



Research findings on how accessible sexual health services and sex education is for deaf people in the UK; Deafax's E.A.R.S Campaign (1st May 2012)

Deafax's (1) E.A.R.S campaign which ran from 28th March – 1st May is to call on schools, teachers and medical service providers to supply adequate **sex education and sexual health care** for deaf (2) people.

Research into **deafness and sexual health** is extremely rare and almost completely overlooked. As part of the deaf **E.A.R.S: Education and Advice on Relationships and Sex** campaign (3) Deafax has conducted research in this area and has surveyed (4) deaf people with a mild to profound hearing loss which uncovered compelling results.

- 35% did not receive **any** sex education at school
- 65% said that the information was **inaccessible**; the main reasons was that the information provided was limited (43%) and they could not understand the teachers (43%)
- 46% learnt about sex through the media
- 36% learnt through direct sexual experience

We have also gathered individual case studies from deaf people, mothers to be and health professionals regarding their experiences:

"I didn't know anything about sex, contraception or relationships when I left school, there was never anyone to ask who could explain properly to me in sign language. I didn't know how many sexual partners were 'normal'. When I left school and left home, I was raped by a man. Then I had lots of men coming to my flat and asking me for sex, I just thought that it was what I was supposed to do." **A teenage deaf mother**

"I never went to antenatal classes, because I wouldn't be able to follow what was going on there. No one used sign language and I couldn't read about having a baby, the leaflets were complicated and I didn't understand them." **A mother-to-be on inaccessibility for pregnancy information**

Speaking to health trusts and midwives, Deafax has uncovered that this experience is common for many deaf mothers; there simply isn't the provision to ensure that they have staff and professionals who can communicate with them.

As one midwife's account suggests, health services rely on the families of deaf patients to aid communication: *"We have always relied on their family to interpret, but the patient doesn't always want someone there, so we sometimes use lip-reading. When they want an interpreter, there isn't always one available. We try and use written information when this happens."* **Midwife**

This approach is not effective, for many deaf people English is not their first language and written text is hard to follow. Failing to provide interpreters can lead to distressing and dangerous experiences:

"We had one deaf lady who was in labour; she was very distressed and had no interpreter. Normally, I would talk to her and soothe her, but she couldn't understand me so we decided to give her an epidural."

Without the provision of sex education in schools, deaf people learnt about sex through other unreliable methods. Without the provision of sex education, information can be misled, misinterpreted and can lead to high risk situations.

From our previous research “Deafness and Pregnancy Report, 2009” (4) we have concluded that there has been **no improvement** in making sex education accessible and healthcare services to be inclusive and aware of deaf people’s needs. Education and healthcare systems are putting deaf people’s lives at extreme risk by not being aware and not catering for linguistic, communication and cultural needs. Deaf people should not be denied the right to equal sex education. Society disables deaf people by failing to provide equal access to services, information and education, which then hinder deaf people’s ability to make informed choices and be fully included in decision-making.

Our campaign proves the need for continuous efforts to **improve health care services and education** and to raise awareness about this important area.

Special thanks go to Dr Radha Modgil, Education for Choice, Brook Charity, Family Planning Association, Sex Education Forum, PSHE Association, Times Education Supplement, Hearing Times, British Association of the Teachers of the Deaf, National Deaf Children’s Society, Hearing Times, Wicked: The Hub TV, Limping Chicken, The Huffington Post, Women’s Views on News for supporting our work.

*** ENDS***

Notes

1 – Deafax, established in 1985 is a registered charity which works nationally to transform the lives of deaf and hard-of-hearing people supported by new and innovative technologies. To see more of Deafax’s work and what we do; please visit:

www.deafax.org

2 – The term ‘deaf’ reflects all variables of deafness medically from mild to profound; and the social model of how a deaf person’s deafness is defined e.g. through their education, when diagnosed, social circles, backgrounds, language and communication history.

3-The deaf E.A.R.S campaign has been launched through the Deafax website:

<http://www.deafax.org/earscampaign.php>

4- The term ‘deaf-friendly’ refers to a high level of visual information (70% visual/30% plain English), through the use of graphics, making it more accessible and easier to understand.

4- The survey is for the deaf and hard-of-hearing community only and can be viewed here:

<http://svy.mk/JppzAh>.

5- Deafness and Pregnancy Report (published in 2009) is a collection of findings and results through surveying the deaf community and midwives in a period of three years (2005-2008) researching on sex education and provisions of healthcare services for deaf people in the UK.

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