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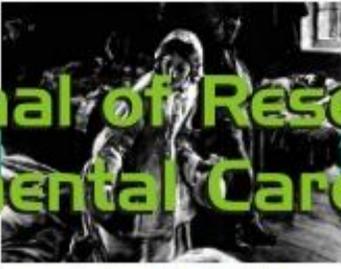
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RESEARCH

Access and communication of deaf adults: a voice silenced in health services

Acesso e comunicação de adultos surdos: uma voz silenciada nos serviços de saúde

Acceso para adultos sordos y comunicación: una voz silenciada en los servicios de salud

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ABSTRACT

Objective: To investigate the access and communication of deaf adults in health services. **Method:** A descriptive study conducted from March/2011 to July/2012 in a school of audio-communication located in Campina Grande/Paraíba, Brazil. Participated 36 patients who answered a questionnaire about access and communication in health services, and the data analyzed in SPSS. **Results:** It found that 75% of deaf people access medical services and 88.9% the dental service, being public institutions the most accessed ones (53.1%). The main factors that motivated 25% did not seek health services were: no need (88.8%) and not having anyone to follow (44.4%). All reported difficulties in communication with health professionals, being the help of a family member (86.1%) the alternative most commonly used. **Conclusion:** The access for deaf adults in health services permeated by difficulties, and the difficulty of nonverbal communication is the major factor that weakens the inclusion of these individuals. **Descriptors:** Nursing, Deafness, Health services accessibility, Communication.

RESUMO

Objetivo: Investigar o acesso e a comunicação de adultos surdos nos serviços de saúde. **Método:** Estudo descritivo, realizado de março/2011 a julho/2012 em uma escola de audiocomunicação, localizada em Campina Grande/PB, Brasil. Participaram 36 sujeitos que responderam um questionário sobre acesso e comunicação nos serviços de saúde, sendo os dados analisados no SPSS. **Resultados:** Verificou-se que 75% dos surdos acessam o serviço médico e, 88,9%, o odontológico, sendo as instituições públicas as mais acessadas (53,1%). Os principais fatores que motivaram 25% não buscarem serviços de saúde foram: não precisar (88,8%) e não ter ninguém para acompanhar (44,4%). Todos referiram dificuldade de comunicação com os profissionais de saúde, sendo o auxílio de um familiar (86,1%) a alternativa mais utilizada. **Conclusão:** O acesso dos surdos nos serviços de saúde é permeado por dificuldades, sendo a dificuldade da comunicação não verbal um dos principais fatores que fragiliza a inclusão desses sujeitos. **Descritores:** Enfermagem, Surdez, Acessibilidade aos serviços de saúde, Comunicação.

RESUMEN

Objetivo: Investigar el acceso y la comunicación de los adultos sordos en servicios de salud. **Método:** Estudio descriptivo desde Marzo/2011 hasta Julio/2012 en colegio de audio-comunicación ubicado en Campina Grande/Paraíba, Brasil. Los 36 participantes respondieron un cuestionario sobre acceso y comunicación en servicios de salud, y los datos analizados en SPSS. **Resultados:** Se encontró que 75% acezan los servicios médicos, y 88,9%, los dentistas, siendo las instituciones públicas más procuradas (53,1%). Los principales factores que motivaron 25% a no buscaren los servicios fueron: no es necesario (88,8%) y no tener a nadie a seguir (44,4%). Todos señalarán dificultad en la comunicación con los profesionales de salud, siendo la ayuda de un familiar (86,1%) la alternativa más utilizada. **Conclusión:** El acceso de los sordos en los servicios de salud está permeado por dificultades y la dificultad de la comunicación verbal es el principal factor que debilita la inclusión de estos individuos. **Descritores:** Enfermería, Sordera, Accesibilidad a los servicios de salud, Comunicación.

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INTRODUCTION

In the world, there are 360 million people with disabling hearing loss. Those people may have mild/moderate Deafness (hearing loss of up to 70 decibels) or severe/profound deafness (hearing loss above 70 decibels). Individuals with severe/profound deafness face difficulty to understand, with or without a hearing aid, the human voice, and to acquire, naturally the oral language code.¹

In Brazil, according to the Census of 2010, conducted by the Brazilian Institute of geography and statistics (IBGE), in the year 2010, the country counted 23.92% of its population by referring any disabilities, among these, 21.31% with some kind of hearing impairment.²

In this context, the deafness configures itself as a public health problem, because its incidence has increased due mostly to causes acquired, through the increase of noise exposure, cardiovascular factors and, often, due to the natural degenerative process in people older than 65 years of age.^{3,4}

People with hearing loss require access to health, not only associated with their disabilities, but the search of better health conditions related to actions of promotion, protection and recovery. Thus, it becomes important to the existence of trained professionals to serve the deaf community that seeks fulfillment in the unified Health System (SUS).⁵

In an attempt to address the gaps in health care, hearing the Ministry of health published the Ordinance GM No. 2,073/04, September 28, 2004, instituting the National health care Policy hearing. This document defines the guidelines for the Organization of care for people with hearing impairments at various levels of the SUS, in accordance with the principles of universality, integrality and fairness in health care hearing. Ordinance No. supplements this Ordinance. SAS. 587 of 2004, and SAS No.589 of 2004 that rules for the training of teams of basic attention, through the matrix of technical support professionals of hearing healthcare services in medium and high complexity.⁶

However, despite the existence of legal apparatus which seeks to guarantee the rights of deaf people, these people still face many difficulties in socialization, educational inclusion,⁷ access to services SUS⁸ and prejudice. When a deaf person any health service search encounters difficulties, mainly, communication with the professionals, a fact that ends up hurting the assistance provided.⁸

Therefore, on the assumption that certain consequences of deafness as prejudice and difficulty in oral communication⁸ submitted by deaf people can hamper the accessibility to these people, the objective of investigating the access and the communication of deaf adults in health services.

In this context, the study becomes relevant because investigate the difficulties faced by deaf persons in the access and communication in health services can provide subsidies for the health planning, structuring and improving services that meet this population group, as well as for the (re) formulation of public policies appropriate for this population.

METHODOLOGY

Descriptive study, conducted from March 2011 to July 2012 at the Escola de Audiocomunicação Demosthenes Cunha Lima (EDAC), located in Campina Grande, Paraíba, Brazil.

The target population for this study consisted of 36 deaf, who composed two focus groups of array research entitled "communication with deaf: contribution to nursing care mediated by sign language", developed by the group for studies and research in health care Conference (GEPASC), linked to State University of Paraíba (UEPB). For the formation of these groups, we conducted a random drawing of the deaf enrolled in EDAC, being the sample size calculated by using the formula $N(N-1)/2$, where N is equal to the number of participants. It considered, randomly, the number 6, which applied to the formula, obtained a value of 15 subjects. After that calculation, if 20% added to cover possible absences, obtaining two groups with 18 participants in each.

Therefore, for the present study, the participants of the primary research, totaling 36 subjects, who met the eligibility criteria, composed the sample: have at least 18 years of age, do not submit another type of disability, cognitive function preserved and accept participate in the investigation.

The data collection occurred in two steps: 1) visit to the school to invite students to participate in research and signature of informed consent, 2) application of a questionnaire with closed issues about access to and communication of participants in health services, which applied in day and scheduled time with study participants.

The data has deployed and tested through the program Statistical Package for the Social Sciences (SPSS) version 17.0 for Windows. The descriptive statistics used to calculate absolute and relative frequencies, and the results presented in tables.

After authorization by the Director of the EDAC to realization of research, the Research Ethics Committee of the Universidade Estadual da Paraíba (CAAE 0700.0.133.000-11) approved the project. The researchers followed the guidelines of the resolution 196/96 of the National Health Council, ensuring anonymity, privacy, and the confidentiality of the identity of the subjects involved in the research.

RESULTS AND DISCUSSION

Demographic profile

In table 1, are the demographic profile of the participants. The sample included 36 subjects aged between 18 and 35 years old, with a predominance of people with 18 to 23 years (55.6%) being most male (63.9%); single (83.3%) and with income between one and two minimum wages (75%).

Table 1- Demographic profile of deaf adults. Campina Grande-PB, Brazil, 2012.

Sociodemographic variables	N	%
Sex		
Male	23	63.9
Female	13	36.1
Age group		
18-23 years	20	55.6
24-29 years	12	33.3
30-35 years	4	11.1
Schooling		
Fundamental I	14	38.9
Instrumental II	4	11.1
Medium	18	50
Marital status		
Single	30	83.3
Married	5	13.9
Divorced	1	2.8
Average Family Income *		
1-2 SM	27	75
More than 2 SM	9	25

* SM = minimum wage- \$ 622,00.

Access to health services

As shown in table 2, when analyzed the variables relating to access health services, it found that 75% of the deaf access medical service and 88.9%, dental, health care, and public institutions the most accessed (53.1%). The main factors that have motivated 25% of participants do not seek health services were: no need (88.8%) and have no one to accompany to the health institution (44.4%). It also found that 33.3% make use of medicines, and 66.6% have difficult access to remedies.

Table 2 - Frequencies of access to health services of deaf adults, Campina Grande-PB, Brazil, 2012.

Access variables		N	%
Access to medical service	Yes	27	75
	No	9	25
Access to dental services	Yes	32	88.9
	No	4	11.1
Type of service accessed	Public service	17	53.1
	Health plan	8	25
	Particular	7	21.8
	No	4	11.1
Services accessed (More than 2 times a year)	Medical consultation	9	25
	Dental appointment	8	22.2
	Clinical examination	5	13.8
	Physical therapy	1	2.7
	Hospitalization in hospital	1	2.7
Why not access	Not needed	8	88.8
	Nobody to accompany	4	44.4
	Geographical difficulty	3	33.3
	Difficulty of locomotion	2	22.2
	Difficulty of transport	2	22.2
	Financial hardship	2	22.2
Makes use of medicine	Yes	12	33.3
	No	23	63.8
Difficulty of access to medicine	Yes	8	66.6
	No	4	33.3

Communication with the health care professional

In table 3, there is the difficulty of communication and medium of expression that most participants in the approach with the health professional. Among the findings, 100% of the participants reported having difficulty in communicating with health professionals. In an attempt to communicate, many reports communicate primarily through the aid of a familiar (86.1%).

Table 3 - Frequencies on the communication of deaf adults with health professionals, Campina Grande-PB, Brazil, 2012.

Communication variables	N	%
Difficulty of communication		
Yes	36	100
Form of expression		
Assistance of a family member	31	86.1
Writing	10	27.7
Mime	9	25
Lip reading	8	22.2
Assistance of an interpreter	5	13.8
Image	2	5.5
Drawing	1	2.7
Pounds	1	2.7

The demographic profile found in the study pointed to the predominance of the deaf male, young and with low income. Such data corroborates a poll held in São Paulo who identified significant male majority (RP = 1.6).⁹ However, other studies in the South and Southeast of Brazil showed a higher prevalence of deaf women.^{10,11} Another investigation, conducted in the United States identified higher prevalence of people with hearing loss in young group, and five times higher in men than in women.⁴ in respect of income, according to the who, 80% of people who are deaf or hard of hearing living in low-and middle-income countries.¹

Regarding the access of deaf adults to health service, the study demonstrates that most individuals usually pick it up, with a predominance in hospital and medical consultation, being the fact that you do not need the most common justification for not seeking health services. This data may be indicative that the deaf are seeking consultations to solve problems under

curativista, to the detriment of preventive procedures. In this context, another study shows that deaf people feel difficulties in understanding the speech of professionals, hindering the process of assistance.¹²

One can assume that the problems of the deaf in primary care are not being resolved effectively. A survey of 11 deaf people aged above 18 years, through the marketing of a religious institution of the city of Goiania, Goiás, identified the difficulty of the deaf community in attaining the basic health network, for complaints relating to communication barriers, public policies directed to them and complaints relating to health services, in which relate to structuring the covers.¹³

The difficulties of access faced by deaf persons in the context of primary care may be generating fragilities in the process of promotion, prevention and health education. An investigation held in Canoas/RS found a lower prevalence of condom use in deaf people towards people listeners. The same study identified those women with deafness in less frequently than women listeners did the breast self-examination as a technique for early detection of breast cancer.¹⁰

As regards the communication of the deaf, the difficulty of communicating with health professionals still constitutes an obstacle. In this study, most referred to have it when in contact with nurses, dentists and doctors. This suspected as being a hearing essential direction for the acquisition and use of language, the deaf person faces greater difficulty of inclusion in society when compared to people with physical and visual disabilities.¹⁴

Another study indicates that the deaf patient remains a challenge for health professionals and for the deaf, due to limitation of professionals, from inception to the moment of final guidelines on the care and treatment.¹⁵

This reality still persists despite what presents the Decree nº 5,626, December 22, 2005, which deals with the "guarantee of the right to health of persons who are deaf or hard-of-hearing", which determined that from 2006, the customer service people who are deaf or hard-of-hearing in the SUS services network, as well as in companies that hold concession or permission of public healthcare services, should be performed by professionals trained to use Brazilian sign language (Libras) or for your translation and interpretation.¹⁶

Alternatively, to confront this reality, people with deafness implement other forms of communication, such as writing, lip-reading, MIME and especially the help of relatives, as verified in this study. In an investigation carried out with 100 professionals, being 37% 63% nurses and nursing technicians, identified that the most used communication strategies were MIME (100%) (94%); Lip-reading assistance of chaperone (65%); writing (42%); and that only 1% referred to communicate through Pounds.¹⁷

These data are worrisome, because in those situations where the trader is unaware of the Pounds and chooses to collect information with the chaperone, is missing with the confidentiality of information that is specific to the deaf and, even if unconsciously, ignoring this patient, assigning him a non-person treatment, creating an obstacle for these people in the health service.

Another study conducted in the city of Fortaleza-CE found that nurses face difficulties in the process of communicating with the deaf by unaware of the Pounds. These professionals seeking to learn ways to relate, in order to provide well-being and convey more confidence, but the success is limited by lack of preparation since his academic training. So were unsure when interacting with deaf people due to lack of skill in conveying information about your health.¹⁸

In this context, a survey carried out on Paraiba found that among the 14 existing nursing courses, only eight offer Pounds as a component, these being optative private institutions. The adoption of the component Pounds in healthcare courses is of paramount importance in the training of professionals, as they will contribute to a full and fair service to all citizens.⁷

In view of the foregoing, it understood that communicative barriers that impair the bond to be established mark health professional interaction-deaf and the assistance provided, and may interfere with diagnosis and treatment. This signals need for managers and health human resources forming institutions in offering health programs aimed at training professionals for suitable assistance to deaf patients.

It is believed that the study, despite the limitation on the sample size, making it impossible for the generalization of the results, provides grants for the planning of health and nursing actions, inserting in their Praxis guidance on the health needs of deaf people, for which

the assistance is adequate, aiming at promotion, a humanized form and focused in the context of a society more inclusive true.¹¹

CONCLUSION

The data of the study reflect a favorable demand to search for health services, but concluding if the access of deaf people permeated by difficulties. For evidenced that the difficulty of nonverbal communication is one of the main factors that makes the inclusion of these subject, reverberating on several factors of social relations, including the accessibility to health services and goods, and social participation.

This situation persists despite the National health care Policy Hearing recommend a set of actions designed to meet the needs of this population with regard to health, education, labor, and social affective relationship. Thus, it appears that the guidelines of this policy do not have guaranteed all the rights of people with hearing loss. Thus, it is understandable that many issues relevant to the deaf assistance still need to clarified and that the studies about the peculiarities of this population require continuity.

In this way, indicates the need for improvement of methodological tools of systematization of health assistance, including in nursing for hearing health; biggest area of nonverbal communication by health professionals; reformulation of pedagogical projects of graduation in nursing and healthcare courses, inserting components focused on assistance to persons with disabilities, in addition to the availability of £ component, as well as the encouragement of research that focus on signs and symptoms of harms to health expressed in pounds.

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