Disablers to Access to Healthcare services experienced by Learners with Hearing Impairment at Musakanya School in Mpika District, Zambia

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***Abstract*: This study focused on disablers experienced by learners with Hearing Impairments (LwHI) when accessing health services in Zambia. A qualitative methodology driven by Hermeneutics Phenomenology research design was applied. In addition, a purposive sampling technique was used to enlist Ten LwHI to participate in this study. Participants volunteered to voice their lived experiences and clusters of themes emerged thereafter. Emergent themes from the lived experiences of LwHI included: poor health services and academic performance of LwHI that represent their felt worlds while at Musakanya school. The findings of the study revealed that most of the LwHI health services were unmet due to inaccessibility to better health services caused by poor communication, wrong diagnosis, lack of privacy and confidentiality, discrimination, inadequate medical vocabulary for signs, poor health education, Limited Institutional support staff and Negative attitude. The study also unearthed that LwHI experienced poor health services which resulted in poor academic performance due to absenteeism and prolonged admission at hospitals. Based on the findings of the current study, the researchers provide five (5) recommendations among which include: inclusive policy, communication, mandatory training of sign language to health workers, teachers to offer remedial works and improve on health education.**

***Key Words*: Disablers, Lived Experiences, Hearing Impairment, Health Services, Mpika, Zambia**

I. CONTEXT

This paper is an excerpt from the principal researcher's Master of Special Education dissertation. The Master's programme was offered by the University of Zambia (UNZA) and has been running since 2020 (Manchishi, Simui, Ndhlovu & Thompson, 2020). The University of Zambia is a public university with a history of more than 50 years (Mundende, Simui, Chishiba, Mwewa & Namangala, 2016).

The study used the Hermeneutic approach and the researchers accepted the difficulty of bracketing, as advanced through the Transcendental Phenomenology of Edmund Husserl. Simui (2018) observes that phenomenology focuses on human experience for it explores the individual's lived experiences and search for meaning. Therefore, this study attempted to unveil the world as experienced by the LwHI through their lifeworld stories.

Despite Zambia being a signatory to various policies such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD), Act 2012 and others with the view of promoting their full participation and accessibility in society, little has been done in the health sector as a result Hearing Impaired (HI) learners are still struggling to access health services on an equal basis with non-HI learners because health workers up today lack sign language skill and also qualified interpreters are not employed to link medical workers with HI learners. However, this research aimed at exploring lived experiences of learners with hearing impairment when accessing health services. The purpose of the study was to explore the lived experiences of learners with hearing impairment when accessing health services. The objective of this study was to explore disablers access to health care services for learners with hearing impairment.

Theoretical Underpinnings

The current study made use of a triad of theories to effectively explore the lived experiences of learners with Hearing Impairment as follow:

Social Inclusion Theoretical Model

The social inclusion model was thus developed to challenge the discrimination that the minority groups faced in society. According to Bigby and Frawley (2010) stated that social inclusion means enabling people with disabilities to do those ordinary things, make use of mainstream services such as health services and be fully included in the local community. For learners with H. I to experience inclusion, the health workers should accommodate them and be educated in sign language so that their clients could receive and access better health services (Schulze, 2009).

Human Rights Theoretical Model

Inclusion as a human right simply means that all rights are guaranteed to everyone, without distinction, exclusion or restriction based on disability or race, sex, language, religion, political or other opinions, national or social origin, property, birth, age, or any other status (HRCZ (2010 & Schulze, 2009). People with disabilities in Zambia have continued to experience human rights violations despite the country's ratification of the Convention of the Rights of People with Disabilities and subsequent enactment of the Persons with Disability Act in 2012.

Phenomenology Model

The phenomenology model is based on the study of life experiences, regarding an event, from the subject's perspective. Simui (2018) observes that phenomenology focuses on human experience for it explores the individual's lived experiences search for meanings. It aims to change the lived experience into a textual expression of its importance, in such a way that the text's effect represents a reviving reflection and a reflexive appropriation of something significant: in which the reader comes to life with strength in its own lived experience (Fuster, 2019).

II. LITERATURE REVIEW

Explore lived experiences of learners with hearing impairment when accessing health services.

The World Health Organization's global strategy, 'Health for All by the Year 2000" is based on the principle that health professionals, educators, scientists, politicians, government committees, and others must cooperate to enhance the quality of life for all people (WHO, 1981). Recently, disparate health care for people with disabilities has captured the attention of the international health and development community. However, Mitsi (2014) conducted research on Deaf People Accessibility in Health Services in Greece and the findings of the study were that people with disabilities had less access to health care services and therefore experienced unmet health care needs.

Fernanda (2017) conducted an integrative literature review on the main difficulties and obstacles faced by the deaf community in health access. The findings of their study found that there was a communication barrier and lack of perception on the hearing society part of the deaf community as bilingual and multicultural subjects was verified.

Richardson (2014) centred his study on health promotion and education. The findings of his study found that the experiences of the deaf severely lacked adequate education about topics such as safety, mental health, alcohol, drugs, and sex education about balanced meals and nutritional treatment of health issues is again hampered by communication barriers as a result, this places them at unnecessary high risk for frequent development of Non-Communicable Diseases (NCDs).

Fuentes et.al (2019) conducted a study on Perceived quality of care and satisfaction for deaf people concerning primary care in a Health Area in the region of Murcia. The findings of the study were that the health care provided to the Deaf must be adapted so that they perceive quality health care leading to increased access and monitoring of deaf people in the health system.

Eide (2015) conducted a study on perceived barriers for accessing health services among individuals with disabilities in four African countries on deaf people who face more difficulties accessing health information than hearing people. The findings showed that deaf sign language users failed to have access to incidentally occurring information about health issues in tramways, or on the radio or TV and there was a general lack of health information and education materials provided in sign language. Limited English literacy and a lack of available information in Sign Language reduced access to preventative health care information for deaf people.

BID Services (2015) undertook a survey consultation with 121 participants who were deaf, deaf-blind or hard of hearing, living in the County of Durham. The findings were that basic transactions like making a routine appointment proved difficult for many deaf people who found it difficult to book appointments unless they physically visited their doctor's practice. The inequalities in health care experienced by deaf clients reflect the difficulties experienced by disabled people in general to access health care.

Atqia et.al (2016) explored experiences of LwHI in Pakistan using a cross-sectional design and the convenient sampling technique was utilized. The study focused on problems faced by children with hearing impairment in getting medical services from a private clinic and comprised of 70 school children with hearing impairment who were then enrolled in classes 7 to 10 of public school in Lahore. The findings suggest that there was a need to train health workers such as doctors, nurses etc in sign language to better serve the needs of learners with LwHI which results in improving health workers and LwHI relationships. Furthermore, there was a need to employ a professional interpreter to stop subjecting individuals with hearing impairment to wrong prescription and medication hence missing to address their illness.

Kuenburg (2016) conducted a study on Health Care Access among deaf people in Austria. The findings of the study found that the deaf still experienced communication problems that hampered their access to better health services. The study was too general on the entire Deaf community instead of incorporating LwHI in a specific study.

Mweri (2018) conducted a study on privacy and confidentiality in health care access for people who are deaf in Kenya. The findings of the study were that the use of KSL interpreters may interfere with their privacy and confidentiality. In the absence of qualified interpreters, people resort to writing under the false impression that all people who are deaf can read and write. Then sometimes relatives of the deaf are used as interpreters just because they may have some knowledge of KSL forgetting that they are not interpreters.

Mweri (2018) further examined the challenges that people who are deaf in Kenya faced in accessing medical care. The paper looked at some initiatives that have tried to teach medical practitioners KSL so that they can communicate with people who are deaf directly and argue that though not adequate in terms of the numbers trained so far this is the way to go.

Orrie and Motsohi (2018) investigated the challenges experienced by healthcare workers in managing patients with hearing impairment at a primary health care setting in South Africa. The findings of the study found that health workers experienced difficulties when attending to deaf people at primary health care. In addition, it was reported that language is an important enabler of the right to health. Furthermore, language is essential to developing a therapeutic relationship with a patient, yet the language barrier between deaf patients and hearing healthcare workers is one of the main challenges to access to health care.

Chisupa (2007) conducted a study that aimed at determining the factors influencing the underutilization of health services by the deaf and hard of hearing in Kanyama compound in Zambia. The findings of the study found that the deaf received poor quality of services when they fell sick. Further, the study revealed that deaf and hard of hearing were not satisfied with the services they received at the government health institution. The quality of services were connected to the method of communication with the health workers. Furthermore, the deaf suggested that teaching health workers sign language would greatly improve health services for the deaf and the hard of hearing.

Chiluba et al. (2019) conducted a study on An Assessment of The Health Literacy among Deaf People in Kapiri Mposhi District of Zambia. The findings of the study found that Deaf people do not receive full disclosure of their medical situation and the alternatives are not discussed with them because of communication barriers faced. In addition, even when disclosure does occur, many deaf people may not fully understand the options available to them because of communication difficulties with health care providers. This entails that the deaf people in Kapiri Mposhi District have their health literacy extremely low. Despite literature available focused mainly on high-income countries, it is therefore important to bear in mind that many deaf people, especially in low and middle-income countries, were suffering from much greater health disparities.

In conclusion, the studies both in developed and developing countries showed that the deaf do not benefit from health services in full and their rights to be heard is violated while being screened. As a result, deaf people end up receiving the wrong medication which is uncalled for and needs serious attention.

Effects of poor health services on academic performance of learners with hearing impairment

National Health Interview Survey (2014) conducted a study on how asthma affects children with disabilities academic performance in the United States. The findings of the study found that children with well-controlled asthma could live normal, active lives, but the consequences of poorly controlled asthma were Emergency department visits, hospitalizations, missed school, disrupted sleep, asthma attacks, and frequent use of medications for quick relief. Studies have also found a link between uncontrolled asthma and poor school performance in children with severe and persistent asthma and children from low-income families.

Basch (2010) also in his study observed that Asthma had a negative impact on a child's school readiness and ability to learn once in school by causing missed school days and sleep disturbance that can affect performance in the classroom. The findings showed that there was a link between asthma and school performance.

Pourat and Nicholson (2009) conducted a study on the impact of dental cavities on the academic performance of learners with disabilities. The findings of the study found that children with untreated cavities and associated toothaches have trouble sleeping and eating, increased school absences, difficulty paying attention in school, difficulty keeping up with peers academically and completing homework, and lower standardised test scores. Moreover, they are more likely to report feeling worthless, shy, and unhappy and are less likely to appear friendly. Furthermore, LwHI coupled with dental cavities experiences academic challenges which are linked to poor access to health services.

National Survey of Children's Health (2011/2012) conducted an assessment on the prevalence of Adverse Childhood Experiences (ACE) and the association with school engagement and grade repetition, controlling for socio-demographic characteristics and health status. The findings of the assessment found that more than one fourth (25.9%) of children involved in the child welfare system had repeated at least one grade. Furthermore, there was a correlational between ACEs and poor academic achievement, meaning that as the number of ACEs increases, so does the risk of poor academic achievement. Children with two or more ACEs were 2.67 times more likely to repeat a grade, compared to children without such experiences. It has been observed the study focused on various ACEs categories which made the findings too general and not specific to learners with Hearing Impairment.

Chiluba et al. (2019) conducted a study on An Assessment of The Health Literacy among Deaf People in Kapiri Mposhi District of Zambia and it was a qualitative study that used a cross-sectional descriptive study. The findings of the study found that deaf people do not receive full disclosure of their medical situation and the alternatives are not discussed with them because of communication barriers faced. Furthermore, the study focused on deaf people which made the findings too general and not specific to students with hearing impairment and their academic performance which has called for further study.

III. METHODOLOGY

Research design

A Hermeneutics Phenomenology design was applied to study the lived experiences of LwHI. The phenomenological approach is a theoretical point of view that advocates the

study of direct experience taken at face value; and one which sees behaviour as determined by the phenomena of experience rather than by external, objective and physically described reality. The design entails the collection and use of data systematically from a given population to describe certain characteristics of the population (Creswell, 2005). Simui (2019) cited van Manen's four evaluative criteria on lived experiences which consist of: (i) lived space – Spatiality; (ii) lived body – Corporeality; (iii) lived time – Temporality; (iv) lived human relation – Relationality. Simui (2018) noted that four evaluative criteria such as Space, Body, Time and Relations should be in place for lived experience to take place.

Trustworthiness and Ethical Considerations

The researchers sought ethical clearance from the University of Zambia. Moreover, all the information that was collected was strictly treated as confidential and was not used for any purposes other than the intended one. Additionally, consent was sought from the respondents and the researcher ensured that the subject participants who voluntarily participated in this study maintained an open and honest approach to the study. The consent form was given and signed by the respondents. The names of the participants were protected and kept confidential and if the participant wished to withdraw, they were free to do so.

IV. FINDINGS AND DISCUSSION

Lived Experiences of LwHI when Accessing Health Services

The findings of the study showed that most LwHI have lived experiences when accessing health services. The following were some of the lived experiences that arose from the study.

Figure 1: Emergent Themes

Poor Communication

It is always difficult for Learners with hearing impairments to effectively communicate with health workers daily. During the process of medication, *Con* observed that it is a critical period he doesn't like whenever he falls sick. *Con* reflected on how he was treated by health workers at the hospital as he wanted to access health services as explained below:

…. Reached the registry, a nurse communicated to me verbally and I did not understand her *so she*

refused to attend to me because I could not communicate verbally and she could not communicate

with me in sign language which is very frustrating and embarrassing to me (Con, 2021).

As for *Nash*, she recounted how she was forced to explain her problem by writing which was not easy. *'I tried to write but still, this did not solve anything. I was just given Panadol which I did not even take because I was frustrated with the services I received.' Nash* complained that they told me to write and read in English when I was still learning the alphabet and I felt humiliated.

Like *Nash*, *Fei* also had her lived experience on access to health services when she was admitted to the hospital. She explained that she was not happy with how health workers and some other patients in the ward treated her just because she was deaf. She reported that:

….. mother went to buy food at the market so I remained in the ward sleeping. The nurse and doctors came to check on me so they did not find my mum who could communicate with them. Mmmmmmm, the nurse spoke to me with her nerves up and I was scared (Fei, 2021).

She could not even give chance to Fei to respond and chased her out of the screening room. She felt bad because her rights to access health services were abused.

The findings of this study, as with other studies, indicate that communication problems in different forms are the most significant factor affecting access to health care services for deaf participants. All participants in the study experienced communication problems which are looked to be a universal problem experienced by LwHI and other deaf people in Zambia, other African countries and globally. For instance, *Con* cited incidents where he was treated unfairly by health workers at the hospital as he wanted to access health services based on his hearing impairment [*corporeality*]. He sadly recounted how his human rights were abused by the nurse who refused to attend to him because he could not communicate verbally and she could not communicate with him in sign language. This state of affairs described above points to a lack of human rights [*Human Rights model*] enforcement by the duty bearers.

The identified presence of poor communication in this study is common to many settings as noted by Mitsi (2014), Fernanda (2017), BID Services (2015) and Chiluba et al. (2019) in Greece, Brazil, Durham and Zambia respectively. In Greece, students with a Hearing Impairment were reported to have less access to health care services and therefore experience unmet health care needs (Mitsi, 2014). In addition, Chiluba et al. (2019) revealed that deaf people do

not receive full disclosure of their medical situation and the alternatives are not discussed with them because of communication barriers faced. Furthermore, even when disclosure does occur, many Deaf people may not fully understand the options available to them because of communication difficulties with health care providers.

Kuenburg (2016) also noted that the deaf still experienced communication problems that hampered their access to better health services. Orrie and Motsohi (2018) & (Gaihre et al. 2016) pointed out that health workers feared to attend to deaf people at primary health care because they experienced communication problems for they could not understand sign language.

Wrong Diagnosis

Many LwHI have experienced the wrong diagnosis due to poor communication and this has resulted in prolonged poor health. *Jie* recounted that she went in the screening room alone to meet with a male doctor who did not know sign language so he did not listen to her complaints. He just diagnosed her by guessing and the drug she was given made her scratch the whole night. The following day in the morning, '*I went back to the hospital with my parents who explained how I was feeling that is when it was discovered that I was given a wrong diagnosis.'*

In a similar vein, *Jui* also was a victim of the wrong diagnosis due to the inability of health workers to find means and ways to communicate with Jui. Below is Jui's statement during her ill health while at the hospital.

…… went to hospital sick and suddenly I began to vomit. I told the nurse that I ate fermented foods in sign language but she couldn't understand. She started doing pregnancy tests and gave me medicine to stop vomiting and this worsened my life. It took the help of my mother who came rushing and explained what had happened where we went partying. Today as speak I would have been no more (Jui, 2021).

Rudd also had a similar experience while at the hospital. He was feeling pain in his heart and here is his report. *Sir, it is painful sure…. doctor didn't understand my disease well*, and Nad with her lived experience she failed to explain to a doctor how she was feeling because there was a communication barrier so she was given the wrong medication. *"I could not tell the doctor/nurse about my sickness clearly as a result I ended up receiving wrong diagnosis and medication.* "

The majority of LwHI experienced the wrong diagnosis due to poor communication and this has resulted in prolonged poor health. Look at the case of *Jan, Jui. Rudd, Nad* and *Jie* experienced the wrong diagnosis at different times when they went to the hospital for screening alone. It is the right of everyone to access health services [*human rights model*] but not for the deaf. For example, Atqia *et.al* (2016) study established that there was a need to employ a professional interpreter to stop subjecting individuals with hearing impairment to wrong prescription and medication hence missing to address their illness. Mitsi (2014) study conducted revealed that LwHI experienced the wrong diagnosis most of the time they accessed health facilities as a result their health care needs were unmet fully.

Other LwHI experienced challenges with Doctor's ability to take patients medical history. Mulumba et al. (2014) revealed that doctors end up making estimations of what patients say and hence give wrong diagnoses and prescriptions. Also, Mprah (2013), Ganle *et al*. (2016) and Ledger (2016) reported that health providers do not understand the explanations of LwHI, which has resulted in the wrong prescription of medicines. *Jui* experienced correlated with Ganle *et al.* (2016) where a Deaf learner reported having received just paracetamol for a very complicated situation of her heart problem that a Clinical Officer could not understand.

Lack of Privacy and Confidentiality

All the LwHI in the study complained about the issue of privacy and confidentiality for they are linked to trust. Unfortunately, it was very rare for the LwHI to be accorded privacy and confidentiality as was observed by Jie that always she went to the hospital she should go with an unlicensed interpreter who is a third person. Below is what Jie said:

> *I feel bad to involve a third party as my interpreter….. I refuse to tell them if my problem is too private especially my parents because I feel shy. Doctors and nurses should learn our language for easy communication. I want to be free with the doctor but I fear people without a code of ethics (Jie, 2021).*

Like *Jie, Adam* also commented that *'…. my privacy and confidentiality should be respected. what I hate is disclosing to my father or mother that I have a problem with my genitals. Adam* further said that he felt worse when they involved someone to interpret whom he knew to be a 'vuvuzela' in the community.

The rest of the participants such as Con, Jui, Nad, Rudd, Dust, Jan, Nash, and Fei echoed one voice about their rights to privacy and confidentiality not to be respected because the people involved seemed not to be confidential but news reporters. They observed that despite being young they deserve privacy.

Fernanda (2017) reported that there was a need for a family member with the high moral fibre of confidentiality and privacy or an interpreter to be present during the consultation. However, Mweri (2018) revealed that the use of interpreters; licenced ones or family members/relatives is cardinal but may interfere with their privacy and confidentiality. *Con, Jui, Nad, Rudd, Dust, Jan, Nash*, and *Fei* revealed that their rights to privacy and confidentiality were not respected because the people involved seemed not to respect the deaf client privacy and confidentiality but tend to be news reporters and 'vuvuzelas'. Before they could even reach home, the news could be all over the place which brought humiliation of the worst kind.

This is consistent with Nathanson (2011) noted that principles of health ethics such as privacy, confidentiality, patient autonomy and individualisation of the person's treatment, is neglected when there is the bias of a third participant in form of a relative or interpreter mediating the information during medication. Ledger (2016) and Tun et al. (2016) also observed that LwHI tend to mistrust the interpreter, who they perceive as giving them wrong information on their health status, or feel uncomfortable with the violation of privacy, particularly when it comes to sensitive information regarding sexual and reproductive health, such as HIV status.

Discrimination

All medical facilities must be accessible to all patients and staff, not just to those with normal hearing. Fei commented that '*failure to provide fair access to such facilities means the person who is deaf or has hearing impairment is discriminated against and it is illegal to discriminate against people based on their disability*.' Like Fei, Nash also lamented that any act that seems to exclude LwHI as they rush to access health services makes them feel discriminated against.

> *The first time, I was told to go and get my parents because of my disability but those of my age mates were attended to. The second time I was told to wait until all patients were finished thats' then I was attended to. I felt dehumanized by the act of the nurse (Nash, 2021).*

LwHI felt that discrimination can be painful everywhere be it in school, sports events, church, in a home but worse at the hospital when you are sick and in need of services being denied. *Rudd* commented that *"failure to provide sign language services to the deaf is discrimination enough*." Jan had a similar lived experience on discrimination on a fateful day because "*…I was told that I would waste a lot of time for I depended on sign language to communicate so I had to wait until all those on the line* finished".

The above assertions point to the need for an inclusive policy to guide practice, as well as sensitisation and capacity building among the health workers in the health institutions if the reported discrimination was to end.

LwHI felt that discrimination is painful everywhere be it in school, sports events, church, in a home but worse at the hospital when you are sick and in need of services being denied. It would seem that some health workers had negative attitudes towards LwHI as observed by the above submission. This could be pointing to the need for an inclusive policy to guide practice, as well as sensitisation and capacity building among the health workers in the health institutions if the reported discrimination was to end (HRCZ, 2010).

In line with the above accession, discrimination occurs when you are treated less well or put at a disadvantage for a reason that relates to your disability in one of the situations covered by the Equality Act. *Rudd* and *Jan*'s comment is tied with Mtonga (2020) with a view that failure to provide sign language services to the deaf is discrimination enough because of any distinction, exclusion or restriction that has the purpose or effect of denying the recognition, enjoyment or exercise by persons with disabilities, on an equal footing, of all human rights and basic freedoms.

Inadequate Medical Vocabulary

During the findings of the study, it was discovered that medical vocabulary has a lot of lapses in sign language. *Nad* observed that *"a lot of medical words have no signs to ease the explanation between us the deaf and health workers*". Further, Jui experienced lacking signs to use to explain her heart problem and below is her statement.

> *I had a heart problem that was affecting my veins but I had no signs to explain to the doctor to help him come up with a proper diagnosis. Despite that, I did not back out until I came up with a solution. I had to draw my heart on a piece of paper then the doctor understood my problem well (Jui, 2021).*

Just like it is difficult for non-deaf to explain certain things, *Dust* stated that it was difficult also for the LwHI to explain using signs. Dust in his statement said:

> *..... interpreters should be there in hospitals to offer help where we fail to explain properly. Sometimes we fail to explain well in sign language which becomes very difficult for health workers to guess what we mean (Dust, 2021).*

Dust felt many LwHI desire to explain their problems to doctors but due to inadequate medical vocabulary, they go back with their health unmet which he felt should be addressed.

During the findings of the study, it was discovered that medical vocabulary has a lot of lapses in sign language. For instance, *Dust* felt many LwHI desire to explain their problems to doctors but due to inadequate signs for medical concepts they go back with their health unmet which he felt should be addressed.

Mulonda (2013) reported the same experiences where they noted that LwHI lag in reading comprehension, vocabulary, and experiential knowledge for many LwHI negatively affect their knowledge of science concepts. Biology concepts are scientific in nature such as 'antibiotics, drugs, impetigo disease, neuron, nerves, drugs, heroin, cocaine, chemotrophic, heterotrophic, autotrophic, nutrition, and many others have no signs. Specifically, many students struggle to express themselves using medical (science) concepts because LwHI have not been exposed to the vocabulary of science and about 60% of the words considered important in a science curriculum do not have sign representations as a result there is under-diagnosis and under-treatment of potentially serious conditions among the deaf people (Muzata, 2017). This has led to poor treatment of high blood pressure, cardiovascular disease, diabetes, stroke and others due to lack of detailed knowledge about sign language by health workers and some uneducated deaf.

Poor Health Education

Health education is vital to all people including LwHI. It's good to expose LwHI to diseases, sexual life, general body cleanness and many more other themes. Health literacy is the ability to understand, communicate, process and obtain basic health information, so keep that in mind as your end goal during patient communication. However, Jie complained that they were not always considered as a result there was a gap in their health education. The lived experience of *Jie* reported, '*It's very rare for us the deaf people to have appropriate posters in health facilities that portrays sign language for easy interpretation and understanding in our own language'.*

Con also observed that poor health literacy levels for the LwHI affects them to present themselves fully as stated; '*deaf patients with low literacy skills will find it more difficult to present their questions and concern to their doctor.'* This entails that those LwHI with high health literacy levels can represent themselves fully before the doctor. Furthermore, *Jui* observed in her statement that health education can be helpful if all health workers had basic sign language. *Nash* also said he got help from health education he watched on British Broadcasting Corporation (BBC) where health workers taught in sign language.

This study's finding on lack of health education is consistent with Richardson (2014) who argued that the experiences of the deaf severely lacked adequate health education about topics such as safety, mental health, alcohol, drugs, and sex education, balanced meals and nutritional treatment of health issues is again hampered by communication barriers as a result, this places them at unnecessary high risk for frequent development of Non-Communicable Diseases (NCDs). It should be noted that deaf people maybe fearing to interact with health care workers who are insensitive or uneducated about the needs of the deaf community. *Nash* and Richardson (2014) and Chiluba et.al (2019) are of the view that health education and promotion can be effective if health workers were trained in sign language and deaf culture.

Despite LwHI experiencing direct communication barriers between health workers and patients, UPHLS (2015) reports that there is also indirect communication such as brochures, magazines and prevention or awareness campaigns that are not signed. LwHIs are unable to comprehend information embedded in pictures and on flip charts properly without converting it into sign language (Ledger 2016). UPHLS (2015) also reported that prevention messages given on the radio, likewise, are inaccessible by the deaf people.

Limited Institutional Support Staff

The institutional staff covers both health services and non-health support offered to LwHI learn effectively. From the ongoing discourse, health staff support to LwHI was limited to a few oriented in Special Education matters. In addition, support is directly affected by the attitudes and values staff have towards LwHI as well. Take the experience of Jan as an example below.

> *While at the health facility … I was directed to go to the pharmacy but just to get there I needed someone to direct. This became difficult for me to reach the dispensary because all I asked didn't seem to show care by even taking me there. It was after getting lost in a hospital that is when a good Samaritan took me there. Had they helped me at first I would have gotten the medicine early (Jan 2021).*

The experience of *Jan* is similar to most LwHI (deaf patients) because in hospitals health workers worse enough those not trained in health courses it becomes worse. In addition, health facilities do not have support staff to help the deaf with the necessary information and directions within the health environment.

Institutional (spatiality) support staff covers both health services and non-health support offered to LwHI. From the ongoing discourse, support from health staff to LwHI was limited and this made the environment alien and undesirable to the deaf children. In addition, support is directly affected by the attitudes and values staff have towards LwHI as well. *Jan* recalled that he was at the health institution (Spatiality) and he was directed to go to the pharmacy but just to get there he needed someone to direct him. It was after getting lost in a hospital that is when an old woman took him there (*relationality*) and got medicines.

Atqia et.al (2016) explored experiences of LwHI in Pakistan where the findings suggest that there was a need to train health workers such as doctors, nurses e.t.c. in sign language to better serve the needs of learners with LwHI which results in improving health workers and LwHI relationship. Health Institutions can support their staff through holding seminars, workshops, virtual learning about the deaf culture and their sign language. It was in this light that Chisupa (2007) also argued that teaching health workers sign language would greatly improve health services for the deaf and the hard of hearing.

Negative Attitude

There are many incidents where negative attitudes were manifested. For instance, *Nash* reported several health workers could not provide support to the LwHI who also happened to have an epileptic condition. She painfully recounted how in the process of getting medication in the past she was attacked by seizures. *The time I collapsed, I only found the male nurse sitting next to me and the female nurse I didn't even see her. He communicated to me in sign language though he didn't know much.* Like *Nash*, Equally, *Rudd* had his lived experiences when health care providers could not provide support to him due to suspected negative attitudes.

> *I was going to the toilet while at the health facility but the nurses I asked in sign language looked to be busy even if there were not busy……. I used very simple signs*

> *depicting that I wanted a toilet. Everyone was just looking at me unconcerned until an old woman who heard me with passion directed me to the toilets and since then I felt that health workers have an attitude problem (Rudd, 2021).*

Negative attitudes are attached to most of the lived experiences LwHI faces as they access health services. The presence of negative attitudes in health providers limits LwHI access to health services and health education. This clearly shows that for LwHI to access better health services, there is a need to inculcate positive attitudes in health workers.

There are many incidents where negative attitudes were manifested. For instance, *Nash* reported several health workers could not provide support to the LwHI who also happened to have an epileptic condition. She painfully recounted how in the process of getting medication in the past she was attacked by seizures and the nurses scattered into their offices for fear of talking to a deaf and epileptic person, therefore she was treated by one nurse who never gave not even a smile because of her disabilities. Like *Nash*, Equally, *Rudd* recounted his lived experiences when health care providers could not provide support to him due to suspected negative attitudes of health workers due to a disability

Negative attitudes are attached to most of the lived experiences LwHI faces as they access health services. Ormsby et al. (2012) reported negative attitudes of health workers experienced by LwHI as a barrier to access health services. The negative attitude of healthcare staff and service providers towards deaf children and adults have been extensively reported in various studies. Gaihre et al. 2016 and Kritzinger et al. 2014 noted that health care providers seem to be insensitive, whether on purpose or because of a lack of knowledge about the needs of people with disabilities. The presence of negative attitudes in health providers limits LwHI access to health services and health education. Doctors also report discomfort in communicating with deaf patients in comparison to their patients in general, particularly in understanding and maintaining conversation; the deaf patients often became frustrated and these encounters then negatively impact the patient's trust in their doctors (Andrade et.al, 2010 & Tun et al. 2016)).

Poor Health Services

The participants cited the effects of poor health services on the academic performance of learners with hearing impairment. The participants reported that poor academic performance was due to frequent absenteeism due to poor health, lack of remedial work or catch up strategy, lack of hospital teaching, negative attitude from teachers and low self-esteem leading to dropping out of school and other factors.

Absenteeism

It is cardinal to note that absenteeism of LwHI from school due to poor health pays a negative impact on their academic performance as observed by Jui. From the findings, *Jui* confessed that *'we the deaf are not dull but the experiences they go through which do not favour them academically makes them underscore during assessments or exams.'* Most of the time, *Jui* expressed that they absent themselves from school when they are sick and they miss a lot of teacher-pupil contact time. Adam whose academic performance was very good was going down due to perpetual poor health said:

> *I miss lessons when I'm sick especially if I'm wrongly diagnosed or I fail to access health services on time. It's my prayer and wish that my teacher should teach me when I recover so that I can be balanced academically (Adam, 2021).*

Adam's statement above was re-echoed by many other LwHI in various ways. For example, *Fei* observed that after he fell sick for a long time, he missed a lot of content taught by his teacher. Below is a lived experience of how *Fei* was repeated by his teacher's influence.

> *I was sick for a long time so when I went to school, I found that I had missed a lot so I was forced to repeat in the same grade because I did not perform well at the end of the academic year (Fei, 2021).*

Nash also observed that when she was in grade five used to suffer from skin problems so she missed many lessons for months. Below is a lived experience of how Nash academic performance dropped when she was re-admitted to school.

> *...but when my sickness advanced I stopped for two weeks. The day I reported I was given an assessment which my friends wrote. I failed not that I'm dull but my absence from school. It's painful to miss school and to fail in my life (Nash,2021).*

Nearly all LwHI cited incidences where absenteeism was exhibited. It is cardinal to note that absenteeism of LwHI from school due to poor health pays a negative impact on their academic performance as observed by *Jui*. For instance, *Jui* cited incidents that the deaf learners are called dull because of the disability [corporeality]

Equally, Adam, Fei and Nash recounted that they missed lessons whenever they were sick especially when they were wrongly diagnosed and prescribed at the hospital [*Spatiality*] or when they failed to access health services on time. It was their wish that their teacher could teach them [*relationality*] whenever they recovered so that they could balance academically.

The identified presence of effects of poor health services on academic performance in this study is a common phenomenon in education settings as noted by National Health Interview Survey (2014) and Pourat, & Nicholson (2009) in the United States of America (USA) and other European countries. LwHI having poorly controlled asthma experienced Emergency

department visits, hospitalisations, missed school, disrupted sleep, asthma attacks, and frequent use of medications for quick relief. Studies have also found a link between uncontrolled asthma and poor school performance in LwHi (disabilities) with severe and persistent asthma and in children from low-income families (NHIS, 2014). Pourat & Nicholson, 2009) argued that LwHI experienced increased school absences, difficulty paying attention in school, difficulty keeping up with peers academically and completing homework, and lower standardised test scores.

Prolonged Admission in Hospitals and Homes

From the findings, Con revealed that when he was sick he missed a lot at school so he wished his teachers could visit him at the hospital or at home to teach him sometimes. Con's lived experience is reported below.

> *I was sick for a long time so I missed the lesson but I still wanted to learn. I wanted my teacher to come and teach me at the hospital. Even when I was discharged, my teacher would have been coming home to teach me even once a week but nothing was done so my academic performance is bad (Con, 2021).*

The lived experience of Jie is different from the previous respondent. Her report was:

> *I was hospitalised for three months and my teacher was good so he came up with a programme so that he could be teaching me in the hospital. When I heard this, I was very happy but the nurse could not allow him because the disease I had was contagious. This affected my performance at school (Jie, 2021).*

From the findings, Con and *Jie* recounted being hospitalised for some time and their teacher came to teach them [*relationality*] but because they had a contagious disease so their teacher was not allowed.

NHIS, (2014) noted that LwHI experienced Emergency department visits, hospitalisations and missed school which affects their academic performance in school. The findings of the study found that the deaf received poor quality services when they fell sick. Due to unmet health services, it took time for the deaf children to recover and resume attending their classes and this had a huge impact on their academic performance (Chisupa, 2007). In addition, Chiluba et al. (2019) commended that deaf people do not receive full disclosure of their medical situation as a result fast recovery is far-fetched and the negative impact falls on their academic performance in school.

V. CONCLUSION

In conclusion, LwHI are faced with the inaccessibility of health services as long as they go to the hospital. Most of their health services are unmet due to a lack of knowledge about sign language and deaf culture. As a result of poor health services, the effects are felt on the academic performance of learners with hearing impairments. It is clear that the provision of better health services to deaf learners leads to good academic performance. Unless the unearthed disablers are resolved, learners with hearing impairments are poised to continue underperforming academically and their potential underdeveloped.

VI. RECOMMENDATIONS

Based on the findings of the current study, the following are the recommendations:

i. Health institutions should develop and implement an inclusive policy. It was observed above that policy guides practice of practitioners. However, the UNCRPD, Disability Article 2012 and other policies are only on paper and this is a reason the deaf patients fail to access better health services and find it difficult to participate in health issues. To this effect, the Ministry of Health should consider developing an inclusive health policy, which can be domesticated at an institutional level. The policy could provide a guide and support to LwHI.

ii. The health institutions should involve LwHI in the decision-making process affecting their access to better health services. All health workers stating from the administration to the front liners are encouraged to actively involve the affected LwHI in the decision-making process through consultation. This is consistent with the slogans 'Nothing for us without us!' and 'leaving no one behind.

iii. There is a need to make mandatory training of sign language by conducting workshops on sign language to create awareness among the health workers and promote a positive attitude towards the deaf learners.

iv. Furthermore, providers should take cognisance of how to communicate with deaf people, that each person's needs may be different, realising that they need to use simple vocabulary when writing to a deaf person and be aware that medical terminology is beyond the reach of many deaf people.

v. Ministry of Health needs to employ specialist interpreters in health institutions who can understand diverse sign language as it is not universal. In addition, each consultation room should at least have sign language posters indicating basic sign language and through pointing at the poster the provider will then be able to pick up the essence of what the patient's complaint is in case an interpreter is not available.

vi. The installation of assistive technology in health institutions can be utilised to make deaf persons health care visits much less stressful. They recommend that electronic boards be placed in the waiting areas of clinics, hospitals and doctors' offices and instead of calling the person over the intercom they can simply flash the next person's name on the board so they can see when they are being called.

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