

THE ACCESS OF THE DEAF COMMUNITY TO HEALTH SERVICES: HANDS THAT SPEAK

O ACESSO DA COMUNIDADE SURDA AOS SERVIÇOS DE SAÚDE: MÃOS QUE FALAM

ACCESO COMUNITARIO SORDO A SERVICIOS DE SALUD: MANOS QUE HABLAN

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ABSTRACT: This research aimed to analyze bibliographic research on the main difficulties and obstacles faced by the deaf community in accessing health services. This is a literature review, considering publications published between 2001 and 2020. We noticed unpreparedness in healthcare for deaf patients due to the lack of trained healthcare professionals to serve them through Sign Language or even due to the absence of LIBRAS interpreters available in healthcare services. It is essential that health professionals and students are made aware of quality care for deaf patients and encourage the implementation of the LIBRAS study in the programmed content of undergraduate courses in the health area to facilitate professional-patient interaction.

KEYWORDS: LIBRAS. Access to health services. Communication barriers. Equity in health.

RESUMO: *O presente trabalho teve como objetivo analisar pesquisas bibliográficas sobre as principais dificuldades enfrentadas pela comunidade surda no acesso aos serviços de saúde. Trata-se de uma revisão de literatura, considerando publicações dos anos de 2001 a 2020. Percebe-se que há um despreparo na assistência à saúde de pacientes surdos devido à falta de profissionais de saúde capacitados para atendê-los através da Língua de Sinais ou devido à ausência de intérpretes de LIBRAS disponíveis nos serviços de saúde. É essencial que haja a conscientização/capacitação dos profissionais e estudantes de saúde acerca do atendimento de qualidade ao paciente surdo e o incentivo à implantação da disciplina LIBRAS nas grades curriculares dos cursos da área de saúde.*

PALAVRAS-CHAVE: LIBRAS. Acesso aos serviços de saúde. Barreiras de comunicação. Equidade em saúde.

RESUMEN: *Esta investigación tuvo como objetivo analizar la literatura sobre las principales dificultades y obstáculos que enfrenta la comunidad sorda para acceder a los*

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servicios de salud. Se trata de una revisión de la literatura, considerando publicaciones publicadas entre 2001 y 2020. Notamos una falta de preparación en la atención médica de los pacientes sordos debido a la falta de profesionales de la salud capacitados para ayudarlos a través del lenguaje de señas o incluso por la ausencia de intérpretes LIBRAS disponibles en los servicios de salud. Es fundamental que los profesionales de la salud y los estudiantes sean conscientes de la calidad de la atención al paciente sordo y fomenten la implementación del estudio LIBRAS en los contenidos programados de los cursos de pregrado en el área de la salud para facilitar la interacción profesional-paciente.

PALABRAS CLAVE: LIBRAS. Acceso a los servicios de salud. Barreras de comunicación. Equidad en salud.

Introduction

It is defined as deaf any individual who has total absence of hearing, i.e., who presents a hearing loss in severe / profound degree (SANCHES *et al.*, 2019). According to data from the Brazilian Institute of Geography and Statistics - IBGE, 5% of the Brazilian population is deaf, which corresponds to more than ten million citizens, of which two million seven hundred thousand have profound deafness (IBGE, 2010).

Since ancient times, history reports the existence of deaf people; however, this community has always been excluded from social and educational participation. Over time, there was the emergence of debates about the deaf being able or not to develop oralization, thus including themselves in society (Machado *et al.*, 2012).

However, approximately in the year 1760, a new social movement of opposition to the verbal-oral ideology arose: Charles Michel de L'Épée founded the National Institute for the Deaf-Mute of Paris, which used the French sign language as a means of communication, in addition to the written French language. This movement, based on the rights of the deaf, expanded throughout the world, giving rise to several associations of deaf people. This period was considered the largest expansion of sign languages, both in quantity (reach of the population) and in quality (development of sign languages).

Despite the wide development, some researchers and teachers opposed the use of sign languages, supporting the oral method - development of the oral language of their country - as the most effective for the deaf community; thus, in the Congress of Milan on September 6, 1880, it was decided that the deaf community should use oral languages and sign languages would be prohibited (STROBEL, 2009).

The oralization period lasted about one hundred (100) years. With the failure of this method, countries gradually began to recognize their sign languages and use them as the main means of communication of the deaf community.

Brazil followed the world trend and started the education of the deaf with the Brazilian Sign Language - LIBRAS, but, with the arrival of Oralism, LIBRAS went out of circulation and the deaf had only one communicational option: the development of speech.

The failure of Oralism was a worldwide picture and in our country was no different; the deaf movements fought for the recognition of LIBRAS, which happened legally with the Law No. 10.436/2002. Despite this advent, the society, which is mostly listener, from the past times until today, has little knowledge about the deaf community and LIBRAS, resulting in very restricted interactive possibilities.

This lack of inclusion extends to the health area, where the lack of knowledge of LIBRAS by most professionals is a problem caused by the non-existence, in academic training, of the discipline LIBRAS, which is not mandatory in the curriculum, according to Decree No. 5.626/2005 (MACHADO *et al.*, 2013).

This Decree determines that the federal educational system and the state, municipal and Federal District educational systems must ensure the teaching of the Brazilian Sign Language - LIBRAS as an integral part of the National Curricular Parameters and of the training courses for Special Education, Speech Therapy and Teaching (in their medium and higher levels).

Moreover, it is relevant to note that subsection 2 specifically states that the discipline LIBRAS should be inserted as an optional curricular discipline for other courses of higher and professional education. Thus, this norm was limited to indicating that the competence of health professionals to know/learn LIBRAS within the academic training - to communicate effectively with all people (MACHADO *et al.*, 2013) - would be something of their own initiative and personal interest.

We emphasize that it is through the communication established with the patient that the health professional is able to understand him/her as an integral being. And, for the development of an adequate work process, it is necessary to use communication effectively in the professional-patient relationship and, thus, avoid failures in the assistance.

According to Cavagna *et al.* (2017), when dealing with deaf patients, we face some obstacles in the communicative process, because the mastery of the sign language is restricted to people in their daily lives, and when they need a health care service, there is a linguistic difficulty, which makes planning and care itself impossible for these patients.

In this scenario, the main obstacles and barriers faced by deaf patients when seeking health care involve the lack of knowledge of sign language, both by the lack of training of professionals and by the lack of adequate interpreters in hospital units. Such difficulties end up hindering the access of this public to health services, causing the communication barriers generate negative feelings, such as fear of not being understood, which makes the patient seek care only in case of illness (CAVAGNA *et al.*, 2017).

From this perspective, in view of the difficulties faced by deaf patients in accessing health services - caused by the precariousness in the reception of people with limitations, by inaccessibility to environments and even by professional unpreparedness - it is valid to identify, at this time, how the deaf patient experiences the health system, aiming at a further analysis of communication barriers between health professionals and patients (FRANÇA *et al.*, 2016), including pondering on the need for teaching LIBRAS in academic training.

Methodology

This paper was developed from a literature review on the main difficulties faced by the deaf community in accessing health services.

Following the guidelines of Gil (2010), the theoretical approach used in the research is bibliographic and documentary, which considers as a starting point the bibliographic survey. This type of research enables us to know what has already been studied about the theme and, thus, to group information about the problem in search of answers or strategies to be employed.

The databases Latin American and Caribbean Literature on Health Sciences (LILACS) and the Virtual Health Library (VHL) were used as aids in the research process. In addition, data were collected *online* at the University of São Paulo (USP) Library and at the Rio de Janeiro State University (UERJ) Library.

The following descriptors were selected to conduct the research: "LIBRAS"; "access to health services"; "communication barriers" and "equity in health" (and their English versions: "*access to health services*", "*communication barriers*" and "*equity in health*").

As inclusion criteria, we selected articles in Portuguese and English language published in the cited databases between the years 2001 and 2020, seeking the study to understand the barriers of access to health services faced by the Brazilian deaf community. Moreover, in view of the Law No. 10.098 sanctioned in late 2000 - which promotes the elimination of barriers to communication and seeks to establish means to make

communication systems accessible - and Law No. 10.436 sanctioned in 2002 - which determines the inclusion of LIBRAS in higher education as a mandatory subject in certain degrees or as an optional subject in others - the exclusion criteria were the productions that were with unavailable access.

Based on the descriptors selected, one thousand three hundred and thirty-four (1,334) articles were found. However, after reading the titles, it could be noticed that some of them were repeated in the different databases, some did not meet the objectives of this study, and others were unavailable for access (exclusion criteria).

Thus, after a careful analysis and full reading of all the articles, summing up all the databases, twenty-three (23) scientific productions were selected that met all the proposed criteria and that correlated with the theme of the present study.

Results

In Table 1, one can see that thirty (30) articles were found that matched the theme proposed by the research. However, seven (7) of them were duplicated in the databases in question.

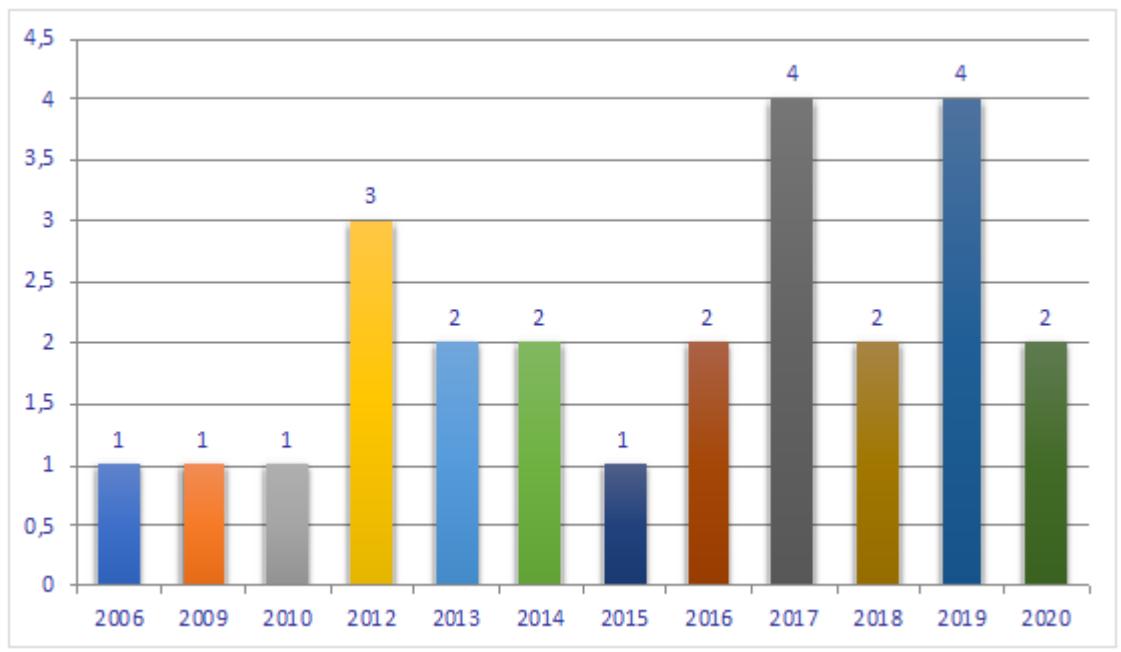
Table 1 – Number of articles selected from the databases used in the research

DATABASE	DESCRIPTORS	TOTAL ARTICLES FOUND	SELECTED ARTICLES
BVS	LIBRAS + access to health services	11	9
LILACS	LIBRAS + access to health services + communication barriers	2	2
USP Library	LIBRAS	907	8
UERJ Library	LIBRAS	332	11

Source: Prepared by the authors

From the data in Table 1, we condensed, in Figure 1, the information about the publication years of the selected productions.

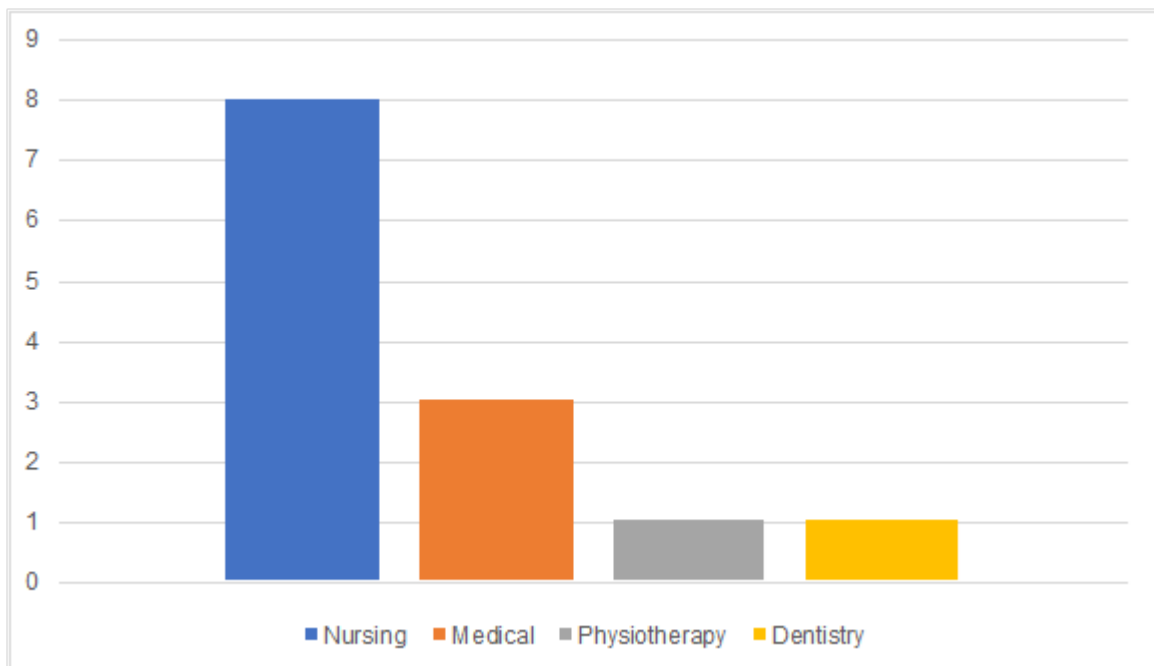
Figure 1 – Graphical representation of the percentage of selected articles in relation to their respective year of publication



Source: Prepared by the authors

Another data identified is related to the health courses where the difficulties of deaf people in accessing services were researched, as can be seen in Figure 2:

Figure 2 – Graphical representation of the health degrees cited in the selected articles



Source: Prepared by the authors

And finally, we grouped the main difficulties faced by the deaf community in accessing the health sector into four (4) thematic axes, available in Table 2:

Table 2 – Themes addressed in the articles

Thematic Axes	Productions
Deaf community access to health care and their perception of the issue/about the services	Deaf adults' access and communication: a silenced voice in health services The deaf patient and his experiences in the healthcare system: an interface with nursing Perceptions of deaf subjects about communication in Primary Health Care Access to primary health care for the deaf community Main difficulties and obstacles faced by the deaf community in health access: an integrative literature review Health care for the deaf population: an integrative review Perception of the deaf about the quality of health care LIBRAS como a tool for providing mental health care: from barrier to access / LIBRAS como ferramenta de cuidado em saúde mental: da barreira ao acesso Perception of persons with severe or profound deafness about the communication process during health care
LIBRAS in the curricula of health graduations	LIBRAS in undergraduate medical education: awakening to a new language Deaf people's accessibility to health services: a look at medical training Brazilian sign language as a mandatory discipline in undergraduate nursing: student's opinions The search for Brazilian sign language courses: a descriptive exploratory study Brazilian sign language in the training of nursing, physiotherapy and dentistry professionals in the state of Paraíba, Brazil
Knowledge of LIBRAS by healthcare professionals and their care and communication with deaf patients	Perception of the health team, students and users about communication with deaf individuals in primary care The role of the nurse in relation to the deaf patient Nursing care to a deaf patient in a gynecology department: an experience report Communication difficulties and strategies used by the nurses and their team in caring for the hearing impaired Federal District physicians' knowledge of LIBRAS and care for the deaf patient Difficulties of professionals in the health care of the person with severe deafblindness Sign language: how does the nursing team interact to care for deaf clients? The role of nurses facing the deaf patient
LIBRAS interpreters in healthcare	Translators-interpreters of LIBRAS in Health Care:

what they tell us about ethical issues in their practices

Source: Prepared by the authors

Discussion

For almost two (2) decades, the deaf community has fought to ensure the recognition of a language that respects the condition of deafness. Such recognition was possible from the 90s on, with the enactment of laws and decrees that enabled communication through LIBRAS.

One of these laws was No. 10.436/2002, which officially recognized the Brazilian Sign Language. After nineteen (19) years of this conquest, it is noticeable the timid advance in relation to knowledge, deepening and expansion of this language, considering that only twentythree (23) articles were identified that presented in its core the difficulties of access of the deaf community to health services.

Law 10.098/2000, in its article 17, states that:

The Public Power will promote the elimination of barriers in communication and will establish mechanisms and technical alternatives which make communication and signaling systems accessible to people with sensory disabilities and people with communication difficulties, to ensure them the right of access to information, communication, work, education, transportation, culture, sports and leisure (BRASIL, 2000, p. 7, our translation).

Although the law guarantees communicational accessibility in different sectors of society, the health area is not included, and this scenario does not configure the reality of our country, because the linguistic difficulties between deaf and hearing (LIBRAS - Portuguese Language) are something real. There are two languages circulating daily in our society; however, there is a communicational barrier separating these two communities: on the one hand, the deaf who have difficulties in acquiring the oral language - oralization period; and on the other, listeners who do not know the LIBRAS.

In an attempt to minimize these barriers, Decree No. 5,626/2005 inserted LIBRAS as a subject in Higher Education Institutions (HEI), being mandatory for the courses of Licenciatura, Speech Therapy and Pedagogy and optional for the others. From 2005, the HEIs gradually made changes in their curricula, reflecting directly in the higher concentration of publications in the years 2017 and 2019 - as evidenced in Figure 1 - for two reasons: first, the discipline LIBRAS is not mandatory for the health area; and second, the slow and late insertion of the HEIs in offering this content in their curricula.

Thus, the discipline LIBRAS having less/inexistent space in the curricula of health courses makes it difficult to discuss guidelines and protocols for diseases that respect the condition of deafness, which further contributes to the difficulty of access of the deaf community to health services.

The fact that LIBRAS is an optional subject for health courses emphasizes the lack of inclusion in this sector, because, as stated by Machado *et al.* (2013), professionals in this area have no contact with the theme in their professional training. Of the twenty-three (23) articles selected based on the research objective, we were able to identify the research area of thirteen (13) productions, as shown in Figure 2. The nursing course has the largest number of publications - eight (8) - on the promotion of a specialized and appropriate care for the deaf community. According to the results of the search carried out, this number is quite significant, taking into account that LIBRAS is not mandatory for this undergraduate course.

After reading all productions identified, the difficulties faced by the deaf community were grouped into four (4) thematic axes: access of the deaf community to health care and their perception about the issue/about the services (9); LIBRAS in the curricula of health graduations (5); knowledge of LIBRAS by health professionals and their care and communication with deaf patients (8); and interpreters of LIBRAS in health care (1).

The lack of training of health professionals to use LIBRAS as a means of communication directly affects the performance of an adequate and dignified care for the deaf patient, who needs an efficient and effective communication. This communication barrier is the main factor that hinders the access of the deaf to health services, as evidenced in Table 2, with nine (9) of the total of selected papers dealing with this theme, which emphasizes the statement of Cavagna *et al.* (2017) that the mastery of LIBRAS only bar the deaf person's family members and when they need care, there is a language barrier.

Considering these communication difficulties, we identified five (5) academic productions that address the issue of inserting the discipline LIBRAS in the curricula of health courses. This fact shows the need/urgency of these curriculum changes, with a view to a communication with the deaf patient that provides respect and autonomy, thus reducing the fear of not being understood in health services, as stated Cavagna *et al.* (2017).

The lack of knowledge of LIBRAS by these professionals, indicated in eight (8) of the selected productions, generates a precariousness in the reception and inaccessibility of deaf people to health services (FRANÇA *et al.*, 2016). It was identified one (1) scientific production that addresses the theme of the LIBRAS translator interpreter in the health area; Decree No. 5.626/2005 states that this professional is mandatory only in the educational

sector, i.e., we will hardly find LIBRAS interpreters in hospitals, UPAS, health clinics, among others.

Going against this data, the State of Pernambuco recently sanctioned Law 17.029/2020, which guarantees the presence of a LIBRAS translator or interpreter during labor, delivery, and the immediate postpartum period in hospitals, maternity hospitals, birthing centers, and similar establishments in the public and private health care network in the State.

Given what was presented, it is urgent and necessary to discuss the communication difficulties faced by the deaf community in health services. The insertion of the discipline LIBRAS in the graduations of this area, in the long term, will provide a comprehensive care for the Brazilian deaf community.

Final considerations

The LIBRAS, although officially and legally recognized as a means of communication of the deaf community in Brazil, unfortunately, in everyday life, it does not have the desired scope, especially when it comes to health services, which have proven to be incipient. This reality is explained by the lack of knowledge, understanding and unpreparedness of health professionals to promote communication accessibility in the assistance to deaf patients.

Based on the articles used as reference in the study in question, one notices a reduced number of studies that address the care of deaf patients and their possible communication difficulties in the health sector, which demonstrates both the lack of interest involving the theme as the lack of knowledge and unpreparedness in dealing with this problem, which is faced with notorious frequency by the deaf community, the few publications found in the period between 2001 and 2020 addressing this issue, also supports the existence of a gap in assistance in health care.

Thus, it is common that the assistance to the deaf population occurs in a curative way, since there is a late search for services, often only occurring when patients are symptomatic, so that there is no possibility of promoting prevention and health education, besides putting the welfare at risk, due to the delay in seeking help.

Thus, the importance of implementing the study of LIBRAS during graduation in the health area is highlighted. The awareness of professionals and students about the full care of the deaf patient is essential for the effective establishment of the teaching of LIBRAS in a specialized manner in higher education, resulting in greater confidence, quality in assistance

and fewer barriers to be faced by the deaf community in search of a dignified care, which is constitutionally guaranteed.

REFERENCES

- BRASIL. **Lei n. 10.098, de 19 de dezembro de 2000.** Estabelece normas gerais e critérios básicos para a promoção da acessibilidade das pessoas portadoras de deficiência ou com mobilidade reduzida e dá outras providências. Brasília, DF, 2000. Available: http://www.planalto.gov.br/ccivil_03/leis/110098.htm. Access: 10 Dec. 2020.
- BRASIL. **Lei n. 10.436, de 24 de abril de 2002.** Dispõe sobre a Língua Brasileira de Sinais – Libras e dá outras providências. Brasília, DF: Presidência da República, 2002. Available: http://www.planalto.gov.br/ccivil_03/leis/2002/110436.htm. Access: 10 Oct. 2020.
- BRASIL. **Decreto n. 5.626, de 22 de dezembro de 2005.** Regulamenta a Lei nº 10.436, de 24 de abril de 2002, que dispõe sobre a Língua Brasileira de Sinais – Libras, e o art. 18 da Lei nº 10.098, de 19 de dezembro de 2000. Brasília, DF: Presidência da República, 2005. Available: http://www.planalto.gov.br/ccivil03/_ato2004-2006/2005/decreto/d5626.htm. Access: 11 Oct. 2020.
- CAVAGNA, V. M. *et al.* O paciente surdo e suas vivências no sistema de saúde: uma interface com a enfermagem. **Rev. Enferm. Atual In Derme**, v. 80, n. 18, 2017. Available: <https://revistaenfermagematual.com.br/index.php/revista/article/view/345>. Access: 10 Oct. 2020.
- FRANÇA, E. G. *et al.* Dificuldades de profissionais na atenção à saúde da pessoa com surdez severa. **Cienc. enferm**, v. 22, n. 3, p. 107-116, set. 2016. Available: <https://scielo.conicyt.cl/pdf/cienf/v22n3/0717-9553-cienf-22-03-00107.pdf>. Access: 25 Nov. 2020.
- GIL, A. C. **Como elaborar projetos de pesquisa**. 5. ed. São Paulo: Atlas, 2010.
- IBGE. **Censo Demográfico: 2010.** Available: www.ibge.gov.br. Access: 15 Nov. 2020.
- MACHADO, W. C. A. *et al.* Língua de sinais: como a equipe de enfermagem interage para cuidar de clientes surdos? **Rev. Pesqui. (Univ. Fed. Estado Rio J., Online)**, v. 5, n. 3, p. 283-292, jul./set. 2013. Available: <https://pesquisa.bvsalud.org/portal/resource/pt/lil-683564>. Access: 27 Nov. 2020.
- MACHADO, W. C. A. *et al.* The search for Brazilian sign language course: a descriptive exploratory study. **Online Braz. J. Nurs.**, v. 11, n. 2, ago. 2012. Available: <http://www.objnursing.uff.br/index.php/nursing/article/view/3664>. Access: 28 Nov. 2020.
- MOURA, R. S. *et al.* A língua brasileira de sinais como disciplina obrigatória na graduação em enfermagem: opiniões dos discentes. **Rev. Enferm. Atenção Saúde**, v. 8, n. 1, p. 71-80, jan./jul. 2019. Available: <http://seer.uftm.edu.br/revistaeletronica/index.php/enfer/article/view/3012>. Access: 13 Nov. 2020.

PERNAMBUCO. **Lei n. 17.029, de 18 de agosto de 2020**. Garante o direito à presença de Tradutor e Intérprete da Língua Brasileira de Sinais LIBRAS durante o trabalho de parto, parto e pós-parto imediato, nos hospitais, maternidades, casas de parto e estabelecimentos similares da rede pública e privada de saúde do Estado de Pernambuco. Recife, PE: Assembleia Legislativa do Estado de Pernambuco, 2020. Available: <https://legis.alepe.pe.gov.br/texto.aspx?id=51556>. Access: 10 Dec. 2020.

SANCHES, I. C. B. *et al.* O papel do enfermeiro frente ao paciente surdo. **Rev. Enferm. UFPE online**, v. 13, n. 3, p. 858-862, mar. 2019. Available: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1015888>. Access: 13 Dec. 2020.

STROBEL, K. **História da educação dos surdos**. Texto-base do curso de Licenciatura em Letras/Libras. Florianópolis: UFSC, 2009. Available: http://www.libras.ufsc.br/colecaoLetrasLibras/eixoFormacaoEspecific/historiaDaEducacaoDeSurdos/assets/258/TextoBase_HistoriaEducacaoSurdos.pdf. Access: 19 Nov. 2020.

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