



# Understanding the impacts of the COVID-19 pandemic response measures on Deaf adults in Cape Town

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## BACKGROUND

- It has been well established that socially disadvantaged populations, such as persons with disabilities (PWDs) and linguistic minorities, have suffered significantly throughout the COVID-19 pandemic.
- Despite the United Nations (UN) calling for the inclusion of PWDs in COVID-19 responses, disability representatives were not included in South Africa's COVID-19 disaster management committees, and consequently, the developed regulations failed to address the unique needs of PWDs.
- This includes the estimated 500,000 to 1.5 million 'Deaf' South Africans, which refers to deaf people whose primary language is South African Sign Language (SASL) and identify as members of the Deaf community, a culturo-linguistic group that shares common values, norms, behaviours, traditions, and language.
- South Africa implemented one of the most strict lockdowns in the world and severe restrictions were imposed to curb the spread of the virus.

While there is evidence of the negative impacts of the COVID-19 lockdown on Deaf people in other countries, there is currently very little research published which seeks to understand the experiences and impacts of COVID-19 on Deaf people in South Africa.

## OBJECTIVES

1. To explore the perspectives, attitudes, and experiences of Deaf people on the implementation of COVID-19 regulations (masking, hand hygiene and social distancing) and imposed lockdown rules.
2. To assess the impact of Covid-19 policies on Deaf persons'
  - i. Ability to communicate (with family, friends, healthcare workers; remotely)
  - ii. Access to and quality of health and social services.
  - iii. Access to COVID-19-related information.

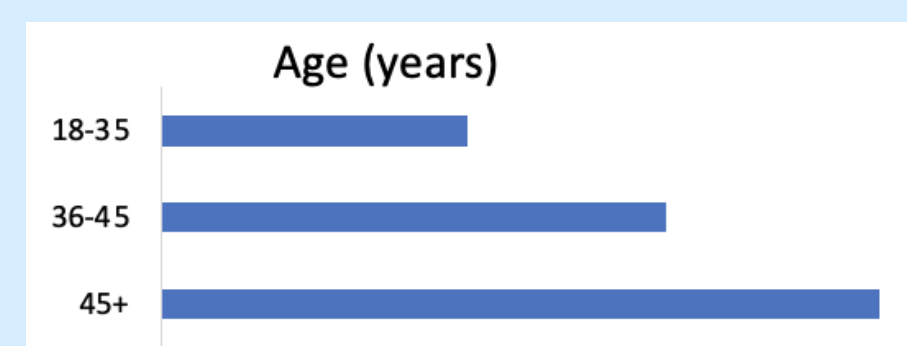
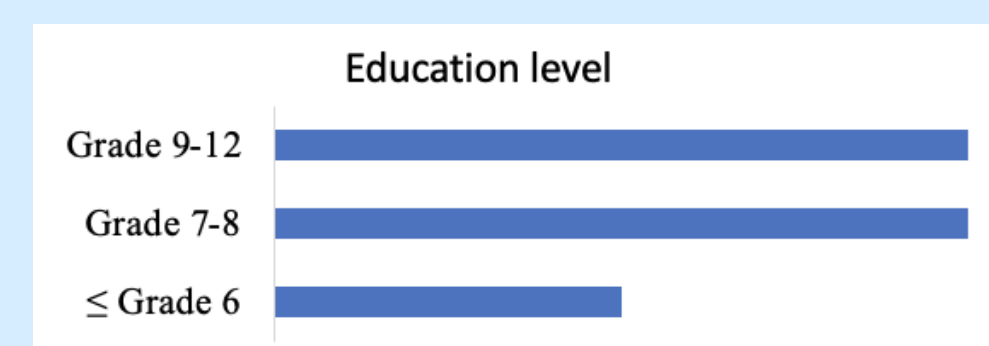
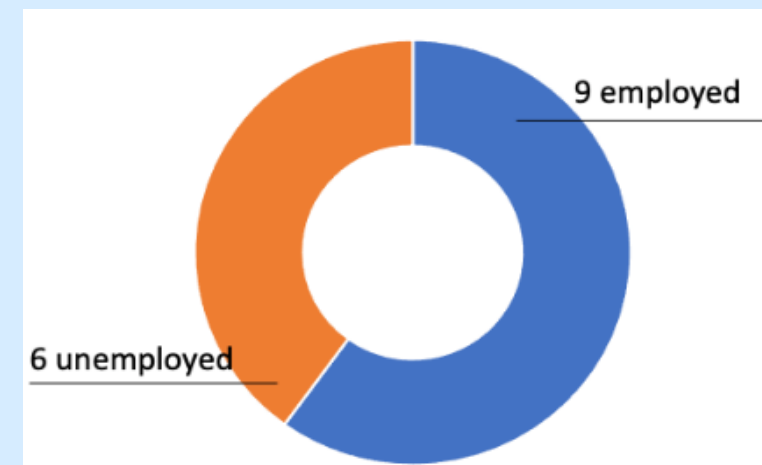
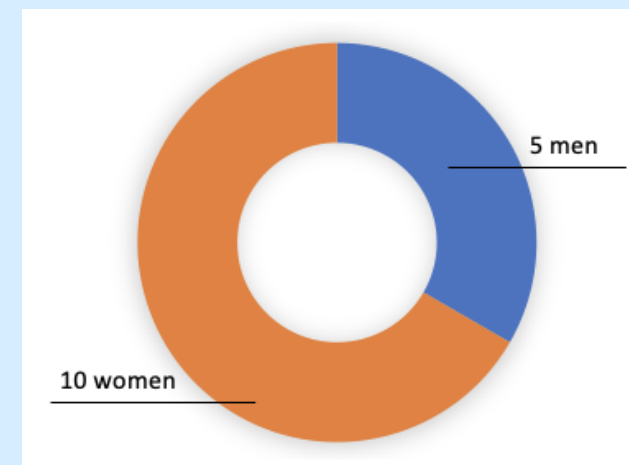
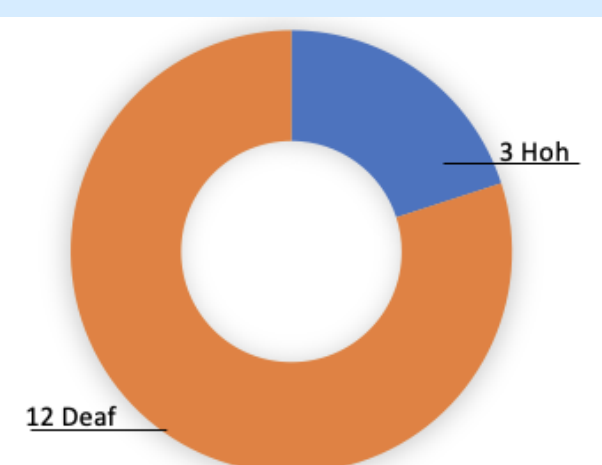
## METHODOLOGY



15 qualitative, semi-structured interviews



Sept – Oct 2021



## RESULTS

### Information provision

- Participants had a general understanding of COVID-19 measures at the time of interviews but had no clear understanding or knowledge for the first several months of the pandemic.
- **Many did not adhere to preventive measures and lockdown regulations due to this information deficit, putting their health and safety at risk.**
- DCCT was pivotal in providing information. They translated news from Governmental sources and disseminated information to the Deaf community through WhatsApp, social media, and outreach events.

*'I had no information while I was staying at home during lockdown levels 4 and 5. After a long time, I came to DCCT and they shared information in SASL and I was like, 'Oh, it's Corona, it's dangerous, it's an infection.' So, I say thank you to DCCT because it was only when they started sharing information that I understood. After I understood, I became very strict and careful.'* (P.4/F/63)

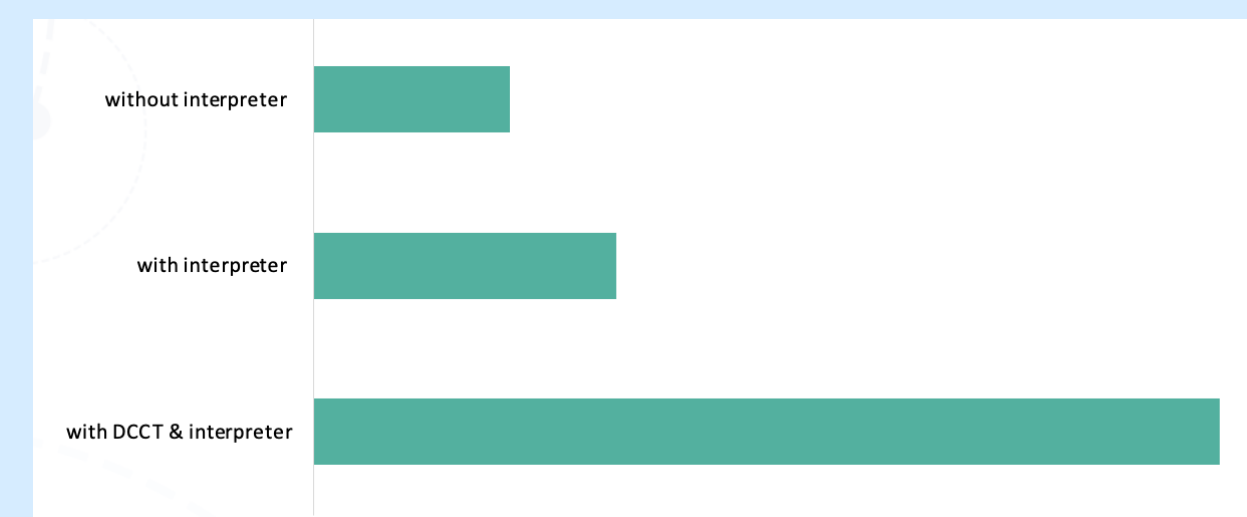
### Implications on experienced health services

- Among the 14 who accessed health services, 10 wanted to have an interpreter but were unable to as **interpreters were not considered an 'essential service'** under COVID regulations.
- Many had negative experiences with healthcare workers who refused to make accommodations to facilitate communication.
- Some invented **creative strategies to navigate these barriers**, such as writing Deaf on their medical folder for it to be held up as they couldn't hear their name called.
- **Not fully understanding the prescribed treatment** because of the limited ability to communicate without an interpreter was a common experience, evoking feelings of fear, frustration, and mistrust.
- Two patients had positive experiences where staff removed their masks to facilitate communication or allowed an interpreter, owing to their existing relationship with clinic staff and staff awareness of Deaf culture.

### Vaccine experiences:

- 14 of 15 participants had received the COVID-19 vaccine. Most went with DCCT, who arranged for an interpreter to accompany them to the vaccine site.
- Among those vaccinated, 11 said they wouldn't have gone if it hadn't been for DCCT's efforts and information sharing.
- The two that went alone had a difficult time navigating the process and felt inadequately informed.

*'If I hadn't had an interpreter there, what if I couldn't see my name called and missed my appointment? What if I said yes but didn't know which vaccine I'm getting? What if I had an allergic reaction because they didn't ask the right questions, or I didn't understand correctly so gave the wrong answer?'* (P.15/M/45)



## CONCLUSIONS

- While many of the challenges experienced were not new, they were greatly exacerbated during by the pandemic control measures.
- Participants' improved adherence once they received information in SASL, supports research showing that **the provision of public health messaging in one's native language and from trusted sources increases the support for and adoption of such information.**
- The exclusion of interpreters as an essential service was a violation of Deaf persons' constitutionally enshrined right to health and information and an oversight due to the exclusion of Deaf voices in response planning.
- The proportion of vaccinated participants (93%) far surpassed the national rate at the time (25%) and among a wider disability study (10%), likely attributable to the efforts of DCCT to ensure vaccination among the Deaf community.

*There are many Deaf people who only understand what's happening because of the information DCCT shares, because Deaf people don't have equal access to the same information as hearing people.* (Participant 15/M/45)

## ADVOCACY MESSAGE

1. **Deaf people and community organisations must be actively included in national and governmental response planning and implementation efforts during crises, as they know their communities best.**
2. **Increased knowledge of Deaf health needs and Deaf cultural awareness amongst health care workers can improve Deaf patients' experiences and outcomes in the health system.**

## ACKNOWLEDGEMENTS

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