within South Africa (nationally) could be implemented by representing these individuals through media programming directed to their needs, as well as educating mainstream society on the identities of BVI persons. While concurrently implementing local advertisements and programmes where BVI individuals, characters, or presenters, irrespective of whether these programmes then focus on the 'issues' of this community but allow the representation of these individuals in these spheres to transcend the 'issues' alone, and like this impart a broader, complex representation of blind and visually impaired people. Integrating representation at this moment would ensure that diverse discourses, images, and comprehension of BVI individuals develop in society. The assimilation of BVI individuals through these forms would be to assimilate this demographic into society and to erase social differences, as well as stereotypes, stigmatisation, and negative attitudes that sighted or non-disabled individuals perpetuate. Simultaneously, this integration would acknowledge that, as Stadler (2006) denotes, disability cultures comprise an integral part of the diversity, multilingualism, and multiculturism that embodies South African society.

To bypass the representation of BVI individuals from a sighted or non-disabled individuals' lens, BVI persons must be at the forefront of these programmes. Therefore, it is recommended that BVI individuals, the organisations of BVI persons, policymakers, South African broadcasting collaborate to initiate and establish national and local awareness programmes whether through national and local media programmes, advertising, public awareness campaigns, brand awareness campaigns (i.e. getting national or local brands/companies to create awareness and platforms for BVI individuals), and through word of mouth (i.e., allowing BVI persons to have platforms in communities, local clinics, local companies, local malls, etc.

where they have an opportunity to educate the public about exciting and factual information about this particular community). Stadler (2006) contends that public information campaigns positively affect attitude, especially self-representation, allowing for a rich and in-depth community representation. Self-representation is vital in empowerment and inclusion since the involvement of blind and visually impaired individuals in the process and the development of awareness-based programmes can significantly contribute towards changing misconceptions and countering misrepresentations (Stadler, 2006).

9.3.2 Accessibility and Inclusion in Built Environments

BVI individuals utilise multisensory modalities to explore and navigate spaces. Thus, there are various ways that blind and visually impaired individuals could be included in the environment's design. Designing for the blind and visually impaired, texture, heat, smell, and sound can be utilised to create spaces, as these properties can define spaces and functions that these individuals interact with. Various elements can be utilised and incorporated to enhance accessibility for BVI people. Bright colours in the environment, as well as changes in illumination, provide support to those with limited vision as they facilitate perception of and orientation in space by accentuating different functions, building elements and other essential details (Ahmer, 2014); the integration of entryways and vestibules[9] into architectural designs assists the eye's adaption to illumination changes; the assimilation of tactile cues (i.e., different floor and sidewalk textures) and changes in heat and sound (i.e., audible beacon systems), providing landmarks for BVI persons, allowing for accurate directive information and orientation. Implementing innovative technology in built environments allows intelligent assistive technologies to assist BVI individuals with various tasks (Craven, 2021).

Other design features that could be incorporated into the built environment to include blind and visually impaired individuals in spatial environments consist of speed bumps or ramps in the environment that maintain tactile bumps, enabling the individual to locate where they are with their feet or white cane; tactile maps to allow people to identify and memorise routes (Gual, Puyuelo, & Lloveras, 2011); utilising contrasting colours (i.e., white, red, yellow) on curbs,

[9] Vestibules functions as a transitional area that separates the building's interior from the external environment (EsnaGlass And Aluminum, 2023).

ramps, speedbumps, and intersections to indicate a change in the environment, as well as allow for locating and orientation (Danso, Atuahene, & Agyekum, 2019); tactile markings; audio communication technology to allow for accurate information to be conveyed to the visually impaired, for example, at street intersections (i.e., audible beacons) or in elevators to convey which floor the elevator will be approaching. This is already perceivable in government buildings and hospitals in Gqeberha. However, there is potential to implement this throughout the city; braille information to be made available where visual or text information is presented, as well as orientation maps providing essential information through tactile information in transportation network areas, shopping malls and recreational areas, which can be done through 3D printing (Gual, Puyuelo, & Lloveras, 2011).

The inclusion of tactile and auditory modalities in the built environment is imperative, as these modalities are the means through which visually impaired individuals acquire most of their information (see Gual, Puyuelo, and Lloveras 2011; Heidi 2021; Rizzo et al. 2021). Texture in the environment is highly significant; visual contrast and tactile contrast allow them to orientate themselves. Hence, the material used to implant texture should allow for sufficient feedback to the user (Ahmer, 2014). Innovative thinking in design, by colour, visual expressiveness, and material, is crucial in designing inclusive environments. Therefore, assimilating these kinds of features not only integrates these individuals within the design process and built environment but also allows them to attain the correct knowledge of their environment efficiently, allowing them to explore and access these spheres safely and accurately.

The inclusive design process is achievable, as many research participants acknowledge Worcester, a town in the Western Cape Province, as an example of integrating BVI individuals within the physical environment. Worcester essentially is known amongst the BVI individuals in this study as ‘a blind friendly town’, as many of these individuals themselves have visited or heard about the city and what has been achieved therein. Inquiring from some of the research participants who have explored and travelled to this town, they disclosed that Worcester encompasses aids and assistants that help BVI individuals (i.e., in facilities such as shopping malls when they might need someone to assist them in buying their groceries or reading out the prices for them). These individuals noted audible beacons at the intersections of public spaces and traffic lights. After a brief Google search, the following information about this

accessible town emerged. Worcester, particularly the area surrounding the Institute for the Blind, is home to over 350 visually impaired residents (Moodley, 2023).

The town has restaurants that are accessible to BVI with menus available in braille and/or audio, as well as servers trained in assisting these individuals (Botha, 2016) and a Braille hiking trail for BVI individuals at the famous botanical garden (Karoo Desert National Botanical Garden). This trail was launched on 30 September 2022 (Hendricks, 2022). The 154m trail is easily accessible to individuals with visual impairments and those who use wheelchairs. Information boards on the trail are available in braille and audio, while individuals can concurrently experience the trail by touching the plants and rocks and smelling the aromatic plants (Hendricks, 2022). They can also interact with the storyboards, as it is in braille, and can be listened to using a QR code, translated into English, Afrikaans, and Dutch (Hendricks, 2022). The town simultaneously encompasses a tactile fossil trail, which enables BVI individuals to experience this exhibit at their own pace with trained guides (SA-V, 2023). The Blindiana Museum, founded in 1881 in Worcester, covers the history and development of services to persons with visual impairment, the experience of learning about the development of braille, braille music, medical and therapeutic facilities, orientation, and mobility, as well as the development of the industrial department serves as a source of information and knowledge experience (SA-V, 2023). Observably, the BVI community are included in recreational activities. The World's first Apple training centre for the blind was set up in Worcester. This training centre comprises a one-of-a-kind modern technology hub for the visually impaired, which enables them to become technologically inclined through training in various social media applications (e.g., WhatsApp, Facebook, Twitter) as well as Microsoft Word and Excel (CapeTownMagazine, n.d.).

Observing the integration of blind and visually impaired individuals within the design process of Worcester, this town can thus be utilised as a blueprint for what is achievable in the city of Gqeberha and the framework of South Africa. Worcester is a trendsetter in showcasing the inclusion of BVI persons in physical and social spheres. This town, therefore, can be utilised as an archetype, where Gqeberha city officials and the municipality could potentially research, analyse, and make inquiries from the local municipality of Worcester to inquire how this has been achieved, to institute the practices and design practices within Gqeberha. It is also

imperative that BVI individuals are incorporated into the thought, planning, and development process in the implementation of inclusively designed environments. The facilitation and implementation of this development process first needs to come from the government, as well as developers, investors, and policymakers, as the involvement of these critical representatives is pertinent to the process to influence agents that tend to dismiss the inclusive design and development process for BVI people due to perceived cost and profit implications. The second body of people crucial to this process is the blind and visually impaired individuals themselves, or representatives of these individuals, organisations of blind and visually impaired persons, design and architecture firms, landscapers, urban/town planners, the Department of Public Works, as well as built environment experts to ensure the development of accessible/universal design building regulations for all social amenities and infrastructure.

9.3.3 Inclusionary Disaster Communication

The research findings demonstrate the exclusion of BVI individuals during the thought process, planning, and implementation of COVID-19 regulations. The narratives illustrate the adverse challenges that the COVID-19 pandemic had in the lives of BVI persons. There has been a lack of support in accommodating BVI individuals with accessible information about health risks and health mitigation during the pandemic. This lack of support was displayed through a lack of inclusive approaches. Governments and healthcare policymakers failed to cater to and consider the needs of BVI individuals by presenting crucial information in the form of screen-reader software, braille, larger text pictures, text-to-speech, and a larger font and text size. This lack of accessible information created panic among these individuals and simultaneously catalysed misconceptions and misinformation. This lack of vital health information further increased these individuals' vulnerability to the virus. Concurrently, the implementation of social distancing regulations, an encouragement of behavioural changes through minimising touch, as well as maintaining a six-feet distance from others in public spaces, created unprecedented challenges in the lives of persons with visual impairments since adhering to these regulations depends on visual perception as shown in the literature. Alternative strategies to bypass these barriers were not introduced or implemented to assist these individuals in public spaces.

Thus, the COVID-19 pandemic presents the global community the opportunity to address these issues in preparation for future events. The research in this sphere is essential and beneficial in strengthening resilience for future recovery and disaster preparedness. The future development of our societal world needs to be one of vision and strategy that incorporates universal inclusivity and accessibility as an essential feature. Therefore, this study advocates that the inclusion of blind and visually impaired individuals needs to be considered when disasters arise. The failures by governments and health policymakers in consideration of this demographic during the COVID-19 pandemic are observable within this study as well as broader literature simultaneously the COVID-19 disaster response in sub-Saharan Africa as Ek and Larsen (2021) asserts, adopted conventional, top-down, exclusionary approaches which ignored the rights and agency of these individuals. Ek and Larsen (2021) contend that this failure of accommodation and inclusion may partly be explained by a lack of resources as well as capacities available for accommodation, which is notable; however, fundamental causes are perceivably rooted in the perpetual social and structural discrimination enforced against these groups of marginalised and subalternate communities.

There is still a lack of knowledge encompassing the needs of BVI individuals during disaster and health crises; ergo, engaging with these communities as a starting point to gain a broader understanding and commence the process of including these individuals in these environments is pertinent. National governments, healthcare policymakers, organisations of blind and visually impaired individuals, and representatives of BVI themselves must initiate these actions. These inter-sectoral collaborations could potentially establish transformative strategies to benefit and accommodate these individuals during disaster crises, inaugurating an effective future disaster preparedness plan. The preliminary stage to implement this fundamental strategy would be to undertake research on the effects of pandemics on this demographic, as well as analyse and assess past and current disaster response plans for BVI individuals to inform answers on how this demographic can be assisted during crisis, what support do they need, what kind of financing is available, what resources are available, what are the capacity of the government to initiate these plans and strategies, what structures need to be in place to enforce a successful strategy, and how to place these communities and organisations of these communities at the forefront of the solution.

9.5 Concluding Remarks

As with most health crises, there are vulnerable populations that are more susceptible to being affected by adverse outcomes. The narratives presented illustrate how BVI individuals are particularly disadvantaged by the COVID-19 pandemic. The pandemic exacerbated existing inequalities and added new challenges to the lives of BVI. As a society, we have much to do to achieve accessibility and, more importantly, social integration within social systems.

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Appendix 1: PRISMA-ScR Checklist

Section and Topic	S/N	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Title
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Abstract
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Abstract & Introduction
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Section 2
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Section 2.2 & 2.3

Section and Topic	S/N	Checklist item	Location where item is reported
Search strategy	7	Present the full search strategies for all databases, registers, and websites, including any filters and limits used.	Section 2.2
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and, if applicable, details of automation tools used in the process.	Section 2.2 & 2.3
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and, if applicable, details of automation tools used in the process.	Section 2.2
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Section 2.3
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Section 3.1

Section and Topic	S/N	Checklist item	Location where item is reported
Study risk of bias assessment	11	Specify the methods used to assess the risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Section 2.4
Effect measures	12	Specify the effect measure(s) (e.g., risk ratio and mean difference) used in the synthesis or presentation of results for each outcome.	Section 3.1
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Section 2.3
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling missing summary statistics or data conversions.	Section 2.3
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Section 3.1
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	N/A
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	N/A

Section and Topic	S/N	Checklist item	Location where item is reported
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	N/A
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	N/A
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	N/A
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Section 2.3
	16b	Cite studies that might appear to meet the inclusion criteria but which were excluded, and explain why they were excluded.	
Study characteristics	17	Cite each included study and present its characteristics.	Section 3.1
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Section 3.1

Section and Topic	S/N	Checklist item	Location where item is reported
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	N/A
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	N/A
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	N/A
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	N/A
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	N/A
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Section 3

Section and Topic	S/N	Checklist item	Location where item is reported
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Section 3
	23b	Discuss any limitations of the evidence included in the review.	Section 3
	23c	Discuss any limitations of the review processes used.	Section 3
	23d	Discuss implications of the results for practice, policy, and future research.	Section 3
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Review has not been registered
	24b	Indicate where the review protocol can be accessed or state that a protocol was not prepared.	N/A
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	N/A
Support	25	Describe sources of financial or non-financial support for the review and the role of the funders or sponsors in the review.	No funding has been received
Competing interests	26	Declare any competing interests of review authors.	None

Availability of data, code, and other materials	27	Report which of the following are publicly available and where they can be found template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	All information is within the manuscript and supported documents.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372: n71. doi: 10.1136/bmj. n71
For more information, visit: http://www.prisma-statement.org/

Appendix 2: Spreadsheet of reviewed articles

S/N	Title	Year	Author/s	Country	Population	Study Design	Sampling Approach	Data Collection Tools
1	Living in an untouchable world: Barriers to recreation and tourism for Portuguese blind people during the COVID-19 pandemic	2023	Alves, J. Eusebio, C. Carneiros, M. Teixeira, L. Mesquita, S.	Portugal	Blind people (i.e., no vision)	Qualitative	Snowball sampling approach	In-depth semi-structured interviews
2	Concerns on healthcare access, utilization, and safety due to COVID-19	2022	Nagarajan, N. Varadaraj, V. Chanes-Mora, P.	United States of America	Visually impaired (i.e. low vision or blind)		Recruiting took place through social media and emails sent to members	Online survey

	among American adults with vision loss		Rosenblum, L. Swenor, B.				belonging to 16 collaborating organisations and companies.	
3	COVID-19 Pandemic: Experiences of People with Visual Impairment	2021	Oveido-Caceras, M. Pineda, A. Natalia, K. del Rosario Yepes-Camacho, M. Montayo Falla, P.	Colombia	People with Visual Impairment (i.e. low vision and blindness)	Qualitative	Purposive sampling approach	Semi-structured interviews via telephone.
4	COVID-19 and Visual Disability: Can't Look and Now Don't Touch	2020	Rizzo, J. Beheshti, M. Fang, Y. Flanagan, S. Giudice, N.		BVI (i.e. blind and visually impaired)			

5	Experiences of individuals with blindness or visual impairment during the COVID-19 pandemic lockdown in Hungary	2021	Gombas, J. Csakvari, J.	Hungary	Individuals with blindness or visual impairment			Cross-sectional mixed-method survey
6	Strategies for Addressing the Special Needs of People with Visual Impairment During the COVID-19 Pandemic	2021	Jondani, J.		People with visual impairments (i.e. blind or low vision)			

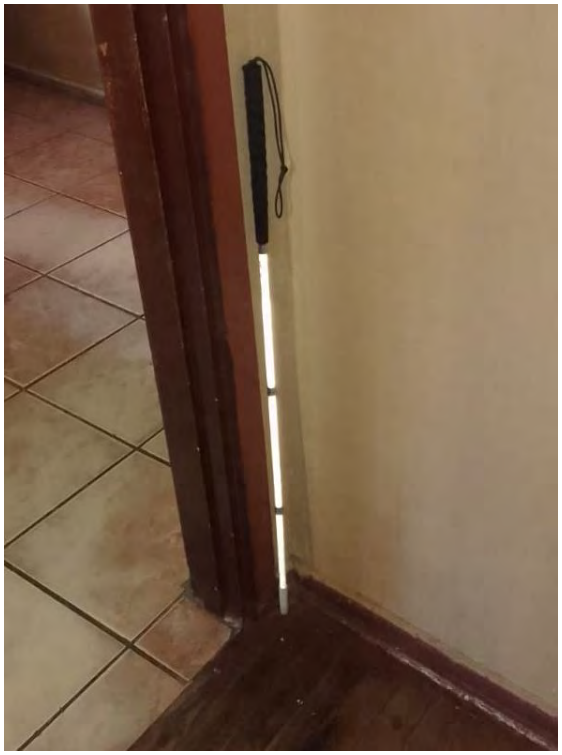
7	Investigating the impact of COVID-19 on individuals with visual impairment	2023	Khan, H. Abbas, K. Khan, H, N.		Individuals with visual impairment (VI)		A retrospective literature search for articles relevant to COVID-19 and the Visually Impaired community	
8	Impact of COVID-19 pandemic on people living with visual disability	2020	Senjam, S.	India	People with visual disability/impairment (i.e. low vision and blindness)			
9	A nightmare in a 'darker' world: persons with blindness under the Sri Lanka's COVID-19 shutdown	2020	Suraweera, T. Jayathilka, R. Thelijjagoda, S.	Sri Lanka	People with visual impairment and blindness			

Appendix 3: Demographics of the Organisation

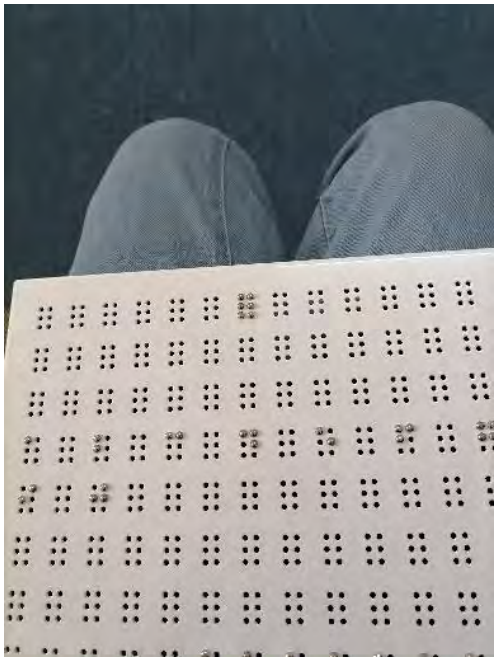
	Male	Female	TOTAL	Black	White	Coloured	Asian/ 0ther	Disabled	TOTAL
Full-Time Staff	**3**	**8**	**11**	**6**	**3**	**2**	**0**	**1**	**11**
Part-Time	**1**	**4**	**5**	**2**	**3**	**0**	**0**	**0**	**5**
Beneficiaries									
Children	**153**	**111**	**264**	**192**	**19**	**53**	**0**	**all**	**264**
Female				79	6	26			
Male				112	13	28	0		
YOUTH	**93**	**100**	**193**	132	11	45	5	**ALL**	**193**
Female				86	4	9	0		
Male				46	7	35	5		
ADULTS TO AGE 65	**186**	**228**	**414**	289	37	85	4	**ALL**	**414**
Older persons	**86**	**168**	**254**	**103**	**103**	**40**	**8**	**all**	**254**
TOTAL beneficiaries	**518**	**607**	**1125**	**716**	**170**	**223**	**16**	**ALL**	**1125**
% To total	**46%**	**54%**		**64%**	**15%**	**19%**	**2%**		

(Nkosinathi Foundation, Profile 2023/2024, 2023)

Appendix 4: Visual Representation of Assistive Devices



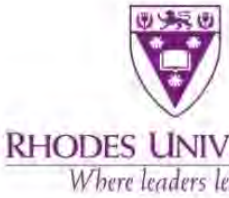
4.1. Visual representation of white cane



4.2. Visual representation of Braille board

4.3. Visual representation of Liquid level indicator

Appendix 5: Rhode University Ethics Approval Letter



Rhodes University Human Research Ethics Committee
PO Box 94, Makhanda, 6140, South Africa
t: +27 (0) 46 603 7727
f: +27 (0) 46 603 8822
e: ethics-committee@ru.ac.za

https://www.ru.ac.za/researchgateway/ethics/

16 May 2023

nicay sysaar

Email: g23s1359@campus.ru.ac.za g23S1359@campus.ru.ac.za

Review Reference: 2023-7164-7549

Dear nicay sysaar

Title: Double jeopardy: reflections of accessing and navigating public spaces during COVID-19 by blind and visually impaired (BVI) people in Gqeberha.

Researcher: nicay sysaar

Supervisor: Dr Gabriel Darong

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Human Research Ethics Committee (RU-HREC). Your Approval number is: 2023-7164-7549

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying you when the annual report is due.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloguing number allocated.

Sincerely,

Dr Janet Hayward

Chair: Rhodes University Human Research Ethics Committee, RU-HREC

cc: Ethics Coordinator

Appendix 6: Gatekeeper's Letter

Nkosinathi Foundation
Breaking barriers of blindness

Ms Nicay Sysaar

5th May 2023

Dear Nicay,

Your earlier request to conduct your research study at our orginisation is granted.

May I take the opportunity of assuring you of my staff's full support and our orginisation's best wishes

Kind regards

Brian Bezuidenhot

Executive Director
Nkosinathi Foundation
Tel: +27 41 487 1150
082 4503581
Website: www.nkosinathifoundation.org
Facebook: Nkosinathi Foundation - Breaking Barriers of Blindness

Nkosinathi Foundation
of and for Blind and Partially Sighted People

Appendix 7.1: Information Form - BVI (English)

Department of Anthropology

Selwyn Castle, Prince Alfred St,

Makhanda, 6139,
South Africa

t: +27 (0) 81 049 1657

e: g23S1359@campus.ru.ac.za

TO WHOM IT MAY CONCERN

RE: LETTER INVITATION TO PARTICIPATE IN RESEARCH - BLIND AND VISUALLY IMPAIRED PEOPLE

Dear Mr/ Miss/ Ms,

This letter serves as an invitation to request your participation in a master's research study titled: Double jeopardy: reflections of accessing and navigating public spaces during COVID-19 by blind and visually impaired people in Gqeberha.

The research has both specific intended outcomes and objectives. The specific intended outcomes are:

1. To understand the challenges and associated risks of COVID-19 experienced by blind and visually impaired people (BVI) in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

2. To understand how blind and visually impaired persons (BVI) managed the challenges and associated risk of COVID-19 when accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

2. Rhodes University has given ethical clearance to this research project (Ethics Approval Number: **2023-7164-7549**), and I have seen/may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za).

3. By participating in this research study, you will be contributing towards understanding the experience as a blind and visually impaired individual in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

4. You will participate in the study by being visited by the researcher at the organisation (Nkosinathi Foundation), where you will be interviewed, which will last 30-45 minutes, during which you will share your knowledge, reflections and experiences of the challenges and associated risk of COVID-19 when accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic as well as how you managed the challenges and associated risks of COVID-19 as a blind or partially sighted individual. The specific areas of knowledge to be explored by the researcher are:

a. What was your experience as a blind/ partially sighted individual during COVID-19?

b. What were the challenges and associated risks of COVID-19 you faced as you accessed and navigated public spaces? (If any)

c. How did the COVID-19 regulations specifically looking at no physical contact (no touching/minimisation of contact with surfaces) and social distancing (maintaining a minimum proximity of 6 feet) regulations affect you as a blind/partially sighted person since tactile contact is an important component.

d. How did you access and navigate public spaces in Gqeberha during COVID-19 as a blind/partially sighted individual?

5. Your participation is entirely voluntary, and should you at any stage wish to withdraw from participating further, you may do so without any negative consequences.

6. You will not be compensated for participating in the research.

7. The following risks are associated with your participation:

-being triggered by relaying experiences and challenges faced during COVID-19.

-being triggered by relaying experiences of challenges faced when accessing and navigating public spaces during the COVID-19 pandemic.

You can request that the interview be immediately stopped, postponed, or cancelled if you become triggered. The resident psychologist will be requested to engage in a debriefing and counselling session with you in such an instance.

8. The Researcher intends to publish the research results in the form of a Master's dissertation and peer-reviewed articles. However, confidentiality and anonymity of records will be maintained, your name and identity will not be revealed to anyone who has not been involved in the conducting of the research unless you indicate to the contrary/recognise that as a public figure, my identity will inevitably be/become known, in which case you agree to accept the loss of anonymity.

9. In terms of the Protection of Personal Information Act (No. 4 of 2013), it remains your right to request the Researcher to provide you with a detailed explanation of exactly how confidentiality and anonymity of the data you provide will be achieved. You may also request to know exactly how your personal information will be stored securely and for how long it will be stored.

10. If any data collected from you for this research study is to be used by the researcher for any further study, you are to be informed in writing and my written consent requested again. You need not give consent for the new research if it is incompatible with the initial purpose of the present study (POPIA, s15(3)). Equally, you can simply reject the request. In such cases, a formal request needs to be made to you by the researcher via the Ethics Coordinator (ethics-committee@ru.ac.za).

11. In terms of the POPI Act, you possess the right to receive feedback about this research. This will take the form of written manuscripts before submission for publication for your input and the published articles, unless you elect not to receive this feedback.

12. Any further questions that you might have regarding the nature of the research and/or your participation in it will be answered by Nicay Sysaar – g23S1359@campus.ru.ac.za.

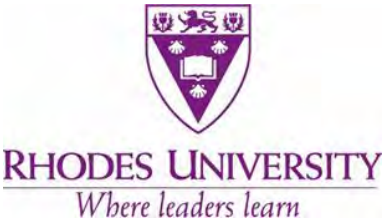
13. Photographs and/or videos of you will be taken for this research study, with your permission. In such instances, however, your face will not be captured, and when accidentally captured, will be blurred when used in my research reports.

14. The interview will be audio-recorded.

Yours Sincerely,

Nicay Sysaar
Date

Appendix 7.2: Information Form - BVI (Afrikaans)



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AAN WIE DIT KAN BEKOMEN

RE: BRIEF UITNODIGING OM AAN NAVORSING TE NEEM TE NEEM - BLINDE EN GESEMDE MENSE

Geagte Mnr/Mej/Mevrou,

Hierdie brief dien as 'n uitnodiging om jou deelname aan 'n meestersnavorsingstudie getiteld: Double jeopardy: refleksies van toegang tot en navigasie van openbare ruimtes tydens COVID-19 deur blinde en gesiggestremde mense in Gqeberha aan te vra.

Die navorsing het beide spesifieke beoogde uitkomste en doelwitte. Die spesifieke beoogde uitkomste is:

1. Om die uitdagings en gepaardgaande risiko van COVID-19 te verstaan wat blinde en siggestremde mense (BVI) ervaar tydens die toegang tot en navigasie van openbare ruimtes in Gqeberha tydens die COVID-19-pandemie.

2. Om te verstaan hoe blinde en gesiggestremde persone (BVI) die uitdagings en gepaardgaande risiko van COVID-19 bestuur het wanneer hulle toegang tot openbare ruimtes in Gqeberha tydens die COVID-19-pandemie verkry het.

2. Rhodes Universiteit het etiese klaring aan hierdie navorsingsprojek gegee (Ethics Approval Number: **2023-7164-7549**), en ek het gesien/mag versoek om die klaringsertifikaat te sien deur die Etiekkoördineerder te kontak (ethics-committee@ru.ac.za)

3. Deur aan hierdie navorsingstudie deel te neem, sal jy bydra to die begrip van die ervaring as 'n blinde en siggestremde individu, met toegang tot en navigasie van openbare ruimtes in Gqeberha tydens die COVID-19-pandemie.

4. Jy sal aan die studie deelneem deur besoek te word deur die navorser by die organisasie (Nkosinathi-stigting), waar daar met jou onderhoude gevoer sal word, wat 30-45 minute sal duur, waartydens jy jou kennis, refleksies en ervarings van die uitdagings sal deel en gepaardgaande risiko van COVID-19 wanneer u toegang tot openbare ruimtes in Gqeberha verkry en dit navigeer tydens die COVID-19-pandemie, asook hoe u die uitdagings en gepaardgaande risiko's van COVID-19 as 'n blinde of swaksiende individu bestuur het. Die spesifieke kennisareas wat deur die navorser verken moet word, is:

a. Wat was jou ervaring as 'n blinde/ swaksiende individu tydens COVID-19?

b. Wat was die uitdagings en gepaardgaande risiko's van COVID-19 wat u in die gesig gestaar het toe u toegang tot en navigeer in openbare ruimtes? (Indien enige)

c. Hoe het die COVID-19-regulasies, spesifiek kyk na geen fisiese kontak (geen aanraking/ minimalisering van kontak met oppervlaktes) en sosiale distansie (met die handhawing van 'n minimum nabyheid van 6 voet) regulasies jou as 'n blinde/swaksiende persoon beïnvloed, aangesien tasbare kontak 'n belangrike komponent.

d. Hoe het jy toegang tot openbare ruimtes in Gqeberha gekry en dit opgevolg tydens COVID-19 as 'n blinde/swaksiende individu?

5. Jou deelname is geheel en al vrywillig en sou jy in enige stadium van deelname verder wil onttrek, kan jy dit doen sonder enige negatiewe gevolge.

6. Jy sal nie vergoed word vir deelname aan die navorsing nie.

7. Die volgende risiko's hou verband met jou deelname:

-word veroorsaak deur ervarings en uitdagings wat tydens COVID-19 in die gesig gestaar word, oor te dra.

-word veroorsaak deur ervarings van uitdagings wat in die gesig gestaar word tydens toegang tot en navigasie van openbare ruimtes tydens die COVID-19-pandemie oor te dra.

Jy kan versoek dat die onderhoud onmiddellik gestaak, uitgestel of gekanselleer word as jy geaktiveer word. Die inwonende sielkundige sal versoek word om in so 'n geval 'n ondersoek- en beradingsessie met jou te doen.

8. Die Navorser beoog om die navorsingsresultate in die vorm van 'n magisterverhandeling en eweknie-geëvalueerde artikels te publiseer. Vertroulikheid en anonimiteit van rekords sal egter gehandhaaf word, jou naam en identiteit sal nie bekend gemaak word aan enigiemand wat nie by die uitvoer van die navorsing betrokke was nie, tensy jy tot die teendeel aandui/erken dat as 'n openbare figuur my identiteit onvermydelik sal bekend wees/word, in welke geval jy instem om die verlies van anonimiteit te aanvaar.

9. Ingevolge die Wet op die Beskerming van Persoonlike Inligting (No. 4 van 2013) bly dit jou reg om die Navorser te versoek om aan jou 'n gedetailleerde verduideliking te verskaf van presies hoe vertroulikheid en anonimiteit van die data wat jy verskaf, bereik sal word. Jy kan ook versoek om te weet presies hoe jou persoonlike inligting veilig gestoor sal word, vir hoe lank dit gestoor sal word.

10. Indien enige data wat vir hierdie navorsingstudie van jou ingesamel is deur die navorser vir enige verdere studie gebruik gaan word, moet jy skriftelik in kennis gestel word en my skriftelike toestemming weer versoek word. Jy hoef nie toestemming te gee vir die nuwe navorsing as dit nie versoenbaar is met die aanvanklike doel van die huidige studie nie (POPIA,

a15(3)). Net so kan jy eenvoudig die versoek verwerp. In sulke gevalle moet 'n formele versoek deur die navorser aan jou gerig word via die Etiekkoördineerder (ethics-committee@ru.ac.za).

11. Ingevolge die POPI-wet besit jy die reg om terugvoer oor hierdie navorsing te ontvang. Dit sal die vorm aanneem van geskrewe manuskripte voor indiening vir publikasie vir jou insette en die gepubliseerde artikels, tensy jy kies om nie hierdie terugvoer te ontvang nie.

12. Enige verdere vrae wat jy mag hê oor die aard van die navorsing en/of jou deelname daaraan sal beantwoord word deur Nicay Sysaar – g23S1359@campus.ru.ac.za.

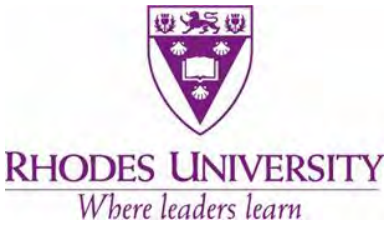
13. Foto's en/of video's van jou sal vir hierdie navorsingstudie geneem word, met jou toestemming. In sulke gevalle sal jou gesig egter nie vasgevang word nie, en wanneer dit per ongeluk vasgelê word, sal dit vaag wees wanneer dit in my navorsingsverslae gebruik word.

14. Die onderhoud sal oudio-opgeneem word.

Die uwe,

Nicay Sysaar
Daatum

Appendix 7.3: Information Form - BVI (isiXhosa)



ISebele-Anthropology

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KULOWO IBHEKISELE KUYE

RE: ILETA ISIMEMO SOKUTHATHA INXAXHEBA KUPHANDO - ABANTU ABABONAKALA NABO ABABONWAYO

Mnu/Nkosazana/ Nksz.

Le leta isebenza njengesimemo sokucela ukuba uthathe inxaxheba kuphononongo lwe-master's olunesihloko esithi: I-Double risk: imiboniso yokufikelela kunye nokuhambahamba kwiindawo zikawonke-wonke ngexesha le-COVID-19 ngabantu abangaboniyo nabangaboniyo eGqeberha.

Uphando luneziphumo ezijoliswe ngqo kunye neenjongo. Iziphumo ezithe ngqo ekujoliswe kuzo zezi:

1. Ukuqonda imiceli mngeni kunye nomngcipheko onxulumeneyo we-COVID-19 ofunyanwa ngabantu abangaboniyo nabangaboniyo (BVI) ekufikeleleni

nasekuhambeni kwiindawo zikawonke-wonke eGqeberha ngexesha lobhubhani we-COVID-19.

2. Ukuqonda indlela abantu abangaboniyo nabangaboniyo (BVI) abalawula ngayo imiceli mngeni kunye nomngcipheko ohambelanayo we-COVID-19 xa befikelela kwaye bejonga kwiindawo zikawonke-wonke eGqeberha ngexesha lobhubhani we-COVID-19.

2. IYunivesithi yaseRhodes iyinike imvume yokuziphatha kule projekthi yophando (iNombolo yokuVunywa kwe-Ethics: **2023-7164-7549**), kwaye ndibone/ndingacela ukubona isatifikethi sokucocwa ngokuqhagamshelana noMnxibelelanisi wokuziphatha (ethics-committee@ru.ac.za)

3. Ngokuthatha inxaxheba kolu phononongo lophando, uya kuba negalelo ekuqondeni amava njengomntu ongaboniyo nongaboniyo, ekufikeleleni nasekuhambeni ukhangele kwiindawo zikawonke-wonke eGqeberha ngexesha lobhubhani we-COVID-19.

4. Uya kuthatha inxaxheba kolu phando ngokundwendwelwa ngumphandi kumbutho (Nkosinathi Foundation), apho uya kudliwano-ndlebe nodliwano-ndlebe, oluya kuthatha imizuzu engama-30-45, apho uya kwabelana ngolwazi lwakho, iingcinga kunye namava emingeni. kunye nomngcipheko onxulumeneyo we-COVID-19 xa ufikelela kwaye uhamba kwiindawo zikawonke-wonke eGqeberha ngexesha lobhubhani we-COVID-19 kunye nendlela oye wayilawula ngayo imingeni kunye nemingcipheko eyayanyaniswa nayo ye-COVID-19 njengomntu ongaboniyo okanye ongaboniyo. Imiba ethile yolwazi ekufuneka iphononongwe ngumphandi zezi:

a. Athini amava akho njengomntu ongaboniyo/ongaboni kakuhle ngexesha le-COVID-19?

b. Yeyiphi imiceli mngeni kunye nemingcipheko eyayanyaniswa nayo ye-COVID-19 oye wajongana nayo njengoko wawufikelela kwaye ujonga kwiindawo zikawonke-wonke? (Ukuba kukhona enye)

c. Ingaba imithetho ye-COVID-19 ijonge njani ekungadibanani ngokwasemzimbeni (akubamba/ kuncitshiswa kokunxibelelana nomphezulu) kunye nomgama osuka kude ekuhlaleni (ukugcina ubuncinci beenyawo ezi-6) ikuchaphazele njengemfama/umntu ongaboniyo kuba unxibelelwano olubambekayo luyinto icandelo elibalulekileyo.

d. Ungene njani kwaye uhambe njani kwiindawo zikawonke-wonke eGqeberha ngexesha le-COVID-19 njengomntu ongaboniyo/ongaboniyo?

5. Ukuthatha kwakho inxaxheba kukuzithandela ngokupheleleyo kwaye ukuba unqwenela ukurhoxa ekuthatheni inxaxheba, ungakwenza oko ngaphandle kweziphumo ezibi.

6. Awuyi kuhlawulwa ngokuthatha inxaxheba kuphando.

7. Le mingcipheko ilandelayo inyanyaniswa nokuthatha kwakho inxaxheba:

-ukuvuswa kukudlulisa amava kunye nemiceli mngeni ejongene nayo ngexesha le-COVID-19.

-kubangelwa kukudlulisela amava emiceli mngeni ekujongwene nawo xa kungena kwaye kuhanjwa kwiindawo zikawonke-wonke ngexesha lobhubhani we-COVID-19.

Ungacela ukuba udliwano-ndlebe lumiswe ngoko nangoko, luhlehliswe okanye lurhoxiswe, ukuba uyaxhonywa. Ingcali yesayikholojisti ehlalayo iya kucelwa ukuba ithathe inxaxheba kwiseshoni yengxoxo kunye neengcebiso kunye nawe kwimeko enjalo.

8. Umphandi unenjongo yokupapasha iziphumo zophando ngohlobo lwe-Master's dissertation kunye namanqaku ahlaziywe ngoontanga. Nangona kunjalo, ukugcinwa kwemfihlo kunye nokungaziwa kweerekhodi kuya kugcinwa, igama lakho kunye nesazisi sakho asiyi kutyhilwa kuye nabani na ongazange athathe inxaxheba ekuqhutyweni kophando, ngaphandle kokuba ubonisa ngokuchaseneyo / uyaqonda ukuba njengomntu oqhelekileyo ungubani ngokuqinisekileyo. ukuba/kwaziwa, apho uyavuma ukwamkela ukuphulukana nokungaziwa.

9. NgokoMthetho woKhuseleko lweNgcaciso yoMntu (Nombolo yesi-4 ka-2013) uhlala unelungelo lokucela umphandi ukuba akunike inkcazo ecacileyo malunga nendlela ubumfihlo kunye nokungaziwa kwedatha oyinikezelayo iya kufezekiswa. Usenokucela ukwazi kanye ukuba iinkcukacha zakho zobuqu ziya kugcinwa njani ngokukhuselekileyo, ixesha elingakanani na ziya kugcinwa.

10. Ukuba nayiphi na idatha eqokelelwe kuwe kolu phando yophando iza kusetyenziswa ngumphandi kulo naluphi na uphononongo oluqhubekayo, uya kwaziswa ngokubhaliweyo kwaye imvume yam ebhaliweyo icelwe kwakhona. Awudingi ukunika imvume yophando

olutsha ukuba ayihambelani nenjongo yokuqala yolu phononongo lwangoku (POPIA, s15(3)). Ngokulinganayo, unokusala nje isicelo. Kwiimeko ezinjalo, isicelo esisemthethweni kufuneka senziwe kuwe ngumphandi ngokusebenzisa uMnxibelelanisi wokuziphatha (ethics-committee@ru.ac.za).

11. NgokoMthetho wePOPI, unelungelo lokufumana ingxelo malunga nolu phando. Oku kuya kuthatha imo yemibhalo-ngqangi ebhaliweyo phambi kokuba ingeniswe ukuze ipapashelwe igalelo lakho kunye namanqaku apapashiweyo, ngaphandle kokuba ukhethe ukungafumani le ngxelo.

12. Nayiphi na eminye imibuzo onokuba nayo malunga nohlobo lophando kunye/okanye ukuthatha kwakho inxaxheba kulo iya kuphendulwa nguNicay Sysaar – g23S1359@campus.ru.ac.za.

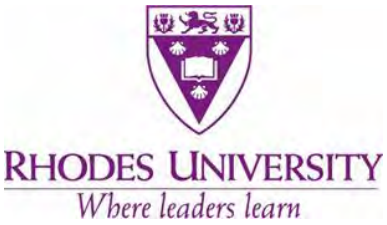
13. Iifoto kunye/okanye iividiyo zakho ziya kuthathelwa olu phononongo, ngemvume yakho. Kwiimeko ezinjalo, nangona kunjalo, ubuso bakho abuyi kubanjwa, kwaye xa ubanjwe ngengozi, buya kufiphala xa busetyenziswe kwiingxelo zam zophando.

14. Udliwano-ndlebe luya kurekhodwa.

Ozithobileyo,

UNicay Sysaar

Appendix 8.1: Information Form - Trainers (English)



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TO WHOM IT MAY CONCERN

RE: LETTER INVITATION TO PARTICIPATE IN RESEARCH - TRAINERS

Dear Mr/ Miss/ Ms,

This letter serves as an invitation to request your participation in a master's research study titled: Double jeopardy: reflections of accessing and navigating public spaces during COVID-19 by blind and visually impaired people in Gqeberha.

The research has both specific intended outcomes and objectives. The specific intended outcomes are:

1. To understand the challenges and associated risks of COVID-19 experienced by blind and visually impaired people (BVI) in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

2. To understand how blind and visually impaired persons (BVI) managed the challenges and associated risk of COVID-19 when accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

2. Rhodes University has given ethical clearance to this research project (Ethics Approval Number: **2023-7164-7549**), and I have seen/may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za)

3. As a person responsible for training the blind and visually impaired people at Nkosinathi Foundation, by participating in this research study, you will be contributing towards the understanding of how blind and visually impaired individuals were/are trained, in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

4. You will participate in the study by being visited by the researcher at the organisation (Nkosinathi Foundation), where you will be interviewed, which will last 30-45 minutes, during which you will share your knowledge and experiences of training the blind and visually impaired people at Nkosinathi Foundation in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic. The specific areas of knowledge to be explored by the researcher are:

a. What was your experience as a trainer of blind/ partially sighted individuals during COVID-19?

b. What were the challenges and associated risks of COVID-19 they faced as they accessed and navigated public spaces? (If any)

c. How did the COVID-19 regulations, specifically looking at no physical contact (no touching/ minimization of contact with surfaces) and social distancing (maintaining a minimum proximity of 6 feet), affect them as blind/partially sighted persons since tactile contact is an important component.

d. How did you assist them in accessing and navigating public spaces in Gqeberha during COVID-19?

5. Your participation is entirely voluntary and should you at any stage wish to withdraw from participating further, you may do so without any negative consequences.

6. You will not be compensated for participating in the research.

7. The following risks are associated with your participation:

-being triggered by relaying experiences and challenges faced in training the blind and visually impaired people at Nkosinathi Foundation during COVID-19.

You can request that the interview be immediately stopped, postponed, or cancelled if you become triggered. In such instances, the resident psychologist will be requested to engage in a debriefing and counselling session with you.

8. The Researcher intends to publish the research results in the form of a Master's dissertation and peer-reviewed articles. However, confidentiality and anonymity of records will be maintained, your name and identity will not be revealed to anyone who has not been involved in the conducting of the research unless you indicate to the contrary/recognise that as a public figure, my identity will inevitably be/become known, in which case you agree to accept the loss of anonymity.

9. In terms of the Protection of Personal Information Act (No. 4 of 2013), it remains your right to request the Researcher to provide you with a detailed explanation of exactly how confidentiality and anonymity of the data you provide will be achieved. You may also request to know exactly how your personal information will be stored securely, for how long it will be stored.

10. If any data collected from you for this research study is to be used by the researcher for any further study, you are to be informed in writing and my written consent requested again. You need not give consent for the new research if it is incompatible with the initial purpose of the present study (POPIA, s15(3)). Equally, you can simply reject the request. In such cases, a formal request needs to be made to you by the researcher via the Ethics Coordinator (ethics-committee@ru.ac.za).

11. In terms of the POPI Act, you possess the right to receive feedback about this research. This will take the form of written manuscripts before submission for publication for your input and the published articles, unless you elect not to receive this feedback.

12. Any further questions that you might have regarding the nature of the research and/or your participation in it will be answered by Nicay Sysaar – g23S1359@campus.ru.ac.za.

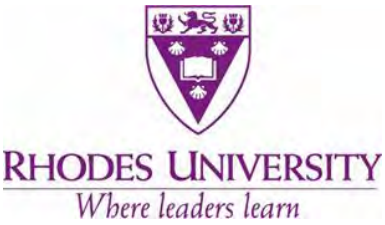
13. Photographs and/or videos of you training the blind and visually impaired individuals at Nkosinathi Foundation may be taken for this research study, with your permission. In such instances, however, your face and theirs will not be captured, and when accidentally captured, will be blurred when used in my research reports.

14. The interview will be audio-recorded.

Yours Sincerely,

Nicay Sysaar
Date

Appendix 8.2: Information Form - Trainers (Afrikaans)



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AAN WIE DIT KAN BEKOMEN

RE: BRIEF UITNODIGING OM AAN NAVORSING TE NEEM - T RAINERS

Geagte Mnr/Mej/Mevrou,

Hierdie brief dien as 'n uitnodiging om jou deelname aan 'n meestersnavorsingstudie getiteld: Double jeopardy: refleksies van toegang tot en navigasie van openbare ruimtes tydens COVID-19 deur blinde en gesiggestremde mense in Gqeberha aan te vra.

Die navorsing het beide spesifieke beoogde uitkomste en doelwitte. Die spesifieke beoogde uitkomste is:

1. Om die uitdagings en gepaardgaande risiko van COVID-19 te verstaan wat blinde en siggestremde mense (BVI) ervaar tydens die toegang tot en navigasie van openbare ruimtes in Gqeberha tydens die COVID-19-pandemie.

2. Om te verstaan hoe blinde en gesiggestremde persone (BVI) die uitdagings en gepaardgaande risiko van COVID-19 bestuur het wanneer hulle toegang tot openbare ruimtes in Gqeberha tydens die COVID-19-pandemie verkry het.

2. Rhodes Universiteit het etiese klaring aan hierdie navorsingsprojek gegee (Ethics Approval Number: **2023-7164-7549**), en ek het gesien/mag versoek om die klaringsertifikaat te sien deur die Etiekkoördineerder te kontak (ethics-committee@ru.ac.za)

3. As 'n persoon wat verantwoordelik is vir die opleiding van blinde en gesiggestremde mense by Nkosinathi-stigting, sal jy deur deelname aan hierdie navorsingstudie bydra tot die begrip van hoe blinde en gesiggestremde individue opgelei is/word, in toegang tot en navigasie van openbare ruimtes in Gqeberha tydens die COVID-19-pandemie.

4. Jy sal aan die studie deelneem deur besoek te word deur die navorser by die organisasie (Nkosinathi Foundation), waar daar met jou onderhoude gevoer sal word, wat 30–45-minute sal duur, waartydens jy jou kennis en ervarings van opleiding van blindes en gesiggestremde mense by Nkosinathi-stigting in die toegang tot en navigasie van openbare ruimtes in Gqeberha tydens die COVID-19-pandemie. Die spesifieke kennisareas wat deur die navorser verken moet word, is:

a. Wat was jou ervaring as 'n opleier van blinde/ swaksiende individue tydens COVID-19?

b. Wat was die uitdagings en gepaardgaande risiko's van COVID-19 wat hulle in die gesig gestaar het toe hulle toegang tot openbare ruimtes en navigeer het? (Indien enige)

c. Hoe het die COVID-19-regulasies, spesifiek kyk na geen fisiese kontak (geen aanraking / minimalisering van kontak met oppervlaktes nie) en sosiale afstand (met die handhawing van 'n minimum nabyheid van 6 voet), hulle beïnvloed as blinde / swaksiende persone aangesien tasbare kontak 'n belangrike komponent.

d. Hoe het jy hulle gehelp om toegang tot openbare ruimtes in Gqeberha tydens COVID-19 te verkry en te navigeer.

5. Jou deelname is geheel en al vrywillig en sou jy in enige stadium van deelname verder wil onttrek, kan jy dit doen sonder enige negatiewe gevolge.

6. Jy sal nie vergoed word vir deelname aan die navorsing nie.

7. Die volgende risiko's hou verband met jou deelname:

-word veroorsaak deur die oordra van ervarings en uitdagings wat in die gesig gestaar word in die opleiding van blinde en gesiggestremde mense by die Nkosinathi-stigting tydens COVID-19.

Jy kan versoek dat die onderhoud onmiddellik gestaak, uitgestel of gekanselleer word as jy geaktiveer word. In sulke gevalle sal die inwonende sielkundige versoek word om 'n ondersoek- en beradingsessie met jou te doen.

8. Die Navorser beoog om die navorsingsresultate in die vorm van 'n magisterverhandeling en eweknie-geëvalueerde artikels te publiseer. Vertroulikheid en anonimiteit van rekords sal egter gehandhaaf word, jou naam en identiteit sal nie bekend gemaak word aan enigiemand wat nie by die uitvoer van die navorsing betrokke was nie, tensy jy tot die teendeel aandui/erken dat as 'n openbare figuur my identiteit onvermydelik sal bekend wees/word, in welke geval jy instem om die verlies van anonimiteit te aanvaar.

9. Ingevolge die Wet op die Beskerming van Persoonlike Inligting (No. 4 van 2013) bly dit jou reg om die Navorser te versoek om aan jou 'n gedetailleerde verduideliking te verskaf van presies hoe vertroulikheid en anonimiteit van die data wat jy verskaf, bereik sal word. Jy kan ook versoek om te weet presies hoe jou persoonlike inligting veilig gestoor sal word, vir hoe lank dit gestoor sal word.

10. Indien enige data wat vir hierdie navorsingstudie van jou ingesamel is deur die navorser vir enige verdere studie gebruik gaan word, moet jy skriftelik in kennis gestel word en my skriftelike toestemming weer versoek word. Jy hoef nie toestemming te gee vir die nuwe navorsing as dit nie versoenbaar is met die aanvanklike doel van die huidige studie nie (POPIA, a15(3)). Net so kan jy eenvoudig die versoek verwerp. In sulke gevalle moet 'n formele versoek deur die navorser aan jou gerig word via die Etiekkoördineerder (ethics-committee@ru.ac.za).

11. Ingevolge die POPI-wet besit jy die reg om terugvoer oor hierdie navorsing te ontvang. Dit sal die vorm aanneem van geskrewe manuskripte voor indiening vir publikasie vir jou insette en die gepubliseerde artikels, tensy jy kies om nie hierdie terugvoer te ontvang nie.

12. Enige verdere vrae wat jy mag hê oor die aard van die navorsing en/of jou deelname daaraan sal beantwoord word deur Nicay Sysaar – g23S1359@campus.ru.ac.za.

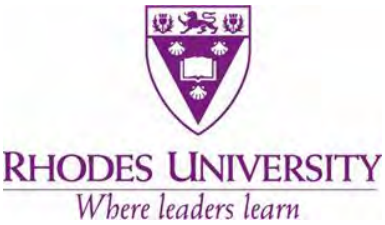
13. Foto's en/of video's van jou wat die blinde en gesiggestremde individue by die Nkosinathi-stigting oplei, kan geneem word vir hierdie navorsingstudie, met jou toestemming. In sulke gevalle sal jou gesig en hulle s'n egter nie vasgevang word nie, en wanneer dit per ongeluk vasgelê word, sal dit vaag wees wanneer dit in my navorsingsverslae gebruik word.

14. Die onderhoud sal oudio-opgeneem word.

Die uwe,

Nicay Sysaar
Daatum

Appendix 8.3: Information Form - Trainers (isiXhosa)



ISebe le-Anthropology

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t: +27 (0) 81 049 1657

e: g23S1359@campus.ru.ac.za

KULOWO IBHEKISELE KUYE

IMPENDULO: ILETA ISIMEMO SOKUTHATHA INXAXHEBA KUPHANDO - T ABANE MINA

Mnu/Nkosazana/ Nksz.

Le leta isebenza njengesimemo sokucela ukuba uthathe inxaxheba kuphononongo lwe-master's olunesihloko esithi: I-Double risk: imiboniso yokufikelela kunye nokuhambahamba kwiindawo zikawonke-wonke ngexesha le-COVID-19 ngabantu abangaboniyo nabangaboniyo eGqeberha.

Uphando luneziphumo ezijoliswe ngqo kunye neenjongo. Iziphumo ezithe ngqo ekujoliswe kuzo zezi:

1. Ukuqonda imiceli mngeni kunye nomngcipheko onxulumeneyo we-COVID-19 ofunyanwa ngabantu abangaboniyo nabangaboniyo (BVI) ekufikeleleni nasekuhambeni kwiindawo zikawonke-wonke eGqeberha ngexesha lobhubhani we-COVID-19.

2. Ukuqonda indlela abantu abangaboniyo nabangaboniyo (BVI) abalawula ngayo imiceli mngeni kunye nomngcipheko ohambelanayo we-COVID-19 xa befikelela kwaye bejonga kwiindawo zikawonke-wonke eGqeberha ngexesha lobhubhani we-COVID-19.

2. IYunivesithi yaseRhodes iyinike imvume yokuziphatha kule projekthi yophando (iNombolo yokuVunywa kwe-Ethics: **2023-7164-7549**), kwaye ndibone/ndingacela ukubona isatifikethi sokucocwa ngokuqhagamshelana noMnxibelelanisi wokuziphatha (ethics-committee@ru.ac.za)

3. Njengomntu onoxanduva lokuqeqesha abantu abangaboniyo nabangaboniyo eNkosinathi Foundation, ngokuthatha inxaxheba kolu phando lophando, uya kuba negalelo ekuqondeni indlela abantu abangaboniyo nabangaboniyo baqeqeshwa ngayo, ekungeneni nasekuhambeni kwiindawo zikawonke-wonke. eGqeberha ngexesha lobhubhani we-COVID-19.

4. Uya kuthatha inxaxheba kolu phando ngokundwendwelwa ngumphandi kumbutho (Nkosinathi Foundation), apho uya kudliwano-ndlebe, oluya kuthatha imizuzu engama-30-45, apho uya kuthi wabelane ngolwazi namava akho okuqeqesha abo bangaboniyo nabangaboniyo. abantu abangaboni kakuhle eNkosinathi Foundation ekufikeleleni nasekujongeni iindawo zoluntu eGqeberha ngexesha lobhubhani we-COVID-19. Imiba ethile yolwazi ekufuneka iphononongwe ngumphandi zezi:

a. Athini amava akho njengomqeqeshi weemfama/abantu abangaboni kakuhle ngexesha le-COVID-19?

b. Yeyiphi imiceli mngeni kunye nemingcipheko enxulumene ne-COVID-19 abajongene nayo njengoko babefikelela kwaye bejonga kwiindawo zikawonke-wonke? (Ukuba kukhona enye)

c. Imithetho ye-COVID-19 yabachaphazela njani abantu abangaboniyo/abangaboni kakuhle kuba ukunxibelelana okubambekayo kubalulekile. icandelo.

d. Ubancede njani ukuba bafikelele kwaye bahambe kwiindawo zikawonke-wonke eGqeberha ngexesha le-COVID-19.

5. Ukuthatha kwakho inxaxheba kukuzithandela ngokupheleleyo kwaye ukuba unqwenela ukurhoxa ekuthatheni inxaxheba, ungakwenza oko ngaphandle kweziphumo ezibi.

6. Awuyi kuhlawulwa ngokuthatha inxaxheba kuphando.

7. Le mingcipheko ilandelayo inyanyaniswa nokuthatha kwakho inxaxheba:

-ivuselelwe kukudlulisa amava kunye nemiceli mngeni ejongene nokuqeqesha abantu abangaboniyo nabangaboniyo eNkosinathi Foundation ngexesha le-COVID-19.

Ungacela ukuba udliwano-ndlebe lumiswe ngoko nangoko, luhlehliswe, okanye lurhoxiswe ukuba uye wabangelwa. Kwiimeko ezinjalo, ingcali yesayikholojisti ehlalayo iya kucelwa ukuba ithathe inxaxheba kwiseshoni yeengxoxo kunye neengcebiso kunye nawe.

8. Umphandi unenjongo yokupapasha iziphumo zophando ngohlobo lwe-Master's dissertation kunye namanqaku ahlaziywe ngoontanga. Nangona kunjalo, ukugcinwa kwemfihlo kunye nokungaziwa kweerekhodi kuya kugcinwa, igama lakho kunye nesazisi sakho asiyi kutyhilwa kuye nabani na ongazange athathe inxaxheba ekuqhutyweni kophando, ngaphandle kokuba ubonisa ngokuchaseneyo / uyaqonda ukuba njengomntu oqhelekileyo ungubani ngokuqinisekileyo. ukuba/kwaziwa, apho uyavuma ukwamkela ukuphulukana nokungaziwa.

9. NgokoMthetho woKhuseleko lweNgcaciso yoMntu (Nombolo yesi-4 ka-2013) uhlala unelungelo lokucela umphandi ukuba akunike inkcazo ecacileyo malunga nendlela ubumfihlo kunye nokungaziwa kwedatha oyinikezelayo iya kufezekiswa. Usenokucela ukwazi kanye ukuba iinkcukacha zakho zobuqu ziya kugcinwa njani ngokukhuselekileyo, ixesha elingakanani na ziya kugcinwa.

10. Ukuba nayiphi na idatha eqokelelwe kuwe kolu phando yophando iza kusetyenziswa ngumphandi kulo naluphi na uphononongo oluqhubekayo, uya kwaziswa ngokubhaliweyo kwaye imvume yam ebhaliweyo icelwe kwakhona. Awudingi ukunika imvume yophando olutsha ukuba ayihambelani nenjongo yokuqala yolu phononongo lwangoku (POPIA, s15(3)). Ngokulinganayo, unokusala nje isicelo. Kwiimeko ezinjalo, isicelo esisemthethweni kufuneka senziwe kuwe ngumphandi ngokusebenzisa uMnxibelelanisi wokuziphatha (ethics-committee@ru.ac.za).

11. NgokoMthetho wePOPI, unelungelo lokufumana ingxelo malunga nolu phando. Oku kuya kuthatha imo yemibhalo-ngqangi ebhaliweyo phambi kokuba ingeniswe ukuze ipapashelwe igalelo lakho kunye namanqaku apapashiweyo, ngaphandle kokuba ukhethe ukungafumani le ngxelo.

12. Nayiphi na eminye imibuzo onokuba nayo malunga nohlobo lophando kunye/okanye ukuthatha kwakho inxaxheba kulo iya kuphendulwa nguNicay Sysaar – g23S1359@campus.ru.ac.za.

13. Iifoto kunye/okanye iividiyo zakho uqeqesha abantu abangaboniyo nabangaboniyo eNkosinathi Foundation zinokuthathelwa olu phononongo, ngemvume yakho. Kwiimeko ezinjalo, nangona kunjalo, ubuso bakho kunye nobabo abuyi kubanjwa, kwaye xa ubanjwe ngengozi, buya kufiphala xa kusetyenziswa kwiingxelo zam zophando.

14. Udliwano-ndlebe luya kurekhodwa.

Ozithobileyo,

UNicay Sysaar

Appendix 9.1: Informed Consent Form -BVI (English)

PARTICIPANT INFORMED CONSENT DECLARATION

Blind and Visually Impaired Individuals

(To be signed by research participant/s)

Project Title: Double jeopardy: reflections of accessing and navigating public spaces during COVID-19 by blind and visually impaired people in Gqeberha.

Nicay Sysaar, a Master's candidate from the Department of ……Anthropology……, Rhodes University has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to understand the challenges and associated risks of COVID-19 experienced by blind and visually impaired people (BVI) in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

2. Rhodes University has given ethical clearance to this research project ***(Ethics Approval Number:* 2023-7164-7549*),*** and I have seen/may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za)

3. By participating in this research project, I will be contributing towards the understanding of the experiences as blind and visually impaired individuals in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

4. I will participate in the project by sharing my knowledge, reflections and experiences of the challenges and associated risks of COVID-19 when accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic, as well as how I managed the challenges and associated risks of COVID-19 as a blind or partially sighted individual.

5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.

6. I will not be compensated for participating in the research.

7. The following risks are associated with my participation:
-being triggered by relaying experiences and challenges faced during COVID-19.

-being triggered by relaying experiences of challenges faced when accessing and navigating public spaces during the COVID-19 pandemic.

-I can request that an interview be immediately stopped, postponed, or cancelled if I become triggered.

-The resident psychologist will be requested to engage in a debriefing and counselling session with me in such instances.

8. The Researcher intends to publish the research results in the form of a Master's dissertation and peer-reviewed articles. However, confidentiality and anonymity of records will be maintained, and my name and identity will not be revealed to anyone who has not been involved in the conducting of the research ***unless I indicate to the contrary/recognise that as a public figure, my identity will inevitably be/become known, in which case I agree to accept the loss of anonymity.***

9. In terms of the Protection of Personal Information Act (No. 4 of 2013), it remains my right to request the Researcher to provide me with a detailed explanation of exactly how confidentiality and anonymity of the data I provide will be achieved. I may also request to know exactly how my personal information will be stored securely, for how long it will be stored.

10. If any data collected from me for this research project is to be used by the Researcher for any further study, I am to be informed in writing and my written consent requested again. I need not give consent for the new research if it is incompatible with the initial purpose of the present study (POPIA, s15(3)). Equally, I can simply reject the request. In such cases, a formal request needs to be made to me by the researcher via the Ethics Coordinator (ethics-committee@ru.ac.za).

11. In terms of the POPI Act, I possess the right to receive feedback about this research. This will take the form of written manuscripts before submission for publication for my input and the published articles, unless ***I elect not to receive this feedback.***

12. Any further questions that I might have regarding the nature of the research and/or my participation in it will be answered by Nicay Sysaar – g23S1359@campus.ru.ac.za.

13. By signing this informed consent declaration, I am not waiving any legal claims, rights, or remedies. A copy of this informed consent declaration will be given to me, and the original will be kept on record by the Researcher.

14. I ***agree/disagree*** (delete inapplicable) to the Researcher's request to take photographs or videoing me as part of this research project, recognizing that agreement here is likely to raise the risk of compromising my anonymity and that steps will be taken to ensure this will not happen it, my consent is given.

15. I ***agree/disagree*** (delete inapplicable) to the Researcher's use of voice recording of my comments and opinions during interviews, the purpose of which is to ensure the accurate recording of my views/responses. Furthermore, I have the right to request a copy of the interview transcriptions to confirm that my opinions are accurately recorded.

I, ……., confirm that the above information has been read and explained to me in a language that I understand, and I am aware of this document's contents. I have asked all questions that I wished to ask, and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

…… …… …….

Participants signature **Witness** **Date**

Appendix 9.2: Informed Consent Form -BVI (Afrikaans)

VERKLARING VAN DEELNEMER INGELIGTE TOESTEMMING

Blinde en gesiggestremde individue

(Moet deur navorsingsdeelnemer/s onderteken word)

Projektitel : Dubbele gevaar: refleksies van toegang tot en navigasie van openbare ruimtes tydens COVID-19 deur blinde en gesiggestremde mense in Gqeberha.

Nicay Sysaar, 'n meestersgraadkandidaat van die Departement ……Antropologie……, Rhodes Universiteit het my toestemming gevra om aan die bogenoemde navorsingsprojek deel te neem.

Die aard en doel van die navorsingsprojek en van hierdie verklaring van ingeligte toestemming is aan my verduidelik in 'n taal wat ek verstaan.

Ek is bewus daarvan dat:

1. Die doel van die navorsingsprojek is om die uitdagings en gepaardgaande risiko van COVID-19 te verstaan wat blinde en siggestremde mense (BVI) ervaar tydens die toegang tot en navigasie van openbare ruimtes in Gqeberha tydens die COVID-19-pandemie.

2. Rhodes Universiteit het etiese klaring aan hierdie navorsingsprojek gegee ***(Ethics Approval Number:* 2023-7164-7549*)*** en ek het gesien/mag versoek om die klaringsertifikaat te sien deur die Etiekkoördineerder te kontak (ethics-committee@ru.ac.za)

3. Deur aan hierdie navorsingsprojek deel te neem, sal ek bydra tot die begrip van die ervarings as blinde en gesiggestremde individue met toegang tot en navigasie van openbare ruimtes in Gqeberha tydens die COVID-19-pandemie.

4. Ek sal aan die projek deelneem deur my kennis, refleksies en ervarings van die uitdagings en gepaardgaande risiko van COVID-19 te deel wanneer ek openbare ruimtes in Gqeberha tydens die COVID-19-pandemie bekom en navigeer, asook hoe

ek die uitdagings en gepaardgaande risiko's bestuur het van COVID-19 as 'n blinde of swaksiende individu.

5. My deelname is heeltemal vrywillig en sou ek in enige stadium van verdere deelname wil onttrek, kan ek dit doen sonder enige negatiewe gevolge.

6. Ek sal nie vergoed word vir deelname aan die navorsing nie.

7. Die volgende risiko's hou verband met my deelname:
-word veroorsaak deur ervarings en uitdagings wat in die gesig gestaar word oor te dra tydens COVID-19.

-word veroorsaak deur ervarings van uitdagings wat in die gesig gestaar word tydens toegang tot en navigasie van openbare ruimtes tydens die COVID-19-pandemie oor te dra.

-Ek kan versoek dat 'n onderhoud onmiddellik gestaak, uitgestel of gekanselleer word as ek geaktiveer word.

-Die inwonende sielkundige sal versoek word om in sulke gevalle 'n ondersoek- en beradingsessie met my te doen.

8. Die Navorser beoog om die navorsingsresultate in die vorm van 'n magisterverhandeling en eweknie-geëvalueerde artikels te publiseer. Vertroulikheid en anonimiteit van rekords sal egter gehandhaaf word en my naam en identiteit sal nie bekend gemaak word aan enigiemand wat nie by die uitvoer van die navorsing betrokke was nie, tensy ek teendeel aandui/ ***erken dat my identiteit as 'n openbare figuur onvermydelik sal wees. bekend word/word, in welke geval ek instem om die verlies van anonimiteit te aanvaar.***

9. Ingevolge die Wet op die Beskerming van Persoonlike Inligting (No. 4 van 2013) bly dit my reg om die Navorser te versoek om vir my 'n gedetailleerde verduideliking te verskaf van presies hoe vertroulikheid en anonimiteit van die data wat ek verskaf, bereik sal word. Ek kan ook versoek om te weet presies hoe my persoonlike inligting veilig gestoor sal word, vir hoe lank dit gestoor sal word.

10. Indien enige data wat van my ingesamel is vir hierdie navorsingsprojek deur die Navorser vir enige verdere studie gebruik gaan word, moet ek skriftelik in kennis gestel word en my skriftelike toestemming weer versoek word. Ek hoef nie toestemming te gee vir die nuwe navorsing as dit nie versoenbaar is met die aanvanklike doel van die

huidige studie nie (POPIA, a15(3)). Net so kan ek eenvoudig die versoek verwerp. In sulke gevalle moet 'n formele versoek deur die navorser aan my gerig word via die Etiekkoördineerder (ethics-committee@ru.ac.za).

11. Ingevolge die POPI-wet besit ek die reg om terugvoer oor hierdie navorsing te ontvang. Dit sal die vorm aanneem van geskrewe manuskripte voor indiening vir publikasie vir my insette en die gepubliseerde artikels, tensy ***ek kies om nie hierdie terugvoer te ontvang nie.***

12. Enige verdere vrae wat ek oor die aard van die navorsing en/of my deelname daaraan mag hê, sal deur Nicay Sysaar – g23S1359@campus.ru.ac.za beantwoord word .

13. Deur hierdie ingeligte toestemmingsverklaring te onderteken, doen ek nie afstand van enige wetlike eise, regte of remedies nie. 'n Afskrif van hierdie ingeligte toestemmingsverklaring sal aan my gegee word, en die oorspronklike sal deur die Navorser op rekord gehou word.

14. Ek ***stem saam/stem nie saam nie*** (vee ontoepaslik uit) met die Navorser se versoek om foto's te neem, of om my te video's as deel van hierdie navorsingsprojek, met die erkenning dat ooreenkoms hier waarskynlik die risiko sal verhoog om my anonimiteit in gevaar te stel en dat stappe gedoen sal word om te verseker dat dit nie gebeur as my toestemming gegee word nie.

15. Ek ***stem saam/verskil*** (skrap ontoepaslik) met die Navorser se gebruik van stemopname van my kommentaar en opinies tydens onderhoude, waarvan die doel is om die akkurate optekening van my menings/antwoorde te verseker. Verder het ek die reg om 'n afskrif van die onderhoudtranskripsies aan te vra om te bevestig dat my menings akkuraat aangeteken is.

Ek, ……., bevestig dat die bogenoemde inligting gelees en aan my verduidelik is in 'n taal wat ek verstaan , en ek is bewus van die inhoud van hierdie dokument. Ek het al die vrae gevra wat ek wou vra, en dit is tot my bevrediging beantwoord. Ek verstaan ten volle wat van my verwag word tydens die navorsing.

Ek is op geen manier onder druk geplaas nie en ek stem vrywillig in om aan bogenoemde projek deel te neem.

…… …… ……

Deelnemers handtekening **Getuie** **Datum**

Appendix 9.3: Informed Consent Form -BVI (isiXhosa)

UMTHATHI-NXAXHEBA UZAZISE NGEMVUME

Abantu Abangaboniyo Nabangaboniyo

(Iza kusayinwa ngumthathi-nxaxheba/abathathi-nxaxheba)

Umxholo weProjekthi: Ubungozi obuphindiweyo: imbonakalo yokufikelela kunye nokuhambahamba kwiindawo zikawonke-wonke ngexesha le-COVID-19 ngabantu abangaboniyo nabangaboniyo eGqeberha.

U-Nicay Sysaar, umgqatswa we-Master kwiSebe ……, iYunivesithi yaseRhodes indicele imvume yokuthatha inxaxheba kule projekthi yophando ikhankanywe ngasentla.

Ubume kunye nenjongo yeprojekthi yophando kunye nesi sibhengezo semvume enolwazi ndicaciswe kum ngolwimi endiluqondayo.

Ndiyazi ukuba:

1. Injongo yeprojekthi yophando kukuqonda imingeni kunye nomngcipheko onxulumeneyo we-COVID-19 ofunyanwa ngabantu abangaboniyo nabangaboniyo (BVI) ekufikeleleni nasekuhambeni kwiindawo zikawonke-wonke eGqeberha ngexesha lobhubhani we-COVID-19.

2. IYunivesithi yaseRhodes inike imvume yokuziphatha kule projekthi yophando ***(iNombolo yokuVunywa kwe-Ethics:*** **2023-7164-7549*)*** kwaye ndibone/ndingacela ukubona isatifikethi sokucocwa ngokuqhagamshelana noMnxibelelanisi wokuziphatha (ethics-committee@ru.ac.za).

3. Ngokuthatha inxaxheba kule projekthi yophando, ndiza kuba negalelo ekuqondeni amava njengabantu abangaboniyo nabangaboniyo ekufikeleleni nasekujongeni iindawo zoluntu eGqeberha ngexesha lobhubhani we-COVID-19.

4. Ndiza kuthabatha inxaxheba kwiprojekthi ngokwabelana ngolwazi lwam, iingcinga kunye namava emingeni kunye nomngcipheko onxulumeneyo we-COVID-19 xa ndingena kwaye ndijonge kwiindawo zikawonke-wonke eGqeberha ngexesha lobhubhani we-COVID-19, kunye nendlela endiye ndalawula ngayo imingeni kunye

nemingcipheko eyayanyaniswa nayo. we-COVID-19 njengomntu ongaboniyo okanye ongaboni kakuhle.

5. Ukuthatha inxaxheba kwam kukuzithandela ngokupheleleyo kwaye ukuba ndinganqwenela ukurhoxa ekuthatheni inxaxheba, ndingakwenza oko ngaphandle kweziphumo ezibi.

6. Andiyi kuhlawulwa ngokuthatha inxaxheba kuphando.

7. Le mingcipheko ilandelayo inyanyaniswa nenxaxheba yam:
-ukuvuswa kukudlulisa amava kunye nemingeni ejongene nayo ngexesha le-COVID-19.

-kubangelwa kukudlulisela amava emiceli mngeni ekujongwene nawo xa kungena kwaye kuhanjwa kwiindawo zikawonke-wonke ngexesha lobhubhani we-COVID-19.

-Ndiyakwazi ukucela ukuba udliwano-ndlebe lumiswe ngokukhawuleza, luhlehliswe, okanye lurhoxiswe, ukuba ndiqala.

-Umhlali wesayikholojisti uya kucelwa ukuba athathe inxaxheba kwiseshoni yeengxoxo kunye neengcebiso kunye nam kwiimeko ezinjalo.

8. Umphandi ujonge ukupapasha iziphumo zophando ngohlobo lwe-Master's dissertation kunye namanqaku ahlaziywe ngoontanga. Nangona kunjalo, ukugcinwa kwemfihlo kunye nokungaziwa kweerekhodi kuya kugcinwa kwaye igama lam kunye nesazisi asiyi kutyhilwa kuye nabani na ongazange athathe inxaxheba ekuqhutyweni kophando, ngaphandle kokuba ndibonisa ngokuchaseneyo / ***ndiyaqonda ukuba njengomntu oqhelekileyo ungubani ngokuqinisekileyo. ukuba/ndaziwe, apho ndivuma ukwamkela ukuphulukana nokungaziwa.***

9. NgokoMthetho woKhuseleko lweNkcukacha zoMntu (Nombolo yesi-4 ka-2013) ihlala inelungelo lam lokucela umphandi ukuba andinike inkcazo ecacileyo malunga nendlela ubumfihlo kunye nokungaziwa kwedatha endiyinikezelayo iya kufezekiswa. Ndingaphinda ndicele ukwazi kanye ukuba iinkcukacha zam zobuqu ziyakugcinwa njani ngokukhuselekileyo, ukuba ziyakugcinwa ixesha elingakanani.

10. Ukuba nayiphi na idatha eqokelelwe kum kule projekthi yophando iza kusetyenziswa ngumphandi kulo naluphi na uphononongo olongezelelweyo, ndiza kwaziswa ngokubhaliweyo kwaye imvume yam ebhaliweyo iceliwe kwakhona. Andifuni mvume yophando olutsha ukuba ayihambelani nenjongo yokuqala yolu phononongo lwangoku (POPIA, s15(3)). Ngokulinganayo, ndingasikhaba ngokulula isicelo. Kwiimeko

ezinjalo, isicelo esisemthethweni kufuneka senziwe kum ngumphandi ngokusebenzisa uMnxibelelanisi wokuziphatha (ethics-committee@ru.ac.za).

11. NgokoMthetho wePOPI, ndinelungelo lokufumana ingxelo malunga nolu phando. Oku kuya kuthatha imo yemibhalo-ngqangi ebhaliweyo ngaphambi kokuba ingeniswe ukuze ipapashelwe igalelo lam kunye namanqaku apapashiweyo, ngaphandle kokuba ***ndinyule ukungafumani le ngxelo.***

12. Nayiphi na eminye imibuzo endinokuba nayo malunga nobume bophando kunye/okanye ukuthatha kwam inxaxheba kulo iya kuphendulwa nguNicay Sysaar – g23S1359@campus.ru.ac.za .

13. Ngokutyikitya esi sibhengezo semvume enolwazi, andirhoxisi nawaphi na amabango asemthethweni, amalungelo, okanye izilungiso. Ikopi yesi sibhengezo semvume enolwazi ndiya kunikwa mna, kwaye imvelaphi iya kugcinwa kwirekhodi nguMphandi.

14. Ndiyavuma ***/andivumi*** (cima into engafanelekanga) kwisicelo soMphandi sokuthatha iifoto, okanye ukundithatha ividiyo njengenxalenye yale projekthi yophando, ndiqonda ukuba isivumelwano esilapha sinokunyusa umngcipheko wokubeka esichengeni ukungaziwa kwam kwaye kuya kuthathwa amanyathelo okuqinisekisa oku kuya akwenzeki ukuba imvume yam ndiyinikwe.

15. Ndiyavuma */ **andivumelani*** (cima into engafanelekanga) ekusebenziseni uPhando lokurekhodwa kwelizwi kwizimvo zam kunye nezimvo ngexesha lodliwano-ndlebe, injongo yalo kukuqinisekisa ukurekhodwa ngokuchanekileyo kweembono / iimpendulo zam. Ngaphaya koko, ndinelungelo lokucela ikopi yokukhutshelwa kodliwano-ndlebe ukuqinisekisa ukuba izimvo zam zirekhodwe ngokuchanekileyo.

Mna, ……., ndiyaqinisekisa ukuba le ngcaciso ingentla ifundiwe yaza yacaciswa kum ngolwimi endiluqondayo. , kwaye ndiyayazi imixholo yolu xwebhu. Ndiyibuze yonke imibuzo ebendinqwenela ukuyibuza, kwaye iphendulelwe ngendlela eyanelisayo. Ndikuqonda ngokupheleleyo okulindeleke kum ngexesha lophando.

Andizange ndicinezelwe nangayiphi na indlela kwaye ndivuma ngokuzithandela ukuthatha inxaxheba kule projekthi ikhankanywe ngasentla.

…… …….

Utyikityo lwabathathi-nxaxheba **Umhla** **wamangqina**

Appendix 10.1: Informed Consent Form -Trainers (English)

PARTICIPANT INFORMED CONSENT DECLARATION

Trainers of Blind and Visually Impaired Individuals

(To be signed by research participant/s)

Project Title: Double jeopardy: reflections of accessing and navigating public spaces during COVID-19 by blind and visually impaired people in Gqeberha.

Nicay Sysaar, a Master's candidate from the Department of ……Anthropology……, Rhodes University has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to understand the challenges and associated risks of COVID-19 experienced by blind and visually impaired people (BVI) in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

2. Rhodes University has given ethical clearance to this research project ***(Ethics Approval Number:* 2023-7164-7549*),*** and I have seen/may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za)

3. By participating in this research project, I will be contributing towards the understanding of how blind and visually impaired individuals were trained, in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

4. I will participate in the project by sharing my knowledge and experiences of training the blind and visually impaired at Nkosinathi Foundation in accessing and navigating public spaces in Gqeberha during the COVID-19 pandemic.

5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.

6. I will not be compensated for participating in the research.

7. The following risks are associated with my participation:
-being triggered by relaying experiences and challenges faced in training the blind and visually impaired people at Nkosinathi Foundation during COVID-19.

-I can request that an interview be immediately stopped, postponed, or cancelled if I become triggered.

-The resident psychologist will be requested to engage in a debriefing and counselling session with me in such instances.

8. The Researcher intends to publish the research results in the form of a Master's dissertation and peer-reviewed articles. However, confidentiality and anonymity of records will be maintained, and my name and identity will not be revealed to anyone who has not been involved in the conducting of the research ***unless I indicate to the contrary/recognise that as a public figure, my identity will inevitably be/become known, in which case I agree to accept the loss of anonymity.***

9. In terms of the Protection of Personal Information Act (No. 4 of 2013), it remains my right to request the Researcher to provide me with a detailed explanation of exactly how confidentiality and anonymity of the data I provide will be achieved. I may also request to know exactly how my personal information will be stored securely, for how long it will be stored.

10. If any data collected from me for this research project is to be used by the Researcher for any further study, I am to be informed in writing and my written consent requested again. I need not give consent for the new research if it is incompatible with the initial purpose of the present study (POPIA, s15(3)). Equally, I can simply reject the request. In such cases, a formal request needs to be made to me by the researcher via the Ethics Coordinator (ethics-committee@ru.ac.za).

11. In terms of the POPI Act, I possess the right to receive feedback about this research. This will take the form of written manuscripts before submission for publication for my input and the published articles, unless ***I elect not to receive this feedback.***

12. Any further questions that I might have regarding the nature of the research and/or my participation in it will be answered by Nicay Sysaar – g23S1359@campus.ru.ac.za.

13. By signing this informed consent declaration, I am not waiving any legal claims, rights, or remedies. A copy of this informed consent declaration will be given to me, and the original will be kept on record by the Researcher.

14. I ***agree/disagree*** (delete inapplicable) to the Researcher's request to take photographs or videoing me as part of this research project, recognizing that agreement here is likely to raise the risk of compromising my anonymity and that steps will be taken to ensure this will not happen it, my consent is given.

15. I ***agree/disagree*** (delete inapplicable) to the Researcher's use of voice recording of my comments and opinions during interviews, the purpose of which is to ensure the accurate recording of my views/responses. Furthermore, I have the right to request a copy of the interview transcriptions to confirm that my opinions are accurately recorded.

I, ……., confirm that the above information has been read and explained to me in a language that I understand, and I am aware of this document's contents. I have asked all questions that I wished to ask, and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

…….	……	…….
Participants signature	**Witness**	**Date**

Appendix 10.2: Informed Consent Form -Trainers (Afrikaans)

VERKLARING VAN DEELNEMER INGELIGTE TOESTEMMING

Opleiers van blinde en gesiggestremde individue

(Moet deur navorsingsdeelnemer/s onderteken word)

Projektitel : Dubbele gevaar: refleksies van toegang tot en navigasie van openbare ruimtes tydens COVID-19 deur blinde en gesiggestremde mense in Gqeberha.

Nicay Sysaar, 'n meestersgraadkandidaat van die Departement ……Antropologie……, Rhodes Universiteit het my toestemming gevra om aan die bogenoemde navorsingsprojek deel te neem.

Die aard en doel van die navorsingsprojek en van hierdie verklaring van ingeligte toestemming is aan my verduidelik in 'n taal wat ek verstaan.

Ek is bewus daarvan dat:

1. Die doel van die navorsingsprojek is om die uitdagings en gepaardgaande risiko van COVID-19 te verstaan wat blinde en siggestremde mense (BVI) ervaar tydens die toegang tot en navigasie van openbare ruimtes in Gqeberha tydens die COVID-19-pandemie.

2. Rhodes Universiteit het etiese klaring aan hierdie navorsingsprojek gegee ***(Ethics Approval Number:*** **2023-7164-7549*)*** en ek het gesien/mag versoek om die klaringsertifikaat te sien deur die Etiekkoördineerder te kontak (ethics-committee@ru.ac.za)

3. Deur aan hierdie navorsingsprojek deel te neem, sal ek bydra tot die begrip van hoe blinde en gesiggestremde individue opgelei is, in toegang tot en navigasie van openbare ruimtes in Gqeberha tydens die COVID-19-pandemie.

4. Ek sal aan die projek deelneem deur my kennis en ervarings van opleiding van blindes en gesiggestremdes by die Nkosinathi-stigting te deel in toegang tot en navigasie van openbare ruimtes in Gqeberha tydens die COVID-19-pandemie.

5. My deelname is heeltemal vrywillig en sou ek in enige stadium van verdere deelname wil onttrek, kan ek dit doen sonder enige negatiewe gevolge.

6. Ek sal nie vergoed word vir deelname aan die navorsing nie.

7. Die volgende risiko's hou verband met my deelname:
- wat veroorsaak word deur die oordra van ervarings en uitdagings wat in die gesig gestaar word in die opleiding van blinde en siggestremde mense by Nkosinathi Foundation tydens COVID-19.

-Ek kan versoek dat 'n onderhoud onmiddellik gestaak, uitgestel of gekanselleer word as ek geaktiveer word.

-Die inwonende sielkundige sal versoek word om in sulke gevalle 'n ondersoek- en beradingsessie met my te doen.

8. Die Navorser beoog om die navorsingsresultate in die vorm van 'n magisterverhandeling en eweknie-geëvalueerde artikels te publiseer. Vertroulikheid en anonimiteit van rekords sal egter gehandhaaf word en my naam en identiteit sal nie bekend gemaak word aan enigiemand wat nie by die uitvoer van die navorsing betrokke was nie, tensy ek teendeel aandui/ ***erken dat my identiteit as 'n openbare figuur onvermydelik sal wees. bekend word/word, in welke geval ek instem om die verlies van anonimiteit te aanvaar.***

9. Ingevolge die Wet op die Beskerming van Persoonlike Inligting (No. 4 van 2013) bly dit my reg om die Navorser te versoek om vir my 'n gedetailleerde verduideliking te verskaf van presies hoe vertroulikheid en anonimiteit van die data wat ek verskaf, bereik sal word. Ek kan ook versoek om te weet presies hoe my persoonlike inligting veilig gestoor sal word, vir hoe lank dit gestoor sal word.

10. Indien enige data wat van my ingesamel is vir hierdie navorsingsprojek deur die Navorser vir enige verdere studie gebruik gaan word, moet ek skriftelik in kennis gestel word en my skriftelike toestemming weer versoek word. Ek hoef nie toestemming te gee vir die nuwe navorsing as dit nie versoenbaar is met die aanvanklike doel van die

huidige studie nie (POPIA, a15(3)). Net so kan ek eenvoudig die versoek verwerp. In sulke gevalle moet 'n formele versoek deur die navorser aan my gerig word via die Etiekkoördineerder (ethics-committee@ru.ac.za).

11. Ingevolge die POPI-wet besit ek die reg om terugvoer oor hierdie navorsing te ontvang. Dit sal die vorm aanneem van geskrewe manuskripte voor indiening vir publikasie vir my insette en die gepubliseerde artikels, tensy ***ek kies om nie hierdie terugvoer te ontvang nie.***

12. Enige verdere vrae wat ek oor die aard van die navorsing en/of my deelname daaraan mag hê, sal deur Nicay Sysaar – g23S1359@campus.ru.ac.za beantwoord word .

13. Deur hierdie ingeligte toestemmingsverklaring te onderteken, doen ek nie afstand van enige wetlike eise, regte of remedies nie. 'n Afskrif van hierdie ingeligte toestemmingsverklaring sal aan my gegee word, en die oorspronklike sal deur die Navorser op rekord gehou word.

14. Ek ***stem saam/stem nie saam nie*** (vee ontoepaslik uit) met die Navorser se versoek om foto's te neem, of om my te video's as deel van hierdie navorsingsprojek, met die erkenning dat ooreenkoms hier waarskynlik die risiko sal verhoog om my anonimiteit in gevaar te stel en dat stappe gedoen sal word om te verseker dat dit nie gebeur as my toestemming gegee word nie.

15. Ek ***stem saam/verskil*** (skrap ontoepaslik) met die Navorser se gebruik van stemopname van my kommentaar en opinies tydens onderhoude, waarvan die doel is om die akkurate optekening van my menings/antwoorde te verseker. Verder het ek die reg om 'n afskrif van die onderhoudtranskripsies aan te vra om te bevestig dat my menings akkuraat aangeteken is.

Ek, ……., bevestig dat die bogenoemde inligting gelees en aan my verduidelik is in 'n taal wat ek verstaan , en ek is bewus van die inhoud van hierdie dokument. Ek het al die vrae gevra wat ek wou vra, en dit is tot my bevrediging beantwoord. Ek verstaan ten volle wat van my verwag word tydens die navorsing.

Ek is op geen manier onder druk geplaas nie en ek stem vrywillig in om aan bogenoemde projek deel te neem.

…… …… ……

Deelnemers handtekening **Getuie** **Datum**

Appendix 10.3: Informed Consent Form -Trainers (isiXhosa)

UMTHATHI-NXAXHEBA UZAZISE NGEMVUME

Abaqeqeshi Babantu Abaziimfama Nabangaboniyo

(Iza kusayinwa ngumthathi-nxaxheba/abathathi-nxaxheba)

Umxholo weProjekthi : Ubungozi obuphindiweyo: imbonakalo yokufikelela kunye nokuhambahamba kwiindawo zikawonke-wonke ngexesha le-COVID-19 ngabantu abangaboniyo nabangaboniyo eGqeberha.

U-Nicay Sysaar, umgqatswa we-Master kwiSebe ……, iYunivesithi yaseRhodes indicele imvume yokuthatha inxaxheba kule projekthi yophando ikhankanywe ngasentla.

Ubume kunye nenjongo yeprojekthi yophando kunye nesi sibhengezo semvume enolwazi ndicaciswe kum ngolwimi endiluqondayo.

Ndiyazi ukuba:

1. Injongo yeprojekthi yophando kukuqonda imingeni kunye nomngcipheko onxulumeneyo we-COVID-19 ofunyanwa ngabantu abangaboniyo nabangaboniyo (BVI) ekufikeleleni nasekuhambeni kwiindawo zikawonke-wonke eGqeberha ngexesha lobhubhani we-COVID-19.

2. IYunivesithi yaseRhodes inike imvume yokuziphatha kule projekthi yophando ***(iNombolo yokuVunywa kwe-Ethics:*** **2023-7164-7549*)*** kwaye ndibone/ndingacela ukubona isatifikethi sokucocwa ngokuqhagamshelana noMnxibelelanisi wokuziphatha (ethics-committee@ru.ac.za).

3. Ngokuthatha inxaxheba kule projekthi yophando, ndiza kuba negalelo ekuqondeni ukuba baqeqeshwa njani abantu abangaboniyo nabangaboniyo, ekufikeleleni nasekuhambeni ngeenqanawa kwiindawo zoluntu eGqeberha ngexesha lobhubhani we-COVID-19.
4. Ndizakuthatha inxaxheba kule projekthi ngokwabelana ngolwazi lwam, kunye namava okuqeqesha abo bangaboniyo nabangaboniyo eNkosinathi Foundation ekufikeleleni nasekuhambeni ngeenqanawa kwiindawo zoluntu eGqeberha ngexesha lobhubhani we-COVID-19.

5. Ukuthatha inxaxheba kwam kukuzithandela ngokupheleleyo kwaye ukuba ndinganqwenela ukurhoxa ekuthatheni inxaxheba, ndingakwenza oko ngaphandle kweziphumo ezibi.

6. Andiyi kuhlawulwa ngokuthatha inxaxheba kuphando.

7. Le mingcipheko ilandelayo inyanyaniswa nenxaxheba yam:
-ivuselelwe kukudlulisa amava kunye nemingeni ekujongwene nayo ekuqeqesheni abantu abangaboniyo nabangaboniyo kakuhle eNkosinathi Foundation ngexesha le-COVID-19.

-Ndiyakwazi ukucela ukuba udliwano-ndlebe lumiswe ngokukhawuleza, luhlehliswe, okanye lurhoxiswe, ukuba ndiqala.

-Umhlali wesayikholojisti uya kucelwa ukuba athathe inxaxheba kwiseshoni yeengxoxo kunye neengcebiso kunye nam kwiimeko ezinjalo.

8. Umphandi ujonge ukupapasha iziphumo zophando ngohlobo lwe-Master's dissertation kunye namanqaku ahlaziywe ngoontanga. Nangona kunjalo, ukugcinwa kwemfihlo kunye nokungaziwa kweerekhodi kuya kugcinwa kwaye igama lam kunye nesazisi asiyi kutyhilwa kuye nabani na ongazange athathe inxaxheba ekuqhutyweni kophando, ngaphandle kokuba ndibonisa ngokuchaseneyo / ***ndiyaqonda ukuba njengomntu oqhelekileyo ungubani ngokuqinisekileyo. ukuba/ndaziwe, apho ndivuma ukwamkela ukuphulukana nokungaziwa.***

9. NgokoMthetho woKhuseleko lweNkcukacha zoMntu (Nombolo yesi-4 ka-2013) ihlala inelungelo lam lokucela umphandi ukuba andinike inkcazo ecacileyo malunga nendlela ubumfihlo kunye nokungaziwa kwedatha endiyinikezelayo iya kufezekiswa. Ndingaphinda ndicele ukwazi kanye ukuba iinkcukacha zam zobuqu ziyakugcinwa njani ngokukhuselekileyo, ukuba ziyakugcinwa ixesha elingakanani.

10. Ukuba nayiphi na idatha eqokelelwe kum kule projekthi yophando iza kusetyenziswa ngumphandi kulo naluphi na uphononongo olongezelelweyo, ndiza kwaziswa ngokubhaliweyo kwaye imvume yam ebhaliweyo iceliwe kwakhona. Andifuni mvume yophando olutsha ukuba ayihambelani nenjongo yokuqala yolu phononongo lwangoku (POPIA, s15(3)). Ngokulinganayo, ndingasikhaba ngokulula isicelo. Kwiimeko ezinjalo, isicelo esisemthethweni kufuneka senziwe kum ngumphandi ngokusebenzisa uMnxibelelanisi wokuziphatha (ethics-committee@ru.ac.za).

11. NgokoMthetho wePOPI, ndinelungelo lokufumana ingxelo malunga nolu phando. Oku kuya kuthatha imo yemibhalo-ngqangi ebhaliweyo ngaphambi kokuba ingeniswe ukuze ipapashelwe igalelo lam kunye namanqaku apapashiweyo, ngaphandle kokuba ***ndinyule ukungafumani le ngxelo.***

12. Nayiphi na eminye imibuzo endinokuba nayo malunga nobume bophando kunye/okanye ukuthatha kwam inxaxheba kulo iya kuphendulwa nguNicay Sysaar – g23S1359@campus.ru.ac.za .

13. Ngokutyikitya esi sibhengezo semvume enolwazi, andirhoxisi nawaphi na amabango asemthethweni, amalungelo, okanye izilungiso. Ikopi yesi sibhengezo semvume enolwazi ndiya kunikwa mna, kwaye imvelaphi iya kugcinwa kwirekhodi nguMphandi.

14. Ndiyavuma ***/andivumi*** (cima into engafanelekanga) kwisicelo soMphandi sokuthatha iifoto, okanye ukundithatha ividiyo njengenxalenye yale projekthi yophando, ndiqonda ukuba isivumelwano esilapha sinokunyusa umngcipheko wokubeka esichengeni ukungaziwa kwam kwaye kuya kuthathwa amanyathelo okuqinisekisa oku kuya akwenzeki ukuba imvume yam ndiyinikwe.

15. Ndiyavuma ***/ andivumelani*** (cima into engafanelekanga) ekusebenziseni uPhando lokurekhodwa kwelizwi kwizimvo zam kunye nezimvo ngexesha lodliwano-ndlebe, injongo yalo kukuqinisekisa ukurekhodwa ngokuchanekileyo kweembono / iimpendulo zam. Ngaphaya koko, ndinelungelo lokucela ikopi yokukhutshelwa kodliwano-ndlebe ukuqinisekisa ukuba izimvo zam zirekhodwe ngokuchanekileyo.

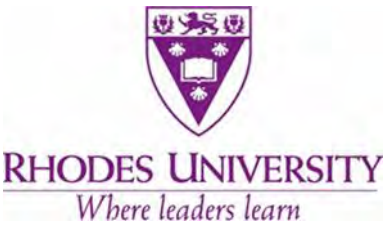
Mna, ……., ndiyaqinisekisa ukuba le ngcaciso ingentla ifundiwe yaza yacaciswa kum ngolwimi endiluqondayo., kwaye ndiyayazi imixholo yolu xwebhu. Ndiyibuze yonke imibuzo ebendinqwenela ukuyibuza, kwaye iphendulelwe ngendlela eyanelisayo. Ndikuqonda ngokupheleleyo okulindeleke kum ngexesha lophando.

Andizange ndicinezelwe nangayiphi na indlela kwaye ndivuma ngokuzithandela ukuthatha inxaxheba kule projekthi ikhankanywe ngasentla.

……. …….

Utyikityo lwabathathi-nxaxheba **Umhla** **wamangqina**

Appendix 11.1: Researcher's Interview Guide/Question's Guide (For BVI)



Research Proposal title: Double Jeopardy: reflections of Accessing and navigating public spaces during COVID-19 by Blind and Visually Impaired People in Gqeberha.

DATE:	
ID NO/ PSEUDONYM:	
INITIALS:	
AGE:	
GENDER:	
LEVEL OF EDUCATION:	
RACIAL GROUP:	
HOME LANGUAGE:	
INTERVIEWER:	
TRANSCRIBER:	
TRANSLATOR:	
REVIEWER:	
LOCATION OF THE INTERVIEW:	
WEATHER:	
TIME START:	
TIME END:	

Semi-Structured Interview Guide

Question one: What was your experience in accessing public spaces as blind and partially sighted individuals during COVID-19?

Question two: What was your experience in navigating public spaces as a blind/partially sighted individual during COVID-19?

Question three: What assistive devices did you use within public spaces? (IF ANY)

Question four: Was the use of assistive devices you made use of hindered in any way within public spaces in Gqeberha? (IF ANY)

Question five: What were the challenges and associated risks of COVID-19 that you faced as you accessed and navigated public spaces during COVID-19 in Gqeberha?

Question six: When accessing and navigating public spaces in Gqeberha, what helpful features did you find within the city to aid you as a blind/partially sighted individual? (audible beacons, tactile information, etc.?)

Question seven: How did COVID-19 impact your daily life?

Question eight: Since touch (tactile contact) is an important component for you to navigate and way find, how did the COVID-19 regulations of no physical contact (no touching/minimization of contact with surfaces) affect you as a blind/ partially sighted individual?

Question nine: What other regulations hindered or created barriers or difficulties for you as a blind or partially sighted individual? (IF ANY)

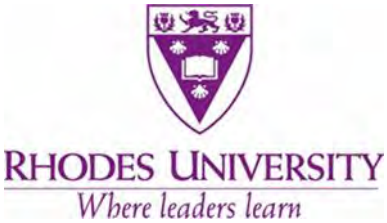
Question ten: How did the trainers at Nkosinathi Foundation assist you in managing the challenges and associated risks of contracting communicable diseases when accessing and navigating public spaces in Gqeberha?

Question eleven: What changes or solutions would you like to see in public spaces in Gqeberha that will make things easier for you as a blind/partially sighted individual?

Note:

- **These questions were only a guide to the researcher during interviews.**
- **Because interviews were open-ended, there would have been questions that were spontaneously asked but not necessarily depicted in the guide.**

Appendix 11.2: Researcher's Interview Guide/Question's Guide (For Trainers)



Research Proposal title: Double Jeopardy: reflections of Accessing and Navigating Public Spaces during COVID-19 by blind and Visually Impaired People in Gqeberha.

DATE:	
ID NO/ PSEUDONYM:	
INITIALS:	
AGE:	
GENDER:	
LEVEL OF EDUCATION:	
RACIAL GROUP:	
HOME LANGUAGE:	
INTERVIEWER:	
TRANSCRIBER:	
TRANSLATOR:	
REVIEWER:	
LOCATION OF THE INTERVIEW:	
WEATHER:	
TIME START:	
TIME END:	

Semi-Structured Interview Guide - Trainers

Question one: What was your experience in training blind and partially sighted individuals to access public spaces during COVID-19?

Question two: What was your experience in training blind/partially sighted individuals to navigate public spaces during COVID-19?

Question three: What assistive devices did you use in your training? (IF ANY)

Question four: Was the use of assistive devices you provided hindered in any way within public spaces in Gqeberha? (IF ANY)

Question five: What were the challenges and associated risks of COVID-19 that blind/partially sighted individuals faced as they accessed and navigated public spaces during COVID-19 in Gqeberha?

Question six: When accessing and navigating public spaces in Gqeberha, what helpful features within the city can blind and visually impaired individuals find to aid them? (audible beacons, tactile information, etc.?)

Question seven: How did COVID-19 impact your daily life of training blind and visually impaired individuals?

Question eight: How did the COVID-19 regulations, specifically looking at no physical contact (no touching/minimization of contact with surfaces) and social distancing (maintaining a minimum proximity of 6 feet), affect your training of the blind/ partially sighted individuals?

Question nine: What other regulations hindered or created barriers or difficulties for you in training the blind or partially sighted individuals? (IF ANY)

Question ten: How did you assist the blind and visually impaired individuals in managing the challenges and associated risks of contracting communicable diseases when accessing and navigating public spaces in Gqeberha?

Question eleven: What changes or solutions would you like to see in public spaces in Gqeberha that will make things easier for blind/partially sighted individuals?

Note:

- **These questions were only a guide to the researcher during interviews.**

Because interviews were open-ended, there would have been questions that were spontaneously asked but not necessarily depicted in the guide.