

Study of Barriers to Utilization of Health Services among Deaf/Speech Impaired Patients in Primary and Referral Services in Banjarbaru

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Abstract. Accessibility of health services is an important aspect to ensuring that all individuals, including people with disabilities, receive appropriate and good quality health services. One group of disabilities that often faces challenges in accessibility of health services are people with speech impairments. People with speech impairments rely on sign language to communicate and often experience obstacles to obtaining health information and communicating with health workers. In Indonesia, including in the Banjarbaru City area, accessibility of health services for people with speech impairments is still a problem that has not been resolved properly. Therefore, this study was conducted to identify the main challenges in accessibility of health services for people with speech impairments in Banjarbaru City, including lack of awareness and training of health workers, lack of alternative means of communication, and lack of coordination between related parties, as well as to assess the success or best practices in implementing accessibility of health services for people with speech impairments in the area so as to strengthen efforts towards a more inclusive and equitable health system for all individuals. The design of this study is qualitative with a phenomenological approach. The number of informants in this study was 18 informants who were taken using purposive sampling techniques. Qualitative analysis uses the results of in-depth interviews and observations. The results of the study indicate that accessibility of health services for people with speech impairments in the Banjarbaru City Area still has various challenges such as limited training for health workers and communication aids. To respond to this, it is necessary to conduct sign language training, create special SOPs, provide communication aids and other supporting facilities to support improvements in communication and accessibility of health services for people with speech impairments.

Keywords: Accessibility; health services; barriers; speech impairment; hearing impairment

1 Introduction

Data published by the World Health Organization (WHO) entitled "World Report Disability" in 2011 stated that almost 15% of the world's population has a disability. Of that number, around 2-4% have severe disabilities and almost 11% of other people with disabilities require supporting tools and accessible facilities to participate equally in public spaces. The number of people with disabilities is almost 19 percent of the population of Indonesia, or around 21.8 million people, as many as 14.97 percent live below the poverty line[1][2]. According to the results of the SP2020 Long Form, the prevalence rate of type 3 disabilities varies in each province in Indonesia. From 34 provinces, the three provinces with the highest prevalence which are DI Yogyakarta, Nusa Tenggara Timur (NTT), and Aceh. Conversely, the three provinces with the lowest prevalence are Banten, Riau Islands, and North Kalimantan[3]. This disability rate is certainly still relatively high and is one of the main health problems. People with disabilities are one of the largest minority groups who continue to experience discrimination both at the policy level and in social interactions so that their rights have not been fulfilled. Including health services to provide services to people with disabilities is still difficult, even though in UU Kesehatan No. 17 Tahun 2023 in pasal 53 it is stated that the purpose of health efforts for people with disabilities is to prevent disability and ensure that people with disabilities continue to live healthy, productive and dignified lives[4][5].

Among people with speech impairments, problems are also found, including the difficulty of connecting directly to health services such as community health centers, clinics, hospitals and other health facilities due to communication factors[6][7]. This shows the inability of people with speech impairments to obtain health services and the inability of health services to provide information and communication regarding the services required by people with speech impairments[8][9].

Papua has the highest percentage of population with hearing impairment type 3 disability, which is 0.63 percent. DI Yogyakarta is in second place with 0.53 percent, followed by NTT at 0.51 percent, while in South Kalimantan there are 0.30 percent of the population with Hearing Impairment Based on Disability Type 3 According to Province in Indonesia, 2022 and 1.62 percent of the population with Hearing Impairment Based on Disability Type 1 According to Province in Indonesia, 2022[3].

Speech impairments are a vulnerable group that faces barriers in accessing health services due to communication limitations[10]. Effective communication between patients and healthcare providers is a key element in quality healthcare[11]. However, in the context of speech impairment, communication barriers often hinder the process of proper examination, diagnosis, and treatment. The main obstacles faced by speech impairments in accessing health services include [12][13]:

- a. Limited verbal communication. Speech-impaired people cannot use spoken language effectively to communicate their concerns or understand medical instructions.
- b. Limitations in access to information. Health information delivered verbally may not be easily accessible to speech-impaired people[14].
- c. Lack of trained service providers. Not all health care providers have training or experience in communicating with speech-impaired people[15].

2 Method

The study used a qualitative design with a phenomenological approach. The population of this study were health service providers in the Banjarbaru City area, namely the Landasan Ulin Public Health Center (Puskesmas Landasan Ulin) and the Idaman Banjarbaru Hospital, health service implementers (health workers) at selected Health Centers and Hospitals, and recipients of health services at Health Centers and Hospitals (residents of Banjarbaru City with speech impairments). The sample in this study consisted of 18 informants with a sampling method using a non-probability sampling technique, namely purposive sampling. In-depth interviews using structured interview guidelines with informants, while observations were conducted to assess the availability of health facility infrastructure to support health services for people with speech impairments. The research informants consisted of:

1. Head of health service facilities, Public Health Centers and Hospitals
 - a. Head of health center with inclusion criteria: responsible or has duties in implementing health services and has worked in the research area for at least 3 months.
 - b. Hospital directors with inclusion criteria: responsible or have duties in implementing health services and have worked in the research area for at least 3 months.
2. Health service implementers at public Health Centers and Hospitals, which is each 1 administrative staff, doctor, midwife, nurse, pharmacist/assistant pharmacist and health promotion staff at selected public Health Centers and Hospitals, with the inclusion criteria: responsible or have duties in implementing health services and have worked in the research area for at least 3 months.
3. Recipients of health services from public Health Centers and Hospitals, residents of Banjarbaru City with speech impairments, each 2 people for public health centers and hospitals (total 4 people). Have used health services from Community Health Centers and Hospitals.

Specifically for data collection of respondents with speech impairments, researchers were accompanied by 4 Sign Language Assistants (PBI), where PBI served as a communication intermediary between the researcher and the respondents. PBI here is also well known by the respondents, making it easier in the communication process.

3 Results and Discussion

This study has conducted an analysis of barriers in the utilization of health services for the deaf or mute in health centers and hospitals. The activity was carried out using the FGD method with an interview guide and was carried out on informants at the Landasan Ulin Health Center, Idaman Banjarbaru Hospital and 4 representatives of deaf friends from the *Teras Inklusi community*. The results of the analysis are as follows.

A. The results of the FGD data analysis at the Landasan Ulin Health Center represented by the Head of the Health Center, Doctors, Nurses, Midwives, Administration Officers/Medical Records Section, Health Promotion, each 1 person as an informant.

1. Service Experience at the Health Center

Health services for people with speech impairments at the Landasan Ulin Health Center already have initial procedures that can identify patients with disabilities, such as a special form to record the status of patients with disabilities. However, in practice, communication with people with speech impairments often relies on companions, although patients without companions are still able to communicate using simple signs. Special SOPs for handling patients with disabilities are still not available, and health workers use improvisational methods to understand patient complaints[16].

2. Medical Services in the Examination Room

Doctors and nurses try to understand the complaints of speech-impaired patients with the help of simple gestures and often through the patient's companion. However, no special communication aids are used. In the nursing department, speech-impaired patients usually use the method of pointing to the part of the body that hurts to communicate complaints. Although this method is relatively effective, more formal and systematic efforts are still needed to improve communication between health workers and speech-impaired patients.

3. Training Limitation for Health Workers

The FGD revealed that the biggest limitation in serving people with speech impairments is the lack of effective communication training for health workers. To date, health centers do not have a specific training program on how to communicate with speech impairments, and limited funding and regulatory support from the government are the main inhibiting factors[17]. However, health centers hope for better training, communication facilities, and visualization to ensure optimal service.

4. Challenges in Communication

Communication between people with speech impairments and health workers or healthcare providers is prone to misinterpretation, especially when it comes to communicating symptoms and medication instructions. Although many people with speech impairments can read and write, communication using sign language is often the only option that healthcare providers understand. However, without formal training, staff are still at risk of misinterpreting patient with speech impairments signs[18].

5. Advanced Requirements

The health center expects support in the form of funds, training, and facilities to improve communication with people with speech impairments. The development of special guidelines, especially visual ones, is expected to help health workers make more accurate diagnoses and provide more appropriate services for speech impairment patients.

Recommendation:

1. **Training for Health Workers:** Regular training is needed on how to communicate with people with speech impairments, including the use of sign language and appropriate communication aids.

2. Special SOP for Patients with Disabilities: Health centers need to develop special SOPs to handle patients with disabilities, especially those related to speech impairments, to ensure a more structured service process.
3. Use of Technology or Assistive Devices: Investing in visual communication aids or stuff, such as apps or devices that can facilitate communication, will go a long way in simplifying interactions between patients and healthcare providers.

B. The results of the FGD data analysis at the Idaman Banjarbaru Hospital represented by the Hospital Director, Doctors, Nurses, Midwives, Administration Officers/Medical Records Section, Security Guards, 1 person each as informants.

1. Hospital Policies and Procedures

Idaman Hospital Banjarbaru is committed to becoming a health facility that is friendly to people with disabilities, including those with speech impairments. Although there is no specific policy regarding the handling of speech impairment patients, the hospital strives to meet inclusive public service standards, such as providing toilets for the disabled and ensuring that patients with disabilities, including those with speech impairments, always have a companion. A home care program has also been implemented, although its main focus is on the elderly and certain patients with disabilities.

2. Communication with Patients at Registration

Speech-impaired patients who come to the hospital are usually able to communicate by writing, and the security guard is often crucial in helping direct patients to the right services. However, registration staff do not have specific training in sign language, so communication still relies heavily on simple gestures and writing. However, the hospital is planning to hire interpreters and involve staff with disabilities to help.

3. Communication Experience in Treatment Room

Nurses and midwives assessed that patient companions have an important role in facilitating communication with patients with speech impairments. In some cases, such as patients with severe contractions who are uncooperative, midwives must use facial expressions and body language to understand the patient's needs. This experience emphasizes the importance of special training for medical personnel in dealing with speech impairments, especially in emergency situations that require a rapid response [19].

4. Communication in the Emergency Room/Department (ER)

The Doctors in emergency room often face emergency situations where communication with speech-impaired patients is challenging, especially when the patient is semi-conscious or there is no companion who understands sign language. Doctors try to use writing and rely on collaboration with third parties, such as *Teras Inklusi*, in urgent situations. Although health services in the emergency department are prioritized based on emergencies, special services for people with disabilities, including speech-impaired patients, are still given different attention.

5. Services in Pharmacy

Pharmacy is one of the service departments that faces challenges in communicating with speech-impaired patients. Patients who regularly seek treatment usually do not get the difficulties because the staff already knows their history. Communication in the pharmacy often uses simple gestures, and if the patient nods, the staff assumes the patient has understood the instructions. However, the risk of misunderstanding remains, so the use of sign language or additional training is needed.

6. Challenges and Further Plans

The biggest challenge faced by health workers at *Idaman* Hospital is the difficulty in mastering sign language, which is considered difficult to practice daily and is feared to trigger errors in interpretation. However, officers hope to be trained in sign language so that communication with speech-impaired patients becomes more effective and safe, in order to maintain patient safety and minimize errors in interpretation.

Recommendation:

1. Sign Language Training: The importance of sign language training for all health workers, including doctors, nurses and registration staff, to reduce reliance on patient companions.
2. Provision of Interpreters: Hospitals need to accelerate the provision of interpreters or staff who can function as sign language interpreters in every service section.
3. Improving Communication Facilities and Infrastructure: Such as providing small whiteboards or digital devices to facilitate communication with speech-impaired patients.
4. Raising Awareness and Marking: It is important to provide special markings for people with disabilities, not only for fall risk but also to facilitate identification and special services.
5. With the implementation of these recommendations, it is hoped that communication between people with speech impairments and health workers at the *Idaman* Hospital can be more effective and efficient, thereby improving the quality of health services for people with disabilities.

C. Results of FGD Data Analysis from 4 Deaf Friends Representatives from the *Teras Inklusi* Community as Informants. The Research Team was Assisted by Sign Language Assistants (PBI) to Help Translate or Communicate

1. Communication Conditions for Speech Impaired Persons

The FGD participants noted various experiences that showed that effective communication between people with speech impairments and healthcare workers still relies heavily on improvisational methods. Communication often takes place through writing, lip movements, and body language. For example, Informant 1 often uses lip movements and writing to communicate with nurses, dentists, and pharmacists, and uses body language to point to the parts of the body that are sick.

2. Experience of Using Health Services

People with speech impairments tend to utilize health services which available at health centers or hospitals in different ways. Informant 1 is accustomed to using health facilities, such as priority queue cards and special parking, although he still faces

navigational obstacles in the hospital environment. However, Informant 2 rarely uses formal health services and more often buys medicine at the pharmacy, due to cost constraints and the inability to utilize national health insurance namely BPJS Kesehatan.

3. Psychological Barriers to Accessing Health Services

Some people with speech impairments, such as Informant 3, experience psychological problems such as fear or lack of confidence when meeting other people, so they are reluctant to use health facilities. The inability to read and write is also a major inhibiting factor in utilizing health services. These patients really need a companion during every visit to a health facility.

4. Social Support from Fellow Disabled People

In some cases, support from fellow speech-impaired people is essential to facilitate interactions with health workers. Informant 4 noted that they felt more comfortable communicating or meeting new people with the help of a speech-impaired friend, especially when there was no family companion. This suggests the need for special support or companion facilities in health facilities.

5. Limited Understanding of Health Workers

While people with speech impairments are generally able to understand visual signs in health facilities, such as dedicated parking and priority queues, there is a need for increased understanding among health workers on how to communicate more effectively with people with speech impairments. This is evident in the lack of specific signs and the reliance on manual communication methods, such as writing and lip gestures, which are not always effective, especially for people with speech impairments who have limited literacy [20].

6. Key Needs in Effective Communication

From the results of this FGD, several main needs for more effective communication between people with speech impairments and health workers were seen, including:

- a. Specialized Training for Health Workers: Health workers need to be trained in the use of sign language and other communication aids.
- b. Provision of Visual Aids: Such as image-based communication boards or digital applications that support sign language.
- c. More Intensive Assistance: Both from family and assistance officers who are trained to help people with speech impairments when communicating with health workers.

Recommendation:

1. Implementation of Sign Language Training: Regular training for health workers in health centers and hospitals will help in improving effective communication with speech-impaired patients.
2. Provision of Communication Aids: Devices or applications that can help people with speech impairments communicate better with health workers.
3. Addition of Supporting Facilities: Facilities such as special companions for speech-impaired patients can increase the comfort and effectiveness of health services with improvements in these aspects.

4 Conclusion

Health services for people with speech impairments at the Landasan Ulin Health Center and Idaman Hospital still have various challenges. It is known that the Landasan Ulin Health Center has had initial procedures for serving people with speech impairments. However, there are still challenges in communication and health services, including limited training for health workers, communication is still very dependent on patient companions, and the absence of special communication aids. Further efforts are needed, namely training for health workers, creating special SOPs for patients with disabilities, and using technology or communication aids. Idaman Hospital is known to be committed to being a health facility that is friendly to people with speech impairments even though there is no specific policy in handling people with speech impairments. The challenges faced by Idaman Hospital are the lack of sign language training and communication still depends on companions and the use of simple methods which are certainly prone to misunderstandings. Therefore, efforts are needed, including sign language training, providing translation, improving communication facilities and infrastructure, and increasing awareness and marking. According to deaf friends from the Teras Inklusi community, communication with health workers still relies on improvisation methods with writing, lip gesture, and body language. Patients still have difficulty using health services both in terms of navigation and psychological constraints such as fear and lack of confidence. Therefore, it is necessary to implement sign language training, provide communication aids, and add supporting facilities for people with speech impairments. With the implementation of these recommendations, it is hoped that communication and accessibility of health services for people with speech impairments can be improved.

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