






## Accessing Healthcare Services Among Deaf Students: A Case Study of the Savelugu School for the Deaf, Northern Region-Ghana

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### ABSTRACT

Individuals with disabilities are among the most disadvantaged in many communities. There are pieces of evidence that individuals with disabilities across the globe face distinctive obstacles when accessing healthcare facilities, and have worse health outcomes than people without disabilities. The purpose of the study was to explore access to healthcare services by students at Savelugu School for the Deaf in the Savelugu Municipality in Northern Region, Ghana. Purposive sampling was used to select fourteen (14) students for the study, five (5) girls and nine (9) boys. Data for the study was gathered through face-to-face in-depth interviews using semi-structured interview guide. Thematic analysis was performed on the interview data after it had been transcribed, coded, and analyzed. The analysis of the data showed that the most significant obstacles to students' access to healthcare services were communication barriers. Participants were optimistic that when provisions like sign language use by healthcare providers and other health workers as well as the use of interpreters are made available at various health facilities, access to healthcare would improve. Based on the findings, the study recommended that teachers in the school should encourage students to visit approved healthcare facilities for healthcare services instead of visiting native doctors and prayer camps for treatment. The Ministry of Health (MoH) in collaboration with other stakeholders should introduce sign language education in the curriculum of health training institutions so health practitioners can properly assist persons with hearing disability to access proper health care. This study adds to the existing literature on challenges faced by persons with disabilities in accessing healthcare across Ghana and the globe.

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### INTRODUCTION

Individuals with disabilities are among the most disadvantaged in many communities. Although the international human rights movement has changed lives everywhere, people with disabilities have not benefited in the same way as people without disabilities. Regardless of a nation's human rights or economic status, they are usually the last to have their rights reserved.<sup>1</sup>

<sup>1</sup> United Nations and Andrew Byrnes, *From Exclusion to Equality: Realizing the Rights of Persons with Disabilities: Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities and Its Optional Protocol* (United Nations, Office of the High Commissioner for Human Rights, 2007).

In view of this, the World Health Organization and the United Nations Convention on the Rights of Persons with Disabilities exhort member states to make provisions in their legal documents for promoting equal access to quality healthcare for persons with disabilities. Ghana has signed these international conventions and has passed legislation such as the Disability Act in this respect.

In Ghana, the enactment of the Disability, 2006 (Act 715) was aimed at ensuring that persons with disabilities enjoyed the privileges enshrined in Article 29 of the nation's 1992 Constitution. Act 715 provides for access to health, education, jobs, information and communication, and decent social life for people with disabilities.<sup>2</sup> Access to healthcare is a recognized right under Ghana's 1992 Constitution and as such individuals with disabilities should be able to access healthcare in the formats required. Access to healthcare is an essential human right that is protected by both domestic and international legislation. Despite the provisions in international and national legislation for equitable healthcare services for people with disabilities, practically, it appears access to healthcare for persons with disabilities in general and the deaf in particular remains a challenge.<sup>3</sup>

Discussions with parents, teachers and Deaf students at the Savelugu School for the Deaf revealed that the deaf, especially students hardly visit any health facility when they fall sick. Furthermore, it was observed that the few Deaf students who go to the health facility face difficulties communicating with healthcare providers. Though several studies have been conducted on access to healthcare among the Deaf communities in Ghana, it appears access to healthcare among the deaf in the Northern part of the country, particularly among students at Savelugu School for the Deaf, has not been explored. It is against this backdrop that this study sought to explore access to healthcare services by students at Savelugu School for the Deaf on how they access healthcare services in their communities. Two research questions were formulated to guide the direction of the study: 1. Where do students of Savelugu School for the Deaf seek healthcare services when they are sick? 2. In which ways can healthcare services be made more accessible to students at Savelugu School for the Deaf?

## LITERATURE REVIEW

Being Deaf refers to a disability that affects an individual's sense of hearing. It is described as a complete or total loss of ability to hear from one or both ears. Individuals with Deafness, use sign language, as their first and preferred language. This study focuses on the Deaf. The World Federation of the Deaf estimates that there are about seventy (70) million people with Deafness across the world.<sup>4</sup> Notwithstanding, the 2021 World Report on Hearing Loss indicated that 1 out of 5 persons worldwide live with hearing loss, 80% of which live in low and middle-income countries, and Ghana is no exception to this.<sup>5</sup> In Ghana, the 2020 Population and Housing Census report stated that 19,448 people are Deaf.<sup>6</sup> This population of Deaf leaves no doubt that healthcare professionals are likely to meet Deaf people seeking healthcare. Accessibility to healthcare by Deaf people in Ghana leaves room for investigation.

Access to healthcare has been explained by different scholars from different perspectives. Levesque et al explained access to healthcare as the ability to identify healthcare needs, seek healthcare services, obtain or use healthcare services and ensure the fulfillment of the needs for these services. Ataguba and Goudge observed that access to healthcare is the ability to obtain and use high-quality health services promptly.<sup>7</sup> These explanations indicate that access to healthcare is the tendency of an individual to get or obtain health needs. Though international and national legislations have made it mandatory for every person to have access to healthcare, it appears that access to healthcare by people with disabilities, especially the Deaf has become an utmost issue of concern. Badu asserted that accessibility is one of the important components in determining barriers to healthcare for people with disabilities.<sup>8</sup> In Article 29(6) of the 1992 Constitution of the Republic of Ghana, it is stated that "as far as practicable, every place to which the public has access shall have appropriate

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<sup>2</sup> Anankyele Abana Alemna and Joel Sam, "Critical Issues in Information and Communication Technologies for Rural Development in Ghana," *Information Development* 22, no. 4 (2006): 236–41.

<sup>3</sup> World Health Organization, *World Report on Disability 2011* (World Health Organization, 2011).

<sup>4</sup> Wanda J Neary et al., "Psychosocial Effects of Neurofibromatosis Type 2 (Part 1): General Effects," *Audiological Medicine* 4, no. 4 (2006): 202–10.

<sup>5</sup> Serwaa A. Adzoga, "About Half a Million People Suffer Some Degree of Hearing Loss-2021 Population and Housing Census," My Joy web, March 3, 2022, <https://www.myjoyonline.com/GhanaHomepage/NewsArchive/About-half-a-million-people-suffer-some-degree-of-hearing-loss-2021Population-and-HousingCensus>.

<sup>6</sup> Adzoga, "About Half a Million People Suffer Some Degree of Hearing Loss-2021 Population and Housing Census."

<sup>7</sup> John Ele-Ojo Ataguba and Jane Goudge, "The Impact of Health Insurance on Health-Care Utilisation and out-of-Pocket Payments in South Africa," *The Geneva Papers on Risk and Insurance-Issues and Practice* 37 (2012): 633–54.

<sup>8</sup> Eric Badu. "Healthcare accessibility barriers confronting persons with disabilities in the Kumasi metropolis." Unpublished Master's Thesis, Kwame Nkrumah University of Science and Technology, Kumasi (2014).

facilities for people with disabilities. Individuals who are deaf and belong to a group of people with disabilities face a variety of challenges in their search for healthcare.

Empirical studies have shown that people with deafness face many barriers to accessing healthcare. The World Health Survey (WHS) data is one of the empirical sources supporting this claim.<sup>9</sup> The WHS provides seven explanations for the lack of proper treatment. Findings are from low-income and middle-income countries showing that the most common issue relates to visiting healthcare, cost of the visit, inadequate facilities, negative personal healthcare perceptions, inadequate skills among healthcare providers, lack of interpreters, the inability of health personnel to communicate in sign language occur more frequently as obstacles faced by the deaf.

In 2006, Steinberg et al. looked specifically at the accessibility to healthcare for Deaf people who mainly use American Sign Language (ASL). They found that Deaf people had both positive and negative experiences. The positive experiences were found in situations where medically experienced interpreters were used, when healthcare providers could use sign language, and when providers made an effort to improve communication. The overarching barrier was discovered to be communication issues, which elicited feelings of fear, mistrust, and frustration in their descriptions of the healthcare service encounter. They were afraid of the consequences of miscommunication between themselves and their healthcare providers, which often resulted in patients harboring mistrust.

Corroborating this observation is Barnett et al., who provided a vivid analysis of Deaf people's access to healthcare in the United States and noted that communication issues affected the health outcomes of study participants.<sup>10</sup> Similarly, Kyle and Allsop discovered in a case study in Scotland that four out of eight elderly Deaf people interviewed could sometimes understand their doctor and others could not understand their doctor at all due to their doctors' inability to communicate in sign language, hence, losing their trust in going to hospitals.<sup>11</sup>

The above empirical reviews portray that accessibility to healthcare is a challenge among people with hearing loss, especially Deaf people. The Deaf play an important role in societies and their lives revolve around sign language. Thus, denying them the opportunity to access healthcare service or communicate in sign language with health professional worsen their health conditions and makes them feel discriminated against and isolated. However, to make healthcare services accessible to Deaf people, healthcare providers must be trained to communicate in sign language.<sup>12</sup> Also, the language of Deaf people must be accorded the necessary recognition, and sign language interpreters must be made available in healthcare centers.

## METHODOLOGY

The research was conducted using a case study research design. As a result of the design, the researchers were able to investigate the places where students at Savelugu School for the Deaf seek healthcare, and how healthcare services can be made more accessible to them. The population for the study comprised Junior High School students of Savelugu School for the Deaf in the Northern Region of Ghana. The total population of Junior High School students in Savelugu School for the Deaf is eighty (80). Fifty-six (56) are boys and twenty-four (24) are girls. The target population was Deaf students who access healthcare without being accompanied by anyone. A purposive sampling technique was used to select fourteen (14) students for the study. The fourteen (14) students were chosen because they were individuals in the sampled population who met the inclusion criteria of being students who access healthcare services alone. Data for the study was gathered through face-to-face in-depth interviews using a semi-structured interview guide. Samples of questions used for the interview included the following. Where do you seek healthcare services? Why do you seek healthcare at that place? How are you handled at that place? What has to be done to increase access to healthcare for Deaf individuals? Questions were validated by experts from the Department of Special Education, University of Education, Winneba. Interviews were conducted in Ghanaian Sign Language with the assistance of an interpreter. The responses to the interview questions were sent back to participants to confirm the information they provided.

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<sup>9</sup> Organization, *World Report on Disability 2011*.

<sup>10</sup> Steven Barnett et al., "Deaf Sign Language Users, Health Inequities, and Public Health: Opportunity for Social Justice Posted on February 15, 2011 By," n.d.

<sup>11</sup> J G Kyle et al., "Investigation of Access to Public Services in Scotland Using British Sign Language," 2005.

<sup>12</sup> Hauland Hilde and Allen Colin, "Deaf People and Human Rights," *World Federation of the Deaf and Swedish National Association of the Deaf*. [Accessed July 2014], 2009.

## PRESENTATION OF FINDINGS

Research Question 1: Where do students at Savelugu School for the Deaf seek healthcare services when they fall sick?

Students made the following comments concerning places they seek healthcare when they are sick.

Kofi commented:

*I go to the hospital when I'm sick, but I'm afraid to go because I have to write to request for my folder several times before I get it. No one is willing to assist. It's the same at the doctor's office. Doctors talk to me and write to me, but I don't understand what they are saying.*

Amina commented:

*I go to the hospital when sick because sickness is painful. What if I do not go because of communication problems and the sickness becomes serious and I die?*

Alidu remarked:

*I always go to the hospital when I am sick, but communication there is difficult. They always talk to me but I don't understand because I am Deaf. However, I always get treatment from doctors and nurses.*

Dawuni noted:

*I go to the hospital when I am sick, but communication with the doctor and nurses is difficult. They always talk to me but I don't understand because am Deaf. But I get medicine from the doctor and nurse.*

Mohammed commented:

*I do not like hospitals, because going to the hospital is difficult. When am sick, I tell my father to get me herbs from a local doctor. Home treatment is easy, it is not difficult. The doctor at the hospital is illiterate in sign language and does not understand me when I sign. Because the doctor does not know sign language, he gives me the wrong treatment.*

Kweme said:

*I stopped going to the hospital for a long time. Now when I am sick, the pastor prays for me and sometimes my mother gives me local medicine made of herbs in the house. I stopped going to the hospital because I do not trust doctors' medicine and treatment*

Alhassan remarked:

*I do not go to the hospital when I am sick because hospital treatment is not good. After all, the doctor and nurse do not understand when I sign to them. So, they give me the wrong medicine*

Fati noted:

*I do not go to the hospital because at the OPD when you give out your card for the folder, and the nurse calls your name, you don't hear. I went to the hospital where all the patients heard their names and went to the doctor and left me alone and later the nurse gave me my card to go and see the doctor.*

Karim remarked:

*I do not go to the hospital when I am sick, because hospital treatment is not effective. The doctors and nurses do not understand sign language and often administer the wrong medication.*

## DISCUSSION

**Research Question 1: Where students at Savelugu School for the Deaf seek healthcare services when they get sick.**

Analysis of interview data findings about places students seek healthcare when they are sick revealed that some of them patronise the hospital or clinic for healthcare services. However, a significant number of students stated that they only go to the hospital once in a while and prefer to rely on alternative treatments such as herbs, prayers, and consulting native doctors when they are sick. A possible reason for this is the difficulty Deaf students encounter in communicating with healthcare providers. The inability of healthcare providers to communicate in sign language with Deaf students, predisposes them to resort to other means of medication, rather than going to the healthcare centers when they are sick. These findings align with a previous study

conducted in the United States (US) by Kannan and Veazie. They reported that a lot of Deaf individuals, especially Deaf students, avoided seeking medical help despite experiencing signs of sickness due to communication barriers with healthcare providers.<sup>13</sup> Further support for these findings comes from a study conducted by Tsimpida et al. Their study revealed that a significant percentage of Deaf individuals do not effectively utilize health facilities especially, emergency departments, for minor or short-term diseases due to communication challenges.<sup>14</sup>

The students in this study expressed dissatisfaction with the level of care they received at health institutions. This they attribute to communication barriers. These findings are consistent with another study by Mikkola et al., which found that individuals with hearing impairment often reported dissatisfaction with the healthcare service providers, and were more likely to experience unmet healthcare needs compared to those without hearing difficulties, due to communication barriers. The inability of Deaf individuals to access appropriate healthcare as a result of communication challenges puts them at risk of receiving inadequate medical attention, which can have long-term effects on their health.

## **Research Question 2: In what ways can healthcare be made more accessible to students at Savelugu School for the Deaf?**

Three themes emerged from the analysis of interview data for research question two. These included what has to be done to increase access to healthcare for Deaf students, who should be responsible for making healthcare accessible for Deaf students, and finally, the form that access to healthcare should take.

### **Theme one; What has to be done to improve access to healthcare for Deaf students?**

The students stated the following about which measures to be taken to increase access to healthcare for Deaf students as follows:

Kwame stated:

*For access to improve, I think the Ministry of Health should put in place television programs about health problems and interpretations in sign language side by side which is helpful to get information and knowledge about sickness. Like Covid 19 was presented on television.*

Nancy noted:

*Having a health center attached to a general hospital where healthcare providers who are familiar with Deaf culture and are able to communicate in sign language are made to work at such centers, will help us to access healthcare without difficulties.*

Nando remarked:

*To improve access to healthcare for Deaf students, I think hospital staff, like the doctors and nurses and those at OPD, should give time to the Deaf people during consultation. This will help Deaf students get time to discuss their ailments to get the correct medicine from doctors and nurses*

### **Theme two: Who should be responsible for making healthcare accessible for Deaf students?**

With regard to who should be responsible for making healthcare accessible to Deaf students, students stated the following:

Zakari stated:

*For who should be responsible for making healthcare accessible to Deaf students, I think the Ghana Health Service should do all that is needed at the hospital like giving hospital interpreters to help during consultation. This will help us to tell the doctor more about our ailments so that doctors can prescribe the correct medicine for us.*

Haruna remarked:

*I think the health department in the country should be responsible for making healthcare accessible to Deaf students because workers in the country pay taxes to the government. So, the health department, gives all the support at the hospital, for example, training all health workers in sign language so that we can communicate with health workers easily*

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<sup>13</sup> Viji Diane Kannan and Peter J Veazie, "Predictors of Avoiding Medical Care and Reasons for Avoidance Behavior," *Medical Care*, 2014, 336–45.

<sup>14</sup> Dialehti Tsimpida, Daphne Kaitelidou, and Petros Galanis, "Determinants of Health-Related Quality of Life (HRQoL) among Deaf and Hard of Hearing Adults in Greece: A Cross-Sectional Study," *Archives of Public Health* 76, no. 1 (2018): 1–11.

Gafaru added:

*I think the health department should be responsible for making healthcare accessible for Deaf students and make sure we Deaf get free access to healthcare and the trouble in accessing healthcare will stop.*

### **Theme three: Which form should healthcare access take?**

Concerning the form that healthcare should take, students mentioned the following,

Dade said:

*For me, health-related education programs should be taught to us at the school level by our teachers who can sign. I think this will help us because the information will be in a language that we understand.*

Kukua noted:

*I think health problems or sicknesses should be shown on television stations with sign language interpretation to help us gain knowledge and awareness of various illnesses.*

Nurudeen added:

*I think at the hospital, there should be a place for only Deaf students, where doctors and nurses who understand Deaf students are working so that we go there for treatment and health information on a one-on-one basis.*

## **DISCUSSIONS**

The three themes that were developed from the analysis of interview data to determine ways healthcare can be made more accessible to students at Savelugu School for the Deaf revealed the following. Health centers must be attached to general hospitals where healthcare providers who are familiar with Deaf culture and are able to communicate in sign language are made to work at such centers. This approach aligns with the successful model in Austria, where health centers for the Deaf are connected to general hospitals. This enables Deaf individuals to receive complete access to healthcare services from staff who understand their culture and can communicate effectively, as highlighted by Fellingner and Holzinger's study in 2014.<sup>15</sup> Secondly, it revealed that health information should be provided in Deaf students' native language (sign language). A reason for this is that Deaf individuals, specifically students can comprehend, understand, and become more aware of various health conditions when information is given in a language they understand. Research by Mauffrey et al. supports this finding. According to Mauffrey et al., the effectiveness of delivering health information in sign language to the Deaf population improves their access to healthcare.<sup>16</sup>

With regard to the second theme, the results indicated that the Ministry of Health should take responsibility for ensuring that healthcare is accessible to all Deaf students. They emphasized the need for the employment of supporting staff, such as sign language interpreters, in health facilities to facilitate effective communication between Deaf individuals and healthcare providers whenever the need arises. The inclusion of such support services would enable Deaf individuals to access healthcare services without facing communication barriers. The findings of this study are consistent with a previous study conducted by Anderson et al., which also recommended that institutions responsible for providing healthcare services should employ supporting staff such as sign language interpreters in health facilities. This step would help ensure effective communication between Deaf individuals and healthcare providers, promoting equitable access to quality healthcare for the Deaf community.<sup>17</sup>

Regarding the third theme, which emphasized the form access to healthcare can take, the results revealed that health-related educational programs designed specifically for Deaf individuals should be incorporated into the school curriculum. They recommended that these programs should be taught by teachers proficient in sign language. Additionally, participants expressed a preference for such health-related educational content to be broadcast on television stations to enhance knowledge acquisition and raise awareness of various health issues within the Deaf community.

Furthermore, the results obtained from participants on the third theme highlighted the significance of healthcare practitioners who can communicate using sign language. They specifically mentioned professionals

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<sup>15</sup> Johannes Fellingner and Daniel Holzinger, "Creating Innovative Clinical and Service Models for Communication: Institut Fuer Sinnes-Und Sprachneurologie," *Journal of Developmental & Behavioral Pediatrics* 35, no. 2 (2014): 148–53.

<sup>16</sup> Violaine Mauffrey et al., "Qualitative Survey of Deaf Patients Concerning Perception of Their Management by General Practitioners," *Sante Publique* 28, no. 2 (2016): 213–21.

<sup>17</sup> Mauffrey et al., "Qualitative Survey of Deaf Patients Concerning Perception of Their Management by General Practitioners."

in the Outpatient Department (OPD), laboratory workers, nurses, and doctors as essential providers who should be trained in sign language. By doing so, communication barriers between Deaf clients and healthcare providers could be significantly reduced, leading to better healthcare outcomes for the Deaf community. These findings are consistent with a study conducted by McKee et al. The outcome of their study indicated that health education programs specifically tailored for the Deaf, along with health education materials and video-based interventions, are highly effective in disseminating health-related information to the Deaf population.<sup>18</sup>

Additionally, the results of this study align with the research conducted by Kritzingler, which revealed that Deaf individuals rely heavily on their visual sense, making visual formats, such as those presented on television, the most effective way for them to learn and absorb information.<sup>19</sup> Overall, the study underscores the importance of providing health-related educational materials and interventions that cater to the unique needs and preferences of the Deaf community, using sign language and visual formats to ensure effective communication and knowledge dissemination.

## RECOMMENDATIONS

Based on the findings conclusions, the following recommendations were made:

1. Teachers in the school should encourage students to visit approved healthcare facilities for healthcare services instead of visiting native doctors and prayer camps for treatment.
2. The Ministry of Health (MOH), in collaboration with the Ghana Health Service (GHS), should direct and ensure that health training institutions in the country introduce effective and comprehensive sign language courses so that graduates from these institutions will be able to communicate with patients who are Deaf.
3. The Ministry of Health should design health-related education programs for students who are Deaf to enable them to acquire knowledge and awareness of illnesses.

## CONCLUSION

The purpose of the study was to explore access to healthcare services by students at Savelugu School for the Deaf in the Savelugu Municipality in Northern Region, Ghana. This is due to the various challenges that persons with disabilities generally face in their quest to access healthcare. The study revealed that the most significant obstacles to students' access to healthcare services are communication barriers. To enhance access to healthcare, various provisions, such as employing healthcare providers who are proficient in sign language, utilizing interpreters, and establishing health centers connected to general hospitals will improve access to healthcare services for Deaf students.

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<sup>18</sup> Michael M McKee et al., "Impact of Communication on Preventive Services among Deaf American Sign Language Users," *American Journal of Preventive Medicine* 41, no. 1 (2011): 75–79.

<sup>19</sup> Janis Kritzingler et al., "'I Just Answer 'Yes' to Everything They Say': Access to Health Care for Deaf People in Worcester, South Africa and the Politics of Exclusion," *Patient Education and Counseling* 94, no. 3 (2014): 379–83.

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