

# Health Care Service for the Deaf and Communication Challenges

A Descriptive Study on Health Care Service for the Deaf and Communication Challenges: The  
Case of Nefas Silk Lafto Wereda 03, Health Care Center, Addis Ababa

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This is to certify that the thesis prepared by Lidia Assegid entitled: A Descriptive Study on Health Care Service for the Deaf and Communication Challenges: A Case of Nefas Silk Lafto Wereda 03, Health Care Center and submitted in partial fulfillment of the requirements for the degree of Masters of Social Work compiles with the regulations of the University and meets the accepted standards with respect to originality and quality.

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**Abbreviation and Acronyms**

ASL- American Sign Language

AIDS- Acquired immune deficiency syndrome

APA - American Psychologist Association

db –decibel

HoH- Hard of Hearing

HIV: Human Immunodeficiency Virus

MOLSA: Ministry of Labor and Social Affair

NASW-National Association of Social Work

PWD- People with Disability

WHO- World Health Organization

UNICEF- United Nations Children's Fund

### **Abstract**

Deaf people have been usually underserved from different type of services. Delivery of health care service is one of the areas where deaf people get challenged. The main objective of this study is to examine health care services for the deaf and communication challenges at *Nefas Silk Lafto Woreda 03* health care center. The research used qualitative approach throughout the study. Purposive sampling and case study was employed. The study carried out in-depth interview using semi structured interview guide to collect the data. The data is collected from nine complete deaf individuals and four health care providers as key informants. The collected data is organized and analyzed through qualitative research approach. The study found that deaf people encounter challenges related to; communication, lack of health education and information, lack of knowledge and skill of the providers, perception of service provider, confidentiality and privacy are raised as a challenge to access health care. Deaf people use mechanism like using their own sign language interpreter and try to communicate using hand writing to eliminate the communication problem they face with the health care providers. The study has great implication for social workers particularly health care social workers regarding disability literacy, policy, practice and for further research and access provision for the deaf at different service areas.

**Key words:** *Deaf, Healthcare, Access, Challenges*

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## **Chapter One**

### **Introduction**

#### **1.1 Background of the Study**

People with disabilities make special types of demands on the health care system, as their health needs tend to be more complex and ongoing than those of the general population.

However, people with disabilities (PWD) face problems with transportation and insurance, as well as barriers related to physical accessibility and communication (Mari, Elizabeth, Carol, and Sara, Jennifer, Lisa, 2006).

According to Mari, Elizabeth, Carol, and Sara, Jennifer, Lisa, (2006) structural barriers, transportation, the physical environment, communication with providers and staff, time constraints and care coordination are major problems which are faced by people with disabilities. Personal and cultural barriers related to the care given by the provider included providers' insufficient knowledge, misconceptions about people with disabilities, instances of insensitivity and lack of respect, failure to take patients or their caregivers seriously and reluctance to provide care, and also related to cultural gaps between patient and provider. In 1993, the Ethiopian health policy declared equitable, acceptable and accessible health services to all who need them. In order to implement the declaration directly, the government is engaged in constructing more health institutions in order to improve physical accessibility and other challenges related health service provisions (Ethiopian Health Policy, 1993). Ensuring the availability of services and disabled peoples' awareness of the services is essential to improving access. Where services do exist people with disabilities may encounter a range of physical, communication, information, and coordination barriers when they attempt to access health care services (Kemal, 2014).

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Among people with disabilities deaf people are exposed to different disparities at different social institutions and facilities. Access to services is a common challenge faced daily by many deaf people. Health care system is one area of inaccessibility for hearing impaired people. This is because of lack of special training for health care givers which help them to provide care for people with disability in general and deaf in particular and the main barrier faced is often that of communication (Report on the Health of Deaf People in the UK, 2014). According to WHO Communication difficulties between people with disabilities and service providers are regularly is an area of concern. Difficulties can arise when people with disabilities attempt to make appointments with service providers, provide a medical history and description of their symptoms, or try to understand explanations about diagnosis and management of health conditions. Inaccurate case histories may be provided to health-care practitioners when information is supplied by caregivers, family members, or others (World Report on Disability, 2011). Health care system is where deaf people could be misdiagnosed or receive the wrong medication due to poor communication. This is often because symptoms cannot be fully explained without appropriate and professional communication support. The result of a lack of good communication can and does have very negative effects on deaf people's physical and mental health (Guide for Working with Deaf People in a Health Setting, 2013).

According to Nancy, Katharine & Maura (2015) factors influencing access to health care among Deaf people include attitudes of health care providers and the public, physical barriers, miscommunication, income level; ethnic minority status, insurance coverage, and lack of information modified to people with disability are mentioned.

Deaf people face a unique combination of social and communication barriers which appear to have resulted in health disparities between hearing and Deaf people. These barriers

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often are more pervasive for Deaf people than hearing people and have important public health implications for deaf communities (Scott & Nancy, 2012).

This research studied health care services for the Deaf people and communication challenges that hinder them to access health care and consequences of those challenges on the Deaf people at *health care center at nefas silk lafto subcity wereda o3*.

### **1.2 Statement of the problem**

It is clear that Deaf and hard of hearing people experiences barriers in different areas of their life. These areas include healthcare, education, family and social life, employment, and access to support for persons with disabilities and deaf people (Doris, 2009). Interventions to reduce inequalities and to ensure that Deaf people have access to professional health services and treatment remain priorities (Alex, Paul & Johannes, 2016).

The deaf population has usually been marginalized and underserved when it comes to health services due to different challenges so that health needs among Deaf populations globally remain unmet. Among those challenges lack of health information for deaf people is one of the problems. Deaf people face more difficulty accessing health information than hearing people. A study on Perceptions about Barriers to Sexual and Reproductive Health Information and Services among Deaf People in Ghana by Mprah (2013) indicated that when accessing sexual and reproductive health information and services in Ghana, deaf people encounter numerous barriers such as problems with, ignorance about deafness, negative attitudes, communication and services that are not modified to their needs. Deaf people do not acquire the same amount of health care information as the rest of the population. Deaf participants are largely expelled from mass media attempts to provide health care information; the general population picks up automatically from

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television shows, magazines and posters does not get picked up automatically by a deaf person, mostly due to their limited vocabulary (Kritzinger, 2011).

Studies conducted on communication barriers of deaf people at health care setting are many and repetitive. A study on Effective communication between healthcare professionals and deaf and hard-of-hearing patients in South Africa by Hoomairah (2010) shows that the majority of deaf and hard-of-hearing patients experienced problems communicating with health professionals. Annie, Steven, Helen, Erin, & Philip (2005) studied health care system accessibility experiences and perceptions of deaf people in USA. According to this research communication difficulty were found as the major barrier; fear, mistrust and frustration were prominent in participant's descriptions of health care encounters. A study on Elderly Deaf Patients' Health Care Experiences by Todd, Anton, & Kuzel, (1990) in Richmond revealed that participants experienced many practical barriers to effective health care, including problems with scheduling appointments and communicating with providers. In addition, health care professionals talk too fast and they are always in a rush. They have no patience when a patient needs more explanation, they don't realize that the deaf patient lip reads during a conversation. Oyedunni, Arulogun, Musibau, Titiloye & Adeyimika (2013) carried out a research on barriers faced by service providers in meeting the sexual and reproductive health needs of deaf persons in Ibadan metropolis and communication was found to be the key barrier identified for the provision of services to deaf clients.

Ignorance of health professionals about the needs of deaf people and the need to create awareness on issues affecting people with disabilities in general were major concern. Inadequate knowledge about deaf people in particular and their communication needs, health professionals' ignorance about the socio-cultural situation of deafness was a factor which hindered effective

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interaction and thus created barriers for deaf people at health care center (Mprah, 2013). Lack of provider's knowledge and understanding around issues of deafness at health care services and difficulties experienced by deaf people create access problems for deaf participants. Providers often overlook the fundamental element of being deaf (Kritzinger, 2011).

In Ethiopian case, there are limited studies on deaf people. From few exceptions a quantitative study conducted by Semegn (2004) on knowledge; attitude and behavior of hearing impaired young people about sexual and reproductive health issue in Addis Ababa, her study revealed that Deaf young people have inadequate knowledge, unfavorable attitude and undesirable behavior toward reproductive health issue and sexual reproductive health. Another recent study is conducted by Kemal (2014) he made phenomenological study on Barriers of accessing primary health care services for persons with, visual and physical and hearing impairments. Physical environment, inaccessibility of transportation and health information, the knowledge and attitude of health care providers is also identified as a barrier and poverty as a facilitating factor behind the barriers.

Besides theover all search there is only one study in Ethiopia which is conducted by Kemal (2014) on barriers of accessing primary health care for peoples with, visual and physical, hearing impairment. This study made more focus on physical and visually impaired individuals. Additionally the study only addresses the communication problem between the providers and hearing impaired people. The gap between my study and Kemal (2014) study is that the researcher mentioned as there was lack of sign language and communication problem at the time of data collection, thus in this study, the researcher tried to fill this gap because of the skill of sign language and it was easy to build a rapport and to collect detailed data from the deaf participants.

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However, so far studies conducted on deaf people in the area of health care challenges are unavailable, so that am interested to work on this area. This research examined the health care services for the deaf and communication challenges at *nefas silk lafto wereda 03 health care center*.

### 1.3 Objective of the Study

#### General objective

The major objective of the study is describing the health care services for the deaf and communication challenges at *Nefas Silk Lafto Wereda 03, health care center*.

#### Specific objectives:

- To describe how deaf people access health care service at *Nefas Silk Lafto Wereda 03, health care center*.
- To identify communication challenges that of Deaf people encounter at health care service.
- To examine consequences of those challenges on the Deaf.
- To identify coping mechanisms they use to overcome communication challenges they face at health care center.

### 1.4 Research Questions

This research addressed the following research questions.

1. How did Deaf people get health care service at *nefas silk lafto wereda 03; health care center*?
2. What are the communication challenges faced by Deaf people while they need health care service at *nefas silk lafto wereda 3; health care center*?
3. What are the consequences of those challenges on the Deaf?

4. What are possible mechanisms they employ to cope with communication challenges?

### **1.5 Significance of the Study**

Regardless of hearing loss level persons who are deaf or hard of hearing have altered health care utilization patterns and significant communication difficulties with physicians, often experiencing misunderstandings about their diseases or treatment recommendations. Deaf people are a silent group to many physicians at health care setting (Helen and Philip, 2005). There are few studies in Ethiopia which is conducted on the health of peoples with disability in general and people with hearing impairment in particular. This study came up with some insights about challenges that a deaf person face at health care and recommended points for health care providers, policy makers and other researchers to work and will be used as an input for further researchers on this area.

### **1.6 Limitation of the Study**

This research was designed to study the health care service and challenge for the deaf those who communicate using formal sign language. Participants of the study are not representative of the entire deaf in Ethiopia because the participants of the research are formal sign language users. The experience of deaf who doesn't use formal sign language is different from the participants of this particular research.

This study was limited in time and resources. Because of this the research participant will only includes people with hearing impairment who are servicers users *at health care center; Nefas Silk Lafto Subcity Wereda 3*. Even if there are a number of Deaf peoples in Ethiopia the study area is restricted at one health care center and the study includes the experience of few deaf people.

## 1.6 Definition of Terms

**Deaf:** a person who is not able to hear by both ears and uses the local sign language in their daily lives (Kritzer, 2011).

**deaf:** Diminished insensitivity to sound or hearing loss that is expressed in terms of standard audio logical measures.

**Deafness:** The result of damage to any part of the ear and the degree of hearing loss depends on the severity of that damage (Beckles, 2004).

**H e a l t h:** According to World Health Organization's (WHO) definition of health, is "a state of complete physical, social and emotional well-being, and not merely the absence of disease or infirmity".

**Health care:** for this research purpose health care is facilities, goods, prevention and treatment services offered by medical and health professionals.

## **Chapter Two**

### **Literature Review**

#### **2.1 Understanding Deafness**

Defining deafness encounters difficulty when it refers strictly to the auditory impairment, one may come across terms such as hearing loss, hard of hearing and deaf. One can simply define the deaf, those in whom the sense of hearing is non-functional for the ordinary purpose of life (Lane and Don, 2002). Based on this definition, deafness can be classified in two; congenital deaf is when people born with hearing problem and the adventitious deaf those who are born with hearing but the sense of hearing becomes impaired in a later stage of life. Children may bear with poor or no hearing ability at the time of birth and most elderly people can miss some hearing with their age. Hearing impairment is a full or partial decrease in the ability to detect or understand sounds caused by a wide range of biological and environmental factors (Lane and Don, 2002). In general hearing loss is a broad term used to describe the loss of hearing in one or both ears and there are different levels of hearing impairment: complete or partial loss of the ability to hear from one or both ears. The level of impairment can be mild, moderate, severe or profound (WHO, 2012).

##### **2.1.1 Types of Deafness**

According to Lane (2002) physical symptoms of deafness are classified under sensory neural, conductive and central deafness. Sensory-neural deafness consists of hearing loss caused by trauma and diseases affecting the inner ear's function. Sensor neural hearing loss is due to malfunction of the inner ear or along the neural pathway between the inner ear and the brain. Such damage to the delicately correlated system of the transmission of sound waves from the hair cells to the supporting nervous tissue often causes hearing loss. Drugs that are toxic to

hearing loss that runs in the family genetic or hereditary, aging ear trauma, malformation of the inner ear exposure to loud noise can be cause for sensory neural hearing loss (American Speech-Language-Hearing Association, 2015) In general, it is a permanent disturbance that cannot be cured by medical or surgical intervention (Shalit and Avraham, 2001 cited in Lane, 2002).

Conductive deafness includes hearing loss derived from the dysfunction of middle ear. Conductive hearing loss, represents hearing obstructions present in the conduction canal leading to the inner ear, consisting of the external and middle ear. Common factors in this kind of hearing loss are wax in the ear canal, a perforation in the eardrum, infections, fluid in the middle ear. Conductive losses generally affect all frequencies and in many cases are surgically treatable (Shalit & Avraham, 2001 cited in Lane, 2002). Central deafness includes the problems that affect the path way from inner ear to interpretive areas of the brain (Lane, 2002).

Based on degree of hearing loss deafness is categorized in to seven and can be measured by decibels (db). Normal 10 to 15(db), Slight 16 to 25, Mild 26 to 40, Moderate 41 to 55, Moderately severe 56 to 70, Severe 71 to 90 and Profound 91+( db). (American Speech Language Hearing Association, 2015, American National Standards Institute, cited in Blaine, 2003).

### **2.1.2 Views of Deafness**

There are two prominent views to understand deafness which is medical and cultural model. **Medical model** or pathology places impairment as the driver of disability. Hearing loss is considered to be a defect, handicap or abnormality with the focus being squarely on the sensory deprivation of being unable to hear (Gregory & Hartley, 1991 as cited in Jeimie, 2014).

Pathological or medical model, regards deafness as a disability to be fixed or eliminated.

Prevention and sterilization are common ways of curing deafness. An advanced method regards cochlear implantation as a way to remove deafness. Still, aural rehabilitation concentrates on how to

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enhance language development among the deaf for their social adjustment (Lane, 2006). This view of deafness incidentally fosters a stigma of embarrassment and shamefulness. It can lead to a society that denies, downplays or hides hearing loss. There is much interest in using devices that enhance hearing and speech by using hearing aids, assistive listening system, cochlear implants, tactile devices and computer aided speech system. Spoken language is considered the most natural language for all person with hearing loss and sign language is considered inferior to spoken language and it is discouraged( Harriet, 1996)

In contrast according to **Cultural model** deafness is viewed as a difference and considered a natural condition which does not need to be overcome (Harriet, 1996 & Jeims, 2014). Hearing loss is simply a feature that distinguishes deaf persons from hearing persons. Deaf people are recognized as a sociolinguistic and cultural minority. All communication modalities are encouraged, including speech. Signing and other visual methods are encouraged due to the ease of accessibility such communication provides for Deaf persons (Gregory & Hartley, 1991 cited in Jeimie, 2014). There is usually little interest to use hearing aid, other listening technology, and speech reading. Sign language is considered the natural language for the Deaf and equal in importance to spoken language.

Socio cultural model, sometimes called a constructionist model because its proponents believe that all people construct their lives through interaction with the individuals and institutions of the culture in which they live education, religion, peer group, vocational affiliation, social class, and our families (Gregory & Hartley, 1991; Power, 1997 cited in power, 2004). The values, beliefs and behaviors of each one of us are the outcomes of a host of influences that have impinged upon us and continue throughout our lives to shape the person that we are. This is quite distinct from having a medical condition that inheres in one. If one is born

with a significant hearing loss, one is accompanied by deafness for life and because one's interactions with family, school, church, recreation, and work are inevitably shaped by the presence of one's deafness, the person one constructs for oneself is shaped by the outcome of these interactions between self, societal institutions and individual. According to this model Deaf people are a special example of the process and outcome of this construction of a life. It has become commonplace to talk about the social construction of deafness or defining deafness socially distinct from medical or audio logical definition of deafness (Gregory & Miles, 1991; Higgins & Nash, 1987).

### **2.1.3 Prevalence of Deafness in the World**

WHO in 2012 released estimates on the magnitude of disabling hearing loss; there are 360 million persons in the world with hearing loss 5.3% of the world's population; 328 million of these are adults, 183 million males, 145 million females; 32 million of these are children. The prevalence of disabling hearing loss in children is highest in South Asia, Asia Pacific and Sub-Saharan Africa. The prevalence of disabling hearing loss in adults over 65 years is highest in South Asia, Asia Pacific and Sub-Saharan Africa.

According to central statics agency census in 1994 there are 190,220 people with hearing loss in Ethiopia. Deafness is positively related to age, male sex, and low- and middle-income regions. The prevalence of adult hearing impairment is very high in low-income regions, especially in sub-Saharan Africa and in South and Southeast Asia (Global and regional hearing impairment prevalence, 2009). Deafness is the least common type of disability in Ethiopia (MOLSA, 2012).

#### 2.1.4 Deaf Culture

Deaf culture is a life style for many who are born deaf and hard of hearing and for other with acquired hearing loss that has acculturated into it. It has its own history, values, tradition, folklore and communication. Individuals who are deaf culturally do not consider deafness as pathology. Deaf culture is a suggestion of the ways to improve interaction between deaf people and communication professionals (Harriet, 1996)

A person who belongs to deaf culture shows some degree of hearing loss which may range from moderate to profound. A person may be born in deaf culture or may become acculturated later in life by adopting its language, values and practice (Padden, 1980 cited in Harriet, 1996).

The language of deaf culture is American Sign Language includes hand shapes presented in specific directional patterns and hand movements position of hand movement and position of hands relative to body parts All carry semantic, grammatical and pragmatics information (Harriet, 1996) although Adults who are culturally deaf tend to communicate using sign language. Having a knowledge and skill of sign language helps service providers to adequately deliver health service for the deaf.

Behaviorally, deaf people are visually oriented continuous eye contact is considered important during conversation. Appropriate way to get deaf people includes tapping the shoulder, waving hand in person's line of sight. And it is inappropriate to touch the hands while they are signing. According to Ramsdell (1978) people who are deaf and hard of hearing after born became suspicious when they do not understand what others saying. People with hearing loss of late onset sometimes experience depression and feeling of inadequacy because subconscious auditory cues which coupled them with the hearing world since birth is lost cited in Harriet

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(1996) care providers should be able to know the onset of deafness because, deafness occurred in born and after born have an implication for the behavior of deaf individuals.

### **2.1.5 Impacts of Deafness**

Impact of Deafness includes inability to interpret speech sounds, often producing a reduced ability to communicate, delay in language acquisition, economic and educational disadvantage, social isolation and stigmatization. It may be worsened by some medical conditions (Global Burden of Disease, 2000). One of the main impacts of Deafness is on individual's ability to communicate; Deafness also has social and emotional impact on a person. Limited access to services and exclusion from communication can have a significant impact on everyday life, causing feeling of loneliness, isolation and frustration additionally hearing loss can impair the exchange of information (Andrea, Chiara, Stefano and ,Antonio, 2012) Economically, adults with hearing loss have a much higher rate of unemployment (WHO, 2015).

### **2.2 Health Care Access for the Deaf**

Persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender sensitive, including health-related rehabilitation. In particular, States Parties shall provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs (United Nation Convention on the Rights of Persons with Disabilities and Optional Protocol, 2007).

Major problem of people with disabilities in Ethiopia are lack of public understanding, information on the status and number of disability, shortage of basic needs like health facilities

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and in accessibility to assistive devices. The program for medical rehabilitation for Person with disabilities is aimed at furnishing devices to support missed or damaged organs and provide necessary health care, and its strategies include strengthening and expansion of medical rehabilitation services and making available strong referral hospitals (JICA, 2002).

People with disabilities require health services for general health care needs like the rest of the population. General health needs include health promotion, preventive care (immunization, general health screening), treatment of acute and chronic illness and appropriate referral for more specialized needs where required (World Report on Disability, 2012). These needs should all be met through primary health care in addition to secondary and tertiary as relevant. Access to primary health care is particularly important for those who experience a thinner or narrower margin of health to achieve their highest attainable standard of health and functioning (World Report on Disability, 2012).

### **2.3 Challenges of Deaf People at Health Care Center**

According to Scheer, Kroll, Neri, and Beatty, (2003) Challenges to access are factors that contribute to preventing a person from utilizing a service when needed they identified two broad categories of barriers to health care services: structural-environmental barriers and process barriers. Structural environmental barriers are impediments to medical care directly related to the number, type, concentration, location, or organizational configuration of health providers. They include issues of accessibility, geography, technology and location and doctor's offices. Process barriers relate to the delivery of service which includes lack of provider knowledge, bad attitudes and lack of appropriateness of service from providers are issues frequently reported by patients as cited in Kemal, (2014).

### 2.3.1 Communication Challenges

Effective communication between a patient and healthcare professional is necessary for the assessment, diagnosis and management of all long-term conditions. People have different degrees of hearing loss and their ability to communicate can fluctuate from day to day and in different situations. Hearing loss or deafness can cause difficulties accessing health services, and can lead to anxiety, stress, depression and isolation (Joining up Long Term Conditions, 2014). Effective communication is essential, both for the patient who needs to express themselves in terms of symptoms, complaints and for the health care provider who must be able to explain treatment protocols, preventative options and make diagnosis in treating any condition that may be affecting the patient's physical, emotional or social well-being (Pillay, 1999 as cited in Kritzinger, 2011).

Communication barriers are challenges experienced not only by people who are Deaf or hard of hearing but also by providers when it comes to communicating within a health care setting (Oyedunn, Musibau, Nathanael, Oyediran and Onyekwere, 2013). This poses a particular problem to access and quality of health care services, as health care depends heavily on effective communication between patient and health care provider to ensure that health care services are safe, timely and efficient and patient centered. Communication in health care settings currently falls below par, which has been documented as one of the main reasons why hearing impaired people use health care services differently from the general population (Oyedunn et.al., 2013)

Many individuals with speech or hearing impairments encountered communication problems when they attempted to contact providers' offices. Deaf individuals have also a lack of staff properly trained to use them in health-care settings. Impatient staff further complicated patients' attempts to reach their providers (Mari, Elizabeth. Hood, Sara, Jennifer and Lisa 2006).

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Deaf individuals mentioned difficulty of obtaining sign language interpreters for medical visits on short notice and gaps in understanding caused by provider attempts at written communication. Furthermore, providers were sometimes unwilling to write out their result or use medical terminology that the patients did not understand. These types of communication barriers had serious practical, emotional, and health consequences for some individuals (Mari et.al., 2006)

According to ( Kemal, 2014) Deaf patients required either more detailed or simplified instructions or explanations. Some also required written material to support verbal directives. The issue of interpretation for people with hearing impairments should be addressed by the government. Courses in sign language should be given because this problem does not only occur at health facilities but also in the public service. Hearing impaired people are difficult to treat because there are no providers at the health center who can do sign language.

### **2.3.2 Challenges Associated with confidentiality and Privacy**

Confidentiality is another issue that is raised at health care setting because it is one of the rights due to a person entering into the health care environment, however, for the hearing impaired population; this right is very often not afforded to them. There are practically no professional interpreters available at clinics. Most often, friends and family are used as interpreters, in addition to a breach in confidentiality, this practice could potentially lead to further miscommunication as the language of the interpreter and the doctor are most probably not the same either, so there is another aspect of communication difficulties (Oyedunn, Musibau , Nathanael, Oyediran and Onyekwere, 2013) Lack of privacy at health centers may force some deaf people to withhold information about their health. Participants thought that the presence of a family member or an interpreter, though useful, violated their privacy. The lack of privacy due to the presence of an interpreter or a family member could compel a person to withhold vital

information from health workers and also fear of breach of privacy may prevent deaf people from visiting reproductive health centers altogether (Mprah, 2013).

When a Deaf adult receives a Sign Language interpreter, the appointment goes much in a better way but there is also the loss of privacy (Phelan & Parkman, 1995, p. 55 cited in Dykes, 2017). During consultation, everything communicated between a doctor and a Deaf patient via a Sign Language interpreter is considered to be confidential and certified ASL interpreters may facilitate communication between the Deaf patient and the healthcare provider. However, issues of confidentiality when interpreter was there it are hard to keep confidential (Kate, 2013).

### **2.3.3 Lack of Health Information and Education**

Deaf people face more difficulty accessing health information than hearing people. Deaf sign language users do not have access to incidentally occurring information about health issue in tramways on the radio or TV and there is a general lack of health information and education material provided in sign language (Pollard, O'hearn and Haynes, 2009). Access to health care information is also limited by barriers to written and spoken language as hearing impaired people cannot overhear conversations, have limited access to mass media and present with a low average reading level of grade three or four (Oyedunn et.al.,2013). Health education is an important tool in transferring knowledge and skills of prevention from diseases. Any strategy for the prevention of the disease is directly or indirectly correlated to information obtained through education. However, the amount of knowledge acquired is determined by the socio-economic context, educational status and the available health services for the people (Ngawana et al, 2002:19, as cited in Kemal, 2014).

The high illiteracy level of people with hearing disability has great influence in hampering their access to relevant prevention mechanisms. The available health educations in

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the schools and community may not reach persons with disabilities in accessible form. In other words, Persons with disabilities in special schools do not get the same sex educations those in normal schools. Likewise, there is no health education related to reproductive health addressing Persons with Disabilities in particular. Above all practices designed or knowledge promotion on disease prevention systematically excludes Persons with disabilities (UNESCO, 2000 as cited in WHO, 2011).

In Ethiopia, the majority of people with impairments have lack of information regarding human immune deficiency virus (HIV) and they were more vulnerable to contracting HIV/AIDS. Persons with hearing impairments are in a problem of getting the necessary information in writing and getting updated information in an accessible way is not possible which makes persons with disabilities more vulnerable to infections (Kemal, 2014).

Most deaf people are visually-oriented regardless of their hearing abilities. Health Information developed for a deaf audience must include significant amounts of concrete and tangible visual information to convey the basic message. When possible, all health information should be presented in sign language along with written health information presented at the lowest reading level feasible to communicate the meaning of the message. Effective health information for deaf people will also need to include further explanations and clarifications of certain terminologies (Smith and Chin, 2012). Public health information that is being presented from a hearing doctor to a Deaf patient should be accessible and work successfully. This should be available with or without a sign language interpreter (Dykes, 2017).

### **2.3.4 Lack of Health Care Provider's Knowledge**

Insufficient knowledge about disability, misconceptions, insensitivity and lack of support from health care providers and staffs can affects the health care access for person with disability.

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Misconception and preconceived ideas about disability creates dangerous situation for patients at health care center. Health care provider or the provider's staffs treat PWD in a disrespectful or insensitive manner (Mari , et.al 2006). There is also lack of awareness by doctors and other medical stuffs of the way they approach deaf (Ubido et al. 2002).

### **2.4 Consequences of Health Care Challenges on Deaf People**

Hearing impaired and hard of hearing likely to avoid health care providers because of lack of communication, lack of available interpreters and other factors which is reliable with other reports that hearing impaired people see doctors less often. Due to these complex individual, interpersonal and systemic factors, deaf and hard-of-hearing individuals have reportedly often received inadequate, inappropriate and unethical health care (Tamaskar,et.al, 2000)

Large numbers of deaf and hard-of-hearing people are in danger of becoming infected with the human immune deficiency virus (HIV). The deaf are particularly vulnerable because of language barriers, their unique culture and the scarcity of community services, educational programs and general information directed to this population. The particular barriers that the deaf must face in learning about HIV protection range from inadequate schooling about human sexuality to the scarcity of locally available education programs outside the cities with high rates of HIV infection (James, 1994). Finding resources and information about any medical topic can be done with some ease by the hearing population. Television, books, radio, and other mediums bring HIV-AIDS to society's attention. Yet many barriers prevent even basic information from reaching the community of the deaf (James, 1994).

Groce (2004) cited in Deaf and human rights (2009) reveals that people with disabilities are at a higher risk of infection by HIV. Among the risk factors is low education, high illiteracy,

inaccessible information campaigns, lack of access to health services and erroneous beliefs that people with disabilities are not sexually active and therefore excluded from HIV/AIDS services and programmes. Deaf people are subject to all these risk factors, especially inaccessible information, and the HIV/AIDS situation is likely to affect Deaf people in all countries. Lack of access to information about HIV/AIDS is likely to make Deaf people less aware about how HIV/AIDS spreads and how to prevent infection (World Federation of the Deaf, 2009).

### **2.5 Sign Language as a Means of Communication**

As stated on convention of person with disability Sign languages have been defined from a linguistic viewpoint as languages and those using sign languages have been defined as a linguistic minority. Deaf people are also persons with a disability in the sense that all their rights will be fulfilled only when their linguistic rights are met, and sign language and its use in all spheres of human life is accepted and respected. In other words, Deaf people are persons with a disability whose rights can be secured by securing their linguistic rights (World Federation of the Deaf, 2009).

Sign language is a visual gestural language which involves the use of the hands, eyes, face, mouth, head and body. A manual alphabet (finger spelling) may also a sign language is a language on its own, with its own grammar and vocabulary. There are many different sign languages in the world and some countries even have several different Sign language .Sign languages are the languages that Deaf people use when they communicate with each other. Ladd (1994, 2003) as cited in Olika, (2009) states that there is no international Sign language in the world. The development of different Sign language is on a national or local level; American sign language (ASL), British sign language (BSL), Swedish and Norwegian Sign Language. But

many sign languages have universal patterns that have developed in the language and this is an indication of the fact that hearing impaired people have the same pattern of sensory references.

Article 21 of Convention on the Rights of Persons with Disabilities and Optional Protocol states that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;

Nowadays it is possible to find information about Ethiopian Sign Language (ESL) at the Department of Education and the Department of Linguistics at Addis Ababa University, and ESL is mentioned as an abbreviation for Ethiopian Sign Language. In Ethiopia it is also common to say Sign Language or Amharic Sign Language, and in the area of Ethiopia where it is also common to say Oromo Sign Language as a sign language that differs from the Amharic sign language, this because the languages are sign supported versions of Amharic and Afaan oromoo (Olika, 2009).

## **2.6 Health Care Access for the Deaf and Legal Right**

As a principle hospitals and health care professionals must provide equal access for all consumers. Hospitals must be sure Deaf and hard of hearing persons can communicate with doctors, nurses, and other personnel (ADA Rights of Deaf and Hard of Hearing Citizens, 2012).

According to World Federation of the Deaf (2009) fundamental freedoms and human rights should be applied to everyone regardless of sex, national or ethnic origin, color, religion, language, or any other status such as disability or deafness. However Deaf people and people

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with disabilities all over the world recognized that their rights were not adequately protected by the United Nations Universal Declaration of Human Rights, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and other documents intended at protecting the human rights of all People.

In our context the health policy has not mentioned the case of Person with disability and Deaf people in a direct way or as distinct priority groups. The sectoral strategy has not exclusively treated or even mentioned PwD, as group that need particular consideration. HIV/AIDS policy, just like the national health policy, has failed to acknowledge the PwD as a different group that needs separate strategy and actions. As a result of this omission, PwD (particularly women), remained vulnerable to the pandemic and missed the opportunity to benefit from the policy/strategic attention they deserved. (MOLSA, 2011) The Ministry of health of Ethiopia has not made any significant rise in making health service accessible to disabled persons both in terms of primary and special care.

## **Chapter Three**

### **Research Methodology**

This chapter briefly presents the method that the researcher employed for the study. Research paradigm, study area, research design, study participants, inclusion criteria, sampling technique data collection tools and data analysis technique and ethical considerations will be presented in this chapter.

#### **3.1 Research Paradigm**

The investigator perspective about reality is constructivist. Individuals seek understanding of the world in which they live and work. They develop subjective meanings of their experiences and meanings directed toward certain objects or things (Lincoln and Guba ,2000, Schwandt ,2000, Neuman ,2000, and Crotty 1998 as cited in Creswell,2007) The goal of research then is to rely as much as possible on the participant's views of the situation being studied. The investigator understood that social problems are socially constructed. The goal of the researcher is to collect and bring together different views of participants regarding on the topic being studied and the collected data was analyzed accordingly.

#### **3.2 Explanation of the Method**

Qualitative research is entirely employed in this research. Qualitative research involves studying the meaning of people's lives, under real world conditions. People will be performing in their everyday roles or have expressed themselves (Yin, 2011). Thus, the events and ideas emerging from qualitative research can represent the meanings given to real life events by the people who live them, not the values, preconceptions or meanings held by researchers (Yin, 2011).

### 3.3 Study Design

In this particular study, cross sectional qualitative research design with descriptive purpose was used to describe the health care services and communication challenges for the Deaf at *nefas silk lafto subcity wereda 03* health care center. Among qualitative research design single instrumental case study was employed in this research. Case study research is a qualitative approach in which the investigator explores a bounded system, a case or multiple bounded systems or cases over time, through comprehensive, in-depth data collection involving multiple sources of information using observations, interviews, audiovisual material, and documents and reports (Creswell, 2007). Among case studies Single instrumental case study was selected, it focuses on one issue or case and selects one bounded area to illustrate this issue (Creswell, 2007) accordingly in this research the issue is health care service and challenges for the deaf and the researcher selected one health care center to study this issue. According to Stake (1995) cases might be bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period of time as cited in Creswell (2003). A case study is an in-depth analysis of people, events, and relationships, bounded by some unifying factor. The purpose of the research design is to describe the health care services for the deaf and communication challenges *Nefas silk Lafto Woreda 03, health care center*.

### 3.4 Study Area

The research area of this study was at health care center which is found at *Nefas Silk Lafto Woreda 03*. It is one of the health care centers under *Nefas Silk Lafto woreda 03* located around Bisrate Gebriel Square. Prior to the area selection the researcher carried out assessment to select this health care center. The assessment is carried out in the health care center and one organization which work with Deaf people. There are fifteen Deaf individuals, seventeen Deaf

orphans resides in the compound there are also around one hundred fifty Deaf beneficiaries from the organization. The above mentioned organization is found very near to *Nefas Silk Lafto Wereda 03* Health Care Center. According to the information collected from randomly selected Deaf individual's *nefas silk lafto* health care center is a place where they get service for years because it's the nearest of all health care center. Additional information was found from small clinic in this organization which gives service mainly for the Deaf; they refer cases (3-5 individuals per day) and orphans to this health care center while they are in need of health care service I have got additional information from the medical director of the health care center that the health care center provides service for the Deaf. Finally, based on the assessment this health care center found to be appropriate for the issue under study.

### 3.5 Study Participant

The main participants of this study were Deaf individuals those who receive health service from *nefas silk lafto* woreda 03 health care center. Health care providers were key informants of the study. Even if twelve Deaf participants were selected the investigator collected data only from nine deaf individuals because of data saturation. Two nurses, one health officers and one health extension worker were interviewed as a key informant; having small number of participants helped the researcher to have detailed experience of the participants.

#### Inclusion Criteria for participants

- Male and female with hearing loss (complete Deaf).
- Use formal Ethiopian sign language to communicate
- Age- above 25 ( the researchers believes participants can explain the issue under study if they are above age 25)
- Health care users at *nefas silk lafto subcity wereda 03 health care center*

- Have full consent to participate in the study.

### **3.6 Sampling Technique**

The primary purpose of sampling in qualitative research is to identify participants who can explain and have deep understanding of the case under the study. Non-probability sampling procedure was used to select the participants of this study. Qualitative researchers' concern is to find cases that will enhance what other researchers learn about the processes of social life in a specific context (Kruger and Neuman, 2006).

For qualitative researchers, it is the participants relevance to the research topic rather than their representativeness which determines the way in which the people to be studied are selected (Krueger and Neuman, 2006). Likewise, the objective of this research is not to generalize the result for the larger deaf population; rather it is to have detailed understanding of health care service and communication challenges that avert deaf people from using health care service. Among non probability sampling purposive technique is selected. I got many deaf service users who use this health care center from the selected research area. According to Alston and Bowles (2003) purposive sampling technique allows the researcher to select the sample for study based on our prior knowledge that indicates a particular group is important to our study or we select those subjects who we experience are typical for the issue we study.

### **3.7 Data collection Procedure**

Data collection procedure was began with summation of the data collection letter to the medical director of the health care center and short briefing was done on the purpose of the study; then the medical director gave me an appointment for another day. After, obtaining their consent the health officer gave me a list of deaf out patients who are frequently get service from the health care center and he gave me schedule to contact them at their appointment date

according to the schedule the researcher got two pregnant deaf women, one from TB unit, one from emergency unit those four deaf participants were interviewed at the health care center unit and other five participants were interviewed at their home according to the address given from the health care center. On the interview date before beginning the interview, briefing the purpose of the study was made using sign language. The briefing time was followed by requesting participants to sign written consent. The data collection was carried out according to the appointment adjusted by participants themselves. The researchers collected data by note taking from the participants.

On this part, collecting data for qualitative study usually implies interacting with real world situations and the participants in them. While making rapport to collect data, qualitative researchers need to consider how they are perceived by interviewees and the effects of personal characteristics. The interviewees need to trust the researcher in the sense that showing your interest in them and what they have to say. During the data collection period, the researcher made rapport with the participants by introducing himself using sign language, displaying interests in their views, aims of the study and the interviews can stop at any time when the interviewee (s) feel uncomfortable (Payne & Payne, 2004).

### **3.8 Data Collection Technique**

Qualitative researchers typically gather multiple forms of data, such as interviews from research participants and key informants and observations rather than rely on a single data source. Then the researchers review all of the data and make sense of them, organizing them into categories or themes that cut across all of the data sources (Creswell, 2007) for that reason two data collection tools was used to collect data.

**In depth interview**

The researcher had conducted face to face interviews with participants. In-depth interview was used to collect data from Deaf individuals those who receives health care at the center. Additionally, health care providers (nurses, health officer and health extension worker) were interviewed as key informants. In-depth interview facilitates respondents to give their explanations of their experiences, opinions and feelings in their own way (Payne and Payne, 2004) accordingly Deaf individuals and health care provider from the health care was interviewed. The data was collected using semi structured interview guide and using sign language for the Deaf; this helped me to probe the interviewee based on their response because of limited sign language words asking questions based on their answer was relevant. Semi structured interview generally organized around a set of predetermined Open-ended questions, with other questions emerging from the dialogue between interviewer and interviewee. The interview guide was prepared based on the research question and which can be probed by interviewer for more explanation (Payne and Payne, 2004).

**Observation**

In combination with the in depth interview observation was used, this technique help me to see the situation and overall services of the health care center, whether it is accessible or inaccessible for deaf people to, see the condition of health care facilities (sign language interpreters, visual materials) for the deaf. Observation is the process of gathering open-ended, firsthand information by observing people and places at a research site (Creswell, 2007) and People's gestures; social interactions; actions; scenes and the physical environment (Yin, 2011). Observation is believed to be appropriate and was used to assure the data obtained from respondent. The researcher also tried to examine non verbal reaction of the participants.

### **3.9 Data Analysis**

A holistic analysis of the entire case or an embedded analysis of a specific aspect of the case (Yin, 2003) was used to present the data. The researcher might focus on a few key issues or analysis of themes not for generalizing beyond the case, but for understanding the complexity of the case. One analytic strategy would be to identify issues within each case and then look for common themes that transcend the cases (Yin, 2003). The data analysis in this qualitative research consists preparing, organizing and collecting the data collected from in-depth interview and observation. The data analysis is done parallel with the process of data collection. The data was collected using Amharic sign language from in-depth interview and was set in a note form and was translated in English. The data collected through observation check list was translated to English. After collecting the data using the above mentioned data collection technique they were categorized in to specific issues to shape the basic research questions. Then the organized data and summarized is discussed carefully.

### **3.10 Trustworthiness of the Data**

The trustworthiness of the information was assured through using multiple data gathering methods (observation, in-depth interview with Deaf and health care providers) this enhances the credibility of the data collected. In addition, verification of reliability was insured by posing many different questions as possible and raising similar or same question in different way. The interview guides were prepared in English and translated in Amharic and sign language was used at the time of interview. And in order to assure the reliability of the instrument (interview guide) peer review was carried out.

### **3.11 Ethical Considerations**

This study was conducted according to social work research ethics. For people with disability and deaf people it is very must to inform them about the process of the research because health and disability is sensitive issue and should be considered in research their response on their health experience at health care center is used in the finding but their names was kept secret. Anonymity without confidentiality is that the details about a specific individual are made public, but the individuals name is withheld ( Kreuger and Neuman, 2006). Before beginning the study participants were informed about the research and the purpose since the fundamental ethical principle of social work research is never forcing any one into participating; participation must be voluntarily. It is not enough to get permission from the participants; they need to know what they are being asked to participate in so that they can make informed decision (Kreuger and Neuman, 2006).

### **3.12 Challenges**

This research took many days for the data collection because there was no audio taken from the participants at the time of interview since, they are deaf the researcher used sign language and note taking to collect data as a result, interviewing and taking notes from them was very time taking. Additionally, because of limited Amharic sign language it was mandatory to explain each and every word in the interview guide using sign language. Participants express their response and feeling in limited language because most of the participants became deaf before they acquire basic language.

## Chapter Four

### Findings

The result of this study is presented in the following broad categories; basic profiles of the research participants, participants understanding of deafness, impact of deafness, health care access for the deaf, challenges at the health care center; communication challenge; lack of health information and education; lack of knowledge and skill of the health care practitioners; lack of confidentiality and privacy, perception of health care providers, consequences of health care challenges and coping mechanisms used by the participants and suggestions presented in the following section.

#### 4.1 Basic profile of research participants

This Section includes the socio demographic characteristics of the participants. The socio demographic characteristics such as age, sex, marital status, educational background, occupation, age of onset (deafness) and number of children. The names used to represent the participants are Pseudonyms.

Table 1: Background Information of Deaf Participants (*see annex*)

Nega is 53 years old man; he is married to deaf woman and he has three daughters and a son. Nega became deaf when he was four years old because of reason he does not know. He is the only deaf person from his family and has no deaf relatives. Now he is working at deaf school as a teacher.

Zemen is 43 years old woman; she is inborn deaf and married to deaf; she has four hearing children. She is only deaf from the family and the cause of her deafness is not known; Zemen was dropped out of school at 6<sup>th</sup> grade and she is house wife now.

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Aster is 50 years' old widowed women. She became deaf at two years old because she fell down from her bed. Her husband is hearing and she has two hearing children.

Girma is 70 years old; he is inborn deaf. He married to a deaf woman and has four hearing children. Now he is retired have no work.

Arega is 26 years old; he is grade 8 student and lives alone. He became deaf when he was two years old because of a disease called meningitis. He has one hard of hearing brother. Now he is attending grade eight.

Emebet is 45 years old she is deaf from birth; she is from hearing father and mother but she has four deaf brothers and four deaf sisters. The reason of her deafness in not known. She is diploma graduate and works as a teacher. She is not married and has no children.

Frehiwot is 31 years old; she is deaf due to malaria and acute headache when she is two years old. She is married to a hearing man and they have two hearing children. She was dropped out from grade 6 and now she is a janitor.

Bilal is 28 years old he became deaf when he is four years old because of unknown case he has no deaf relatives. He is sociology graduate; now he is employed as a teacher in deaf school.

Kemal is 48 years old, born from hearing family and married to deaf. The cause of his deafness is not known. He has one deaf daughter and one hearing son. Now he works and gets paid as metal worker.

### **4.1.2 Basic profiles of key informants**

All key informants are health care providers at the nefas silk lafto health care center. Those four participants were selected according to the suggestion from the medical director of the center. The name of the key informants is coded as KI<sub>1</sub>, KI<sub>2</sub>, KI<sub>3</sub>, KI<sub>4</sub>.

Table 2: Information about Key Informants (*see annex*)

#### 4.2 Participants Understanding About Deafness

Participants understand deafness in many ways. Some of them understand deafness as loss of hearing, unable to communicate with hearing society and as invisible disability. They also define deafness as heredity and acquired and one of the participants explained it as a curse from god. The following ideas taken from the interviewee gives additional explanation for the above mentioned statement.

Bilal said:

Deafness for me is the same as other disabilities, but which is not visible for others like the rest of disabilities for example like physical disability; Deaf person is normal like others regardless of communication problem; the problem is communicating with the hearing society.

For Nega the cause of deafness can occur at any time in life. “I believe someone can be born deaf and became deaf because of different factors and accidents; deafness is not a curse from god. A deaf person can communicate with a hearing person”. On the other side Emebet stated:

For me deafness is a disability which prevents someone from hearing. Sometimes I feel deafness as a curse from god because I am from hearing parents but four of my brothers and three of sisters are deaf for me it is not clear whether deafness happen genetically or acquired.

Aster describes deafness as following, “I was born hearing and I became deaf accidentally; I understand that deafness can happen at any time, I have friends who have the same hearing problem and I have work as everybody else”.

### 4.3 Impact of Deafness

At the first place for someone who could not hear and speak communication is a problem and it has an impact on the daily life of deaf people. All of the participants confirm that deafness have impact on their life. Feeling of isolation from the hearing family and neighborhood, loose communication with the family members and the feeling of loneliness since no one can share things with them and could not understand what they need and feel. In addition participants explained the impact of deafness in work opportunity and when they need different services.

Nega explained:

When I was child I feel jealous when my brothers and my parents chat and laugh together. I feel sad because I could not hear what is in the radio and television as well. But, after I joined deaf school I learnt sign language and I get many deaf friends and peoples who can chat with me by sign language.

Deafness also has an impact on access of different services as Emebet said:

I come across many problems at transportation, market, kebele and many other places because of communication problem. Unless I write something; we couldn't communicate with most of the service providers. For example if I do have an appointment at the federal high court, I need help from someone who can interpret what has been said and sometimes I have to pay 70 birr for sign language interpreters.

In addition Bilal mentioned the work opportunity he lost because of his hearing loss. Bilal said: I lost different work opportunities because of my deafness, I am sociology graduate but am not working by my profession however my hearing friends do. Most of the organizations are not willing to hire me.

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Additionally, two participants described the impact deafness on their educational status. Frehiwot described deafness as one of the reason she dropped out of school, “My hearing brothers and sisters attend school at the near but I forced to drop from school because there was no deaf school at near”. Zemen also stated the impact of deafness on her educational status and as a major cause for her drop out from school.

Moreover, two participants expressed the importance of hearing on a person and the impact of hearing loss.

As Girma stated his experience of car accident because of his hearing problem;

Once I was not on my way, I didn't see the car is coming behind me he was giving me a clacks but I couldn't hear, then I don't remember what was happening I saw people surrounded me after a while and they took me to the near health care, my leg get broken now I use a stick to move, he also added the reason of not going to *kes temert bet* is because of his hearing problem.

Emebet added about the fire accident;

One day there was a fire accident around my home, it's around one or two o'clock in the night; I didn't heard what was happening from outside but fortunately one person remembered me and come to my home; that day I was the luckily at day in my life I survived because of that person.

### **4.4 Health Care Access for the Deaf**

Service is not allowing the deaf to communicate in their preferred language. According to the data collected from the participants they have poor understanding of the instruction given from health care practitioners. Additionally, health education and information is not easy to get for the deaf at this health care center.

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Arega said;

Most of the time I came to this health care center but there is no special attention and special service which is delivered for deaf people. I can get access of every service delivered even if it is not satisfactory. I get any medical advice and I understand how to use my medications from the center because I always came here with someone who can interpret for me using sign language but still I am not satisfied with interpreters I wish nurses know sign language to understand me well.

Nega also explained way he access health care at the center.

It has been many years since I started using this health care center when I feel sick. All the nurses working here know me that am deaf and they try to communicate me through writing. I write my feelings, pain and different symptoms on a piece of paper this is not satisfactory to fully communicate with nurses and to understand what they suggest because they do not write in a clear way and sometimes they uses medical terms which is difficult to understand.

Emebet complained about inaccessible health care services.

Rather than searching for a solution for me they require me to come with sign language interpreter and to use another inadequate mode of communication like writing. I remember twice that I came back to home without any treatment.

One of the Key informants also explained the inaccessibility of health education at the center.

I don't think health care is accessible for the deaf for example, at health care center there is health education on personal and environmental hygiene, family

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planning, HIV AIDS, sexually transmitted disease, communicable disease and on other issues is not accessible for the deaf because no one could explain them ( KI<sub>1</sub>).

In addition the other Key informant confirmed the absence of sign language interpreter.

Since I have started working here I treated many deaf patients; It was difficult for me to take histories, advices and prescription I have no way to communicate with them there is no sign language interpreter who can help us to communicate with them and I feel that they are not interested and satisfied by the service delivered KI<sub>2</sub>.

### **4. 5 Health Care Service Challenges**

Deaf people experience different kind of challenges at the health care centers. Participants who participated in the study come across with Communication problem, lack of health information and education, lack of skill and knowledge of health care givers, privacy and confidentiality.

#### **4.5.1 Communication Challenges**

According to the data collected, participants face problems when they need admission card, while they wait for their turn, at the time of diagnosis and when they need medical advice and prescriptions from the nurses, with officers and health practitioners.

Nega stated the problem with card officers to get admission card.

While I came to this health care center I need to write all of my personal information on paper unless they have no way to fill the card except I wrote it. Some times when I get into the examination room with my daughter they feel

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discomfort and even they do not consider I need somebody for help. This time I get very disappointed and I get into in quarrel with them.

Bilal also explained the challenge he faced at the waiting room,

One day after I got my admission card I sat in the corridor to wait my turn but all people around me called turn by turn I only left there, then I understand that they already called my name. Then I went to one of the nurses I wrote my name and my hearing problem in a piece of paper then he facilitated me to get someone to treat me.

Communication between health care givers and patients is the core thing at health care centers. But this is the first and for most problems for deaf people which make their daily life challenging and it is very high at health care center

Additionally, kemal said “I have missed my name quite a lot of time in the waiting room; sometimes I try to read their lips but it is not comfortable for me”. Aster explained her problem at the time of diagnosis “ A hearing patient can communicate with hearing nurses through all the examination, sometimes they do what they want without even communicating with me and keeps talking forgetting that am deaf”.

One of key informant explained the problem she faced while she diagnosis and prescribe.

One day a deaf blind come to me; we could not communicate because he did not know sign language, he cannot read and write that day I was worried how to help him and take his history. He just touches his stomach and other places then I guess it is diarrhea and I just prescribed him some tablets KI<sub>1</sub>

Frehiwot, added her problem at the time of consultation, “I try to read lip but they don’t consider this and they turn their head down and they may turn their face unknowingly”.

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According to the data collected from key informants there is no one who can fully communicate using sign language and based on my observation sign language interpreters are not found in the center. However, according to the health officer they have a plan to train the staff.

### 4.5.2 Lack of Health Information and Health Education

Lacks of health information have been mentioned as one of the problem for the deaf. It is also cited as a problem by participants Lack of health information. Peer to peer information, books, fliers and internet are mentioned as source of information, for those who can read and understand but media like television programs is found not help full for deaf.

Bilal explained about the lack of media which for the deaf.

We are not lucky to get information from television and especially from radio. There is one program on TV on Saturday called 'heloo Dr and *tenawoo bebetoo*' I don't have information about it, I used to attend the program but I just stare it I got no information out of it. I am educated and I can read books and fliers even I can browse but there are many deaf individuals who cannot read and browse.

Additionally, Kemal stated lack of health information which is not available for the deaf.

Mobile service in which hearing people used to call and ask about health information is having no importance for the deaf people. Frehiwot added about health information need for the deaf, "Most of the time there are many outreach programs which is delivered for all people it is announced by media and this also have no consideration for the deaf".

The health extension worker mentioned the problem she faced at the time of home to home out reach.

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One day there was an outreach program I get one deaf family, the husband and wife are deaf I can't say a thing I have no way to help them then I just gave them a brochure to read I don't even know whether they can read. (KI<sub>4</sub>)

### **4.5.3 Lack of Confidentiality and privacy**

Lack of Confidentiality and privacy at health care center is stated as a problem for participants who use sign language interpreter and who went to the health care center with their friends and families who knows sign language. This creates frustration to express their pain and their feeling in front of their relatives and friends.

As Arega stated, "I always come to health care center with one of my friend he knows sign language if not I cannot communicate with health care practitioners so that he can help me, so I never cared about confidentiality". Frehiwot also said, "Confidentiality and privacy is unthinkable for me because I need somebody with me who can explain what we said".

One key informant explained about the confidentiality problem she faced while she gives service for a deaf woman.

One day a woman came to me, she is complete deaf she came with one hearing guy so that he helps her to communicating with me, I told him to wait her outside to explain the result but she refused. Unfortunately, her blood result shows that she is HIV positive, I wrote it on a piece of paper but she could not understand then the man told her though, then she got very disturbed I cannot even advice her (KI<sub>1</sub>).

### **4.5.4 Lack of knowledge and skill of the health care providers**

According to the data from the participants, health care providers lack knowledge how to treat deaf and they also have lack of sign language skill. Key informants also explained the

health practitioners lack knowledge about people with disabilities in general and deaf people in particular.

One of the key informants (KI<sub>2</sub>) complained about lack of knowledge for health care practitioners and stated as she never took any course or trainings about disability, person with disability specifically about deafness and related issues. Another key informant (KI<sub>1</sub>) complained that,

I have taken sign language course by my own initiation thinking that it is helpful for my profession. But, now I forget it because I didn't use the sign daily at work place or some other places, I use some signs that I can remember. (KI<sub>1</sub>).

#### **4.5.5 Perception of health care providers**

In this research perception problem is one of the challenge which is mentioned by the participants. Ignorance for deaf people, unwillingness to help them and sometimes giving priority for the hearings are some of the problems revealed from the data collected from the participants. In some cases, care providers seemed unwilling or indisposed to treat deaf individuals.

Kemal stated his experience as following;

At this health care center, I feel I am ignored because no one can tell me where to go and what to do but hearings do because they can freely talk to the service providers. The health care providers also gives priority for the hearings most of the time.

Health extension worker also expressed her unwillingness to help deaf because of communication problem she might face.

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Most of the time I have no willingness to serve the deaf because I have no way to communicate with them; I feel like I am not helpful for them and they are very aggressive and they are hard to handle. (KI<sub>4</sub>)

Because of lack of awareness towards deaf person, there is perception problem among patients and health care givers.

### **4.6 Consequences of Health Care Service Challenges**

Inaccessibility of health care center for the deaf leads to many consequences on the health of deaf people psychologically and physically. Participants revealed their feeling of disappointment, discomfort and ignorance of what the health care providers told them because of poor communication, lack of information and fear. These will also contribute to feelings of mistrust.

Psychologically, participants explained about their feeling of disappointment, anger, and discomfort at the health care center. Aster said,

Sometimes, I don't feel equal with the hearing society because they can easily access health care service. I feel dissatisfied when health care practitioners try to communicate with me in an inappropriate body language and sign language but I have no choice.

Kemal described his feeling of discomfort and repression of his pain and feeling in front of the sign language interpreter.

In case, when I am with someone who can translate me at health care in the examination room I feel discomfort to express all of my feelings and pain because my fear is that somebody might tell to others what I told to the nurse.

Health care service challenges for the deaf leads to misdiagnosis, mistreatment and prescription of inappropriate medicine which have a direct impact on the physical health of deaf.

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The data collected also revealed about health care service ignorance, self medication and traditional medication by themselves.

As zemen, stated about her avoidance of health care center

I prefer not going to the health care center rather I took my owns medication at home some times which is not help full for the reason that they do not diagnosis me properly and they might not give me the exact medication for my pain.

Additionally participants complained about health care providers who gave the prescription without any description of the dosage advice and how and when to take the medication.

Bilal stated that “Most of the time it is not clears for me how to take my tablets, and their side effects and I ask the nurses to write me on the paper”. Frehiwot said, “I always get mad when the pharmacist just gave me a medicine without any explanation about the how and when I have to take”.

### **4.7 Coping mechanisms used by participants**

Because of the above mentioned challenges at health care center, participants use different mechanism to cope with those problems they face. Going to health care with someone who knows sign language and trying to communicate by writing are prominent ones. Ignorance of health care service, using their own medication at home are also coping mechanisms which is used by the participants.

Emebet deal with the communication problem she has with health practitioners by writing.

I always came to this health care center alone; I don't need any person to be with me, I need to be alone. I don't even need sign language interpreter, I communicate with them by hand writing and they respond me back.

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Bilal also stated his preference of communicating through writing to overcome the communication problem, “I can write and read so that I can understand what they are writing for me”.

Some of the participants explained the way they cope with the communication problem they face at the health care center by coming with their relatives and friend who knows sign language. Arega said, I always come to the health care centre with my friend who knows sign language because the health care center has no sign language interpreter”. Additionally Nega stated that “I came with my 12 years old daughter she helps me as sign language interpreter; she is far better than the nurses because she understands my language.

Fear of miscommunication at health care center leads deaf people ignoring health care need and going to health care centers. Zemen explained her reason for not going to the health care center as following.

Why would I come to the health care center if I couldn't get service equally with hearing people, I prefer buying tablets and I use traditional medicines at home for me and my deaf husband, I also misses my check up days when I was pregnant with four of my children, I don't understand the advice they give me even about what I have to do for the new born child.

### **4.8 Suggestions given by the participants**

Participant preferred working with medically experienced interpreters or with health care practitioners with sign language skills. They also suggest serious training for health care practitioners on Sign language, about deafness and people with disability in general.

Additionally, they also recommended hiring at least one sign language interpreters and special need experts at the health care centers and increasing time of consultation hour for them.

Bilal recommended training for health care practitioners.

The first thing government has to do is giving training for all health professionals and service providers about disability in general and deafness in particular. Second there should be serious sign language trainings because many problems are created because of miscommunication. Sometimes even if they have positive attitude they get hard to help us due to lack of sign language skill.

Emebet said “It is better to write about our deafness in our admission card so that they could consider then give special attention and search for solution”. Aster also suggested about need of additional time for the deaf, “The time given for patients is a maximum of 15 minutes for all clients. Increasing time of consultation for us is mandatory and will be helpful because it takes ample time for the deaf in the room”.

The health officer also suggested about simple display system. Instead of calling the entire patients name, it is better to display name or numbers, this would be help full for deaf people because most of the time deaf patients complain about missing their name and turn.

Nega also gives his recommendation about television program on health related issues and interpretation by sign language side by side which is helpful to get information and knowledge and health education and information needs to be available for the deaf.

## Chapter Five

### Discussion

In the following section the finding of the presented data will be discussed in relation to research question and related literatures.

#### 5.1 Health Care Access for the Deaf

According the primary data collected participant's access health care in many ways at nefas silk lafto worda 03 health care center. Regardless of the challenges they face to access health care deaf people tried to communicate through different ways. Some of them access the service using their own sign language interpreter and come with their relatives others access health care service from the providers through writing at the consultation hour and they express their dissatisfaction on the mode of accessing the service.

As presented in the finding part the way deaf people access health care and their disappointment is supported by literature. As stated by Shuler et al, (2013) cited in dykes (2013) for many written communication between the patients and health care providers is insufficient for communication because of the language used and handwriting quality used by the health care providers additionally there may be an inability to interpret written prescriptions (Hellen and Philip, 2005). The sign language interpreters are also helpful to shape the communication experience between the healthcare provider and Deaf patient (Shuler et al, 2013 cited in Dykes, 2013). However, according to the finding the health care providers are not willing to give service for the deaf when somebody is there with them for help at the consultation hour, then this creates disappointment on deaf service receivers.

In relation to this where deaf people seek service, challenges exist for both the patient and those who provide the care. Healthcare professionals need to obtain information and give advice

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and patients need to ask questions and share their concerns. Therefore, to provide an equitable service for deaf people, it is vital that their communication needs should be acknowledged and addressed by those responsible for providing services (Guide to Work with Deaf People in Health Care Setting, 2012).

Based on the finding of the study health education program which is delivered on different issues like family planning and reproductive health, communicable disease, personal and environmental hygiene and others are not accessible for the deaf. According to WHO report on disability the high illiteracy level of deaf people has great influence in hampering their access to relevant prevention mechanisms and health education and promotion is not reachable for person with disability and there is no health education related to reproductive health addressing Persons with Disabilities in particular. Above all practices intended or knowledge promotion on disease prevention systematically excludes Persons with disabilities (WHO, 2011).

### **5.2 Challenges**

Moreover, participants face challenges at health care center like Communication, lack of health information and education, lack of health care providers' knowledge and skill, perception problem and confidentiality and privacy are among challenges which mentioned by the participants. Nancy, Katharine & Maura (2015) stated that among factors that influence health care access for the deaf, miscommunication, attitude of health care providers, and lack of health information modified for the deaf are among the major factor.

#### **5.2.1 Communication Challenge**

Deaf and hard of hearing people often deal with communication difficulties in everyday life situations (Action on Hearing Loss and Deafness Cognition and Language, 2014). At health care setting Effective communication between the health care provider and service receiver is vital.

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However, for those who are deaf communication difficulty is mentioned above all. In this research the interviewees have explained their problems of communication at *nefas silk lafto woreda 03 health care center*. Participants explained areas where they face communication problem; while they need admission card, at waiting room when they are wait for their turn, at the time of diagnosis, when they need medical advice and prescriptions from the nurses and problem with officers and health practitioners.

As Oyedunn, Musibau, Nathanael, Oyediran and Onyekwere (2013) stated communication barriers are challenges experienced by people who are Deaf or hard of hearing and providers when it comes to communicating within a health care setting. Communication problems during physical examinations and measures. difficulties while they are interacting with office staff, including in waiting rooms (Lisa, Bonnie, Mary & Heather, 2004).

In relation to this effective communication is essential, both for the patient who needs to express themselves in terms of symptoms, complains and for the health care provider who must be able to explain treatment protocols, preventative options and make diagnosis in treating any condition that may be affecting the patient's physical, emotional or social well-being (Pillay, 1999 as cited in Kritzinger, 2011).

### **5.2.2 Lack of Health Information and Education**

Health information and education is another aspect of need for the deaf at health care which is raised by the participants. Media like television programs which is based on health is not adequate for them despite that hearings can be benefited from television program, radio and phone call to the doctors. Dykes (2013) suggested about Public health information that is being presented from a hearing doctor to a Deaf patient should be accessible and work successfully.

This should be available with or without a sign language interpreter. For health education purposes, written and audio-visual material aimed specifically at people who are deaf is required.

### **5.2.3 Lack of health care providers' knowledge and skill**

Lack of health care providers' knowledge, awareness and skill about deafness is one area of concern at health care setting. Participants and key informants of the study also revealed this as challenge. Knowledge about how to treat person with disability and deaf person and skill of sign language and communication skill with deaf is lacking.

Ubido, Huntington and Warburton (2002) found out lack of awareness by doctors and other medical staff of the way to approach people who are deaf. Additionally, general practitioners, largely unintentionally hold fundamental assumptions about deafness that, from the outset, weaken patient physician relationships. In particular physicians do not fully appreciate the totality of patients' lives and health concern (Lisa, Bonnie, Mary, and Heather, 2004).

### **5.2.4 Confidentiality and privacy**

For those participants who use their relatives and friends for sign language help confidentiality is found to be a problem because deaf people feel uncomfortable expressing themselves in front of someone with them they are not free to explain everything for their doctor they may face serious issues which is not disclosed in front of their relatives and they have fear of their secrete.

Literatures also support lack of privacy, when a Deaf people receive a help from sign language interpreter, the appointment goes much smoother but there is loss of privacy (Phelan and Parkman, 1995 cited in Dykes, 2013). During consultation, everything communicated between a doctor and a Deaf patient via a Sign Language interpreter is considered to be confidential. Certified sign language interpreters may facilitate communication between the Deaf

patient and the healthcare provider. However, issues of confidentiality when interpreter was present were described (Kate, 2013).

### **5.3 Consequences of Health Care Challenges on the deaf**

Interviewees have been asked about the cost or the consequences of the health care service challenges. Health care avoidance is one of the consequences which forced to ignore the need of health care center service. Deaf people often experiences feeling of embarrassment in healthcare settings and, consequently, they keep themselves away from health care in total (Pereira and Fortes, 2010, cited in Dykes, 2013). Deaf adults going to visit their doctors usually experience an unpleasant visit because of not knowing what was going on during the consultation. Tamaskar (2000) reveals that because of individual, interpersonal and systematic factor deaf individuals visit health care center less frequently than hearing.

Deaf person have lower subjective health care status and have inferior knowledge regarding communicable disease and preventive medicine additionally; Deaf persons visit physicians less frequently than the hearings. Deaf people have a belief that physicians and nurses seemed unprepared to accommodate their communication needs as a result they avoid health care service (Hellen and Phillip, 2005). On the other hand Due to these complex systemic factors, deaf and hard of hearing individuals have apparently often received inadequate, inappropriate and unethical health care (Tamaskar,et.al, 2000).

According to the finding from one of the key informant; health education concerning HIV/AIDS is not given for the deaf and it is not modified to make it affordable for the deaf. Kemal (2014) also found that Deaf people are in a problem of getting the necessary information in writing and getting updated information in an accessible way this makes persons with disabilities more susceptible to infections. As result of this they became more vulnerable to

contracting HIV/AIDS, Large numbers of deaf and hard of hearing people are at risk of becoming infected with the human immunodeficiency virus (James, 1994).

#### **5.4 Coping Mechanisms used by the Participants**

According to the finding most of the challenges that hinder deaf people from accessing health care is communication problem which results misdiagnosis and mistreatment because they could not understand the feeling, pain and need of the deaf. To overcome the communication problem participants uses different way to have smooth relationship with service providers; using their own sign language interpreter, communicating through writing is among the mechanisms. In this regard Mari et.al (2006) mentioned the idea of using hand writing as one of the mechanism; Deaf individuals mentioned difficulty of obtaining sign language interpreters for medical visits as a result they attempts to communicate by written communication. Some of the participants come at the health care center with their relatives because no one can help them and they are unable to communicate with the staff. Family members and friends of the patient might be highly skilled in sign language this helps deaf person and most of the time they go to the health care services with them (Wood, 1999, p.35 cited in Dykes, 2017).

## Chapter Six

### Conclusion and Social Work Implication

#### 6.1 Conclusion

The result of the finding shows that participants have optimistic understanding about their deafness and consider themselves the same with hearings regardless of communication problem. Regarding the cause of deafness some of the participants are inborn deaf and most of them are become deaf after born because of different disease like (meningitis and malaria) and accidents. Participants also confirmed about the impact of deafness on their daily life, work opportunity, on accessing services and as a cause for their lower educational status and drop out from school.

Participants access all health care service from Nefas silk lafto woreda 03 health care center. But, there is no special attention and service which is given for them and there is no sign language interpreter for the deaf at the center. As a result, deaf people access health care service with the help of families and relatives those who can help them smoothen the relationship between them and health care providers and others use hand writing to communicates with nurses, officers and pharmacists. Additionally participants expressed their dissatisfaction of the service delivered.

The research also found out about different dimension of challenges that deaf people face to access health care service. Among those challenges; communication challenge, lack of health information and education, lack of knowledge and skill of health care providers and confidentiality and privacy problem are mentioned by participants as a challenge. Key informants also confirmed those challenges.

Those above mentioned challenges have consequences on deaf participants which is psychological and physical. Psychologically, participants revealed their experience of

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discomfort, mistrust, and dissatisfaction with the service delivered at the health care. Physically, participants ignore health care, misdiagnosed and receive mistreatment and prescriptions.

Additionally, participants complained about prescription that is given without detailed explanation about how and when to use medications and side effects. This led them to take over dosage. Those above mentioned have direct impact on their physical health.

Participants also suggested about possible solutions that have to been taken to improve the health care service delivered for the deaf. Among their recommendations training on disability literacy for all the service providers and staffs, sign language training and hiring sign language interpreters and special need practitioners, television programs on health related issues are pointed out. Some of them suggest additional consultation hour for the deaf.

### **6.2 Social Work Implication**

The constant growth, demands and changes in health care have serious impact on the feasibility and need for social workers in all areas and settings of health care. Currently, health care social workers provide services across the continuum of care and in various settings. Social workers are there in public health, acute and chronic care settings providing a range of services including health education, crisis intervention, supportive counseling, and case management (NASW, 2005). In Ethiopian context there are social workers as practitioners at hospitals so that this specific research has an implication for social workers working at health care setting and they have great role to help deaf person who have been marginalized from the total population from accessing health care.

The research has enormous implication for social work practice, education, for further research and policy. The research also has implication for service providers in the area to improve the health care access for the deaf and somehow to eliminate the challenges. With this

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regard social workers have to work in collaboration with multidisciplinary professionals like health care professions, policy makers, researcher and they have great role to aware community, government and non government and other different stakeholders in this area.

Disability literacy which is specific knowledge and skill that enables health care practitioners including health care and administrations should be created to respond to disabled person in more appropriate way while they are in need of health care service social workers have immense role in different service areas. From this research people can have understanding about deafness, the cause and impact and can have general idea about the challenges that deaf people face at health care center.

Deafness or hearing loss is hidden disability which is not identified simply as one kind of disability and not even considered as problem and it lost attention. So that they are not active in the society and are not benefited from different services thus, this research can help to consider the above raised problems for further research. Additionally, this research includes deaf people who can sign and mastered sign language however, non educated deaf people who have no sign language skill have different experience which is more complex than the participants under this specific research. So, this research can imply further more future researches.

At macro level there should be disability literacy among policy initiators and makers, policy planners so that they could consider the issue of person with disability and deaf people in policy. Social workers should follow policy implementation at institutions and different organizations regarding deaf people and access of services.

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Table 1: Background Information of Deaf Participants.

No	Pseudo Name	Age	Sex	Marital status	Educational Background	Occupation	Deafness (age of onset)	No of children
1	Nega	53	M	Married	Diploma	Teacher	After born at 4	4 hearing
2	Zemen	43	F	Married	Grade 6	Home maid	In born	4 hearing
3	Aster	50	F	Widowed	Certificate	Teacher	After born at 2	2 hearing
4	Girma	70	M	Married	Never been in the school	Retired	In born	4 hearing
5	Arega	28	M	Not married	Grade 8	Student	Two years old	-
6	Emebet	45	F	Not married	Diploma	Teacher	In born	-
7	Firhiwot	32	F	Married	Grade 6	Janitor	After born at 2	2 hearing
8	Bilal	28	M	Not married	Degree	Teacher	After born at 4	-
9	Kemal	48	M	Married	Technique school graduate	Metal work	Inborn	1 hearing 1 deaf

Table 2: Information about Key Informants

No	Code	Sex	Educational background	Occupation
1	KI <sub>1</sub>	F	Degree	Nurse
2	KI <sub>2</sub>	F	Degree	Nurse
3	KI <sub>3</sub>	M	Degree	Health officer
4	KI <sub>4</sub>	F	Diploma	Health extension worker

## Appendices

## Appendix 1

## Informed Consent Form for participants

I am Lidia Assegid from Addis Ababa university school of social work. I am doing my thesis on health care services for the deaf and communication challenges. I invite you to participate in this research. Any information you provide will be used only for academic purpose and there is no planned monetary payment involved for participating in this study. Deaf people and health care providers at Nefas Silk Lafto wereda 03 health care centers will be participated in this research. For this purpose, I need to gather information from you. Therefore, kindly I request your willingness to respond some of the questions. Confidentiality of the participants will be protected. I will be the only person to receive your consent form and gather your information included in the study for the finding part of my thesis. A brief excerpt from individuals' answers to the open-ended questions may be included in this thesis, but these excerpts will be strictly anonymous. Your participation in this research will be voluntary base and you are allowed to leave the research any time you want.

I agree to participate in this study

Name-----

Signature -----

Date -----

## Appendix 3

## Interview Guide for the Service Users

Health Center \_\_\_\_\_

Date of interview \_\_\_\_\_

**Socio-Demographic information**

Sex \_\_\_\_\_

Educational status \_\_\_\_\_

Occupation \_\_\_\_\_

Marital status \_\_\_\_\_ married to (hearing, deaf)

Number of children \_\_\_\_\_ (how many hearing and deaf) \_\_\_\_\_

**General question about Deafness**

Inborn                      After born

Age of onset \_\_\_\_\_

Cause of deafness \_\_\_\_\_

What is deafness for you? Do you have Deaf relatives? What is its impact on your daily life?

**Guiding Questions****Question on health services**

1. How do you access health care in this health care center? What are special services delivered for the deaf? From where did you get general information about services (information desk, information windows) Do you access health care in the same way as everyone else? If not why?
2. How could you get health information? From where did you get health education? (Personal hygiene, environmental hygiene, communicable disease and others). How? Is there any material available for the deaf (visual material, diagrams and others...)?

## Health Care Service for the Deaf and Communication Challenges

3. With whom do you come to the health care center? Do you use your own sign language interpreters? Is there anyone who knows sign language at the health care center/

### **Question about challenges?**

4. What are the challenges you face at this health care center.
5. Have you had problems communicating with health care providers? When did you face communication problems? How do you communicate with health care providers? How do you prefer to communicate with health care providers?
6. What are the perception problems you face from the health care provide  
? Are the service providers willing to give service for you? What is your perception towards health care provider?
7. Do you face confidentiality and privacy problem while you use sign language interpreter or families and relatives? Are you comfortable when you use sign language interpreter?
8. Do you think deafness have an impact on one's health?

### **Consequences of health care service challenges**

9. Do those challenges have consequences on your health status? (psychologically, physically)  
How?
10. Do you understand how to use your medication?
11. What is your experience at this health care center?
12. How do you overcome those challenges?
13. Are you satisfied with the service?
14. In your opinion what should be done to improve the health care services to be more accessible for Deaf?

## Appendix 4

## Interview Guide for Health Care Providers (key informants)

Health Center \_\_\_\_\_

Date of interview \_\_\_\_\_

**Socio-Demographic information**

Sex \_\_\_\_\_

Educational Status \_\_\_\_\_

Occupation \_\_\_\_\_

## Guiding Questions

1. How do you understand Deafness?
2. Can you explain the service delivered for Deaf patients in this health care center?  
Can you tell me how Deaf patients treated in this health care center?
3. Do you ever get the chance to treat deaf individuals in this health care center? How do you communicate with them? Do you know sign language? Does the health care center have sign language interpreters?
4. What is your perception toward deaf people? Do you treat deaf patients equal to other hearings?
5. What are the challenges you face while you treat deaf patients?  
How do you overcome those challenges? Do you think they are satisfied with the service?
6. Do you think those challenges have an impact on the health of Deaf people?  
How?

## Health Care Service for the Deaf and Communication Challenges

7. Do you ever take any courses or trainings how to treat person with disabilities particularly Deaf people?
8. In your opinion what should be done to improve the health care services to be more accessible for the Deaf? (Suggestions for the government, health care centers and health care providers?)

### Appendix 5

#### Observation Check List

1. Availability of health care providers who know sign language?
2. Are there sign language interpreters?
3. Are there visual materials which help deaf people to get information?
4. Are there information desk which can help deaf individual?
5. What is special for the deaf?

# Health Care Service for the Deaf and Communication Challenges

## የመተማመኛ ቅጽ

ሊዲያ አሰጣጥ የሰፊ ወርክ የማስተርስ ተማሪ ነኝ። የጤና አገልግሎቶች መስማት ለተሳናቸው እና የተግባቦት ችግር በሚዳስስ በዚህ ጥናት ሲሆን አንድ-ትሳተፉ ተጋብዘውኋል በጥናቱ የሚሰበሰበው መረጃ በጥናቱ ውስጥ ብቻ የሚካተት ይሆናል። የዚህ ጥናት ተሳታፊዎች መስማት የተሳናቸው፣ የጤና መኮንኖች ነርሶች፣ ሲሆኑ ፤ በዚህ ጥናት በመሳተፍ የሚገኝ ገንዘብ የለም። በጥናቱ በመሳተፍ ሊገኝ የሚችለው ብቸኛ ጥቅም መስማት የተሳናቸው የጤና አገልግሎት እንዲያገኙ ለማድረግ የሚያስችል ተጨማሪ ዕውቀት ማበርከት ነው። ተሳታፊዎች የሚሰጡት ግላዊ መረጃ በሚሰጥ የሚያዝ ይሆናል። የርስዎን ፈቃድ የምወስደውና መረጃ የምሰበሰበው እኔ ብቻ ስሆን መረጃው በጥናቱ ግኝቶች ውስጥ የሚካተት ይሆናል። ግልጽ ሃሳቦች ከሰጧቸው መልሶች በጥናቱ የሚካተቱ ቢሆንም መረጃውን የሰጠው ሰው ስም በፍጹም አይጠቀስም። እርስዎ የሚሰጡት መረጃ በጣም ጠቃሚ ቢሆንም በጥናቱ መሳተፍ በርስዎ ሙሉ ፍላጎት ላይ የተመሰረተ ነው። እርስዎ ባመኑበት ጊዜ ራስዎን ከጥናቱ ማግለል ይችላሉ። ከዚህ ቢታች በመፈረም ፈቃደኛ መሆንዎትን ያረጋግጡ።

ለመሳተፍ ስለወሰኑ አመሰግናለሁ!!

ስም \_\_\_\_\_

ፊርማ \_\_\_\_\_

ቀን \_\_\_\_\_

Appendix 6

ለጤና አገልግሎት ተጠቃሚዎች የተዘጋጀ መጠይቅ

መጠይቅ የተደረገበት ቦታ -----

የግል መረጃ

ፆታ -----

የትምህርት ደረጃ

የሥራ ዓይነት

የጋብቻ ሁኔታ

/መስማት የተሳነው/ናት፣ ሚስት/

ስንት ልጆች አለዎት?

ስንት መስማት የተሳነው/ሚስት-----

ሰለ መስማት መሣን

ከወሊድ በፊት

ከወሊድ በኋላ

የተከሰተበት ዕድሜ -----

ለመስማት መሣን መንስኤ?-----

ከቤተሰብ አባል መስማት የተሳነው አለ?-----

መስማት መሣን ለአንተ/ ለአንቺ / ምንድን ነው? በዕለት ተዕለት ኑሮ ውስጥ ምን ተዕዕኖ አለው?

የቃለ መጠይቁ መነሻ ጥያቄዎች

1. በዚህ የጤና ተቋም ውስጥ አገልግሎት የምታገኙት እንዴት ነው? ነው? መስማት

ለተሳናቸው የተለየ አለ? ጠቅላላ የሆኑ የአገልግሎት መረጃ እንዴት ያገኛሉ? ከሌላው

የማህበረሰብ አካል ጋር አንድ ዓይነት አገልግሎት ታገኛለህ/ሽ/?

2. ጤና ነክ የሆኑ መረጃዎችን እና ትምህርታዊ ነገሮችን እንዴት ያገኛሉ (ንጽና፣ ጤና

አጠባበቅ፣ ተላላፊ በሽታ?

3. ጤና ተቋሙ የምልክት ቋንቋ አስተርጓሚዎች አሉት? የራሱን የምልክት ቋንቋ አስተርጓሚ?

በጤና ተቋሙ የሚያጋጠሙ ችግሮች

4. በእርስዎ ግንዛቤ መስማት የተሳተፈው የጤና አገልግሎት ከማግኘት የሚያግዳቸው ምንድን ነው?

5. ከጤና አገልግሎት ሰጪው ጋር እንዴት ይግባባሉ? ከጤና አገልግሎት ሰጪው እንዴት ቢግባቡ ይመርጣሉ; ምን ችግር አጋጠመህ/ ሽ/? ምን ችግር አጋጠመህ/ ሽ/?

6. በጤና ተቋሙ ውስጥ አገልግሎት ሰጪዎች መስማት ለተሳተፈው ያላቸው አመለካከት ምን ይመስላል? መስማት ለተሳተፈው አገልግሎት ለመስጠት ፈቃደኛ ናቸው፤

7. ከምልክት ቋንቋ አስተርጓሚዎች ወይም ከብተሰብ ጋር ስሆኑ የሚስጥራዊነት ጉለት አጋጠሞህ/ ሽ/ ያወቃል?

8. የታዘዙትን መዳኒቶች አወሳሰድ የረዳሉ; ጤና ነክ የሆኑ ምክሮችንስ?

9. በጤና ተቋሙ ያለህ/ ያለሽ/ ተሞክሮ ምን ይመስላል ?

10. በሚሰጠው አገልግሎት ደስተኛ ነህ/ሽ/

11. በጤና ተቋሙ የሚያጋጥሙህ/ሽ/ ችግሮች በጤናዬ ላይ ችግር አለው ብለህ ታስባለህ/ሽ/ እንዴት?

12. በጤና ተቋሙ የሚያጋጥሙህ/ሽን እንዴት ትወጣዋለህ/ ሽ/

13. መስማት መሳን በራሱ በጤና ላይ ችግር አለው ብለህ/ ሽ/ ታስባለህ/ሽ/

14. በግልህ/ሽ/ የጤና ተቋሙ እንዴት መሻሻል አለበት ብለህ/ ሽ / ታስባለህ/ሽ/ / በመንግስት፣/በጤና ተቋማት እና በጤና አገልግሎት ሰጪ ሠራተኞች/::

Appendix 6: Interview guide with health care providers (Amharic)

**ሰጠና አገልግሎት ሰጪዎች የተዘጋጀ መጠይቅ**

መጠይቁ የተደረገበት ቦታ

መጠይቁ የተደረገበት ሰዓት

**የግል መረጃ**

ጾታ

የትምህርት ደረጃ

የስራ ድርሻ

**የቃለ መጠይቁ መነሻ ጥያቄዎች**

1 መስማት መሳንን እንዴት ትገልጹታላችሁ

2 በዚህ የጤና ተቋም ውስጥ መስማት ለተሳናቸው ያለው አገልግሎት ምን ይመስላል; መስማት የተሳናቸው እንዴት ነው በአገልግሎት የሚያገኙት?

3 መስማት የተሳናቸውን ለማከም እድል አገኝተው ያወቃሉ? እንዴት ነበር የተግባራቸውን የምልክት ቋንቋ ይችላሉ? የጤና ተቋሙ የምልክት ቋንቋ አስተርጓሚዎች አሉት?

4 መስማት የተሳናቸውን በምትረዱበት ወቅት ምን ዓይነት ችግር ወይም ተግዳሮት አጋጠመህ/ሽ/? እነዚህን ተግዳሮቶች እንዴት ተወጣችሁት?

5 በአገልግሎቱ መስማት የተሳናቸው የረኩ ይመስልሃል/ሻል/?

6 በጤና ተቋማት ላይ ያለው ችግር መስማት በተሳናቸው ላይ የጤና ችግር ያመጣል ብለው ያስባሉ? እንዴት?

7 በአካል ጉዳተኞች ላይ በተለይ ደግሞ መስማት የተሳናቸውን እንዴት አገልግሎት መስጠት እንዳለባቸው የተመለከተ ስልጠና ወይም ኮርስ ወስደዋል?

8 እንደ ግል አስተያየትዎ መስማት የተሳናቸውን ለማገልገል ምን ምን ማሻሻያዎች መደረግ አለበት? / በመንግስት፣ በጤና ተቋማት እና በጤና አገልግሎት ሰጪ ሠራተኞች?