Deaf Child Worldwide

Birds and the Bees

Deaf Young People's Consultation
Uganda, April 2017

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Contents

Background and methods used

Deaf Child Worldwide is working in partnership with Sign Health Uganda and Uganda National Association of the Deaf (UNAD) to develop the Birds and the Bees project. The project will use a peer educator approach to teach deaf young people about issues such as sexual and reproductive health, so that they in turn can give advice, counselling and training to other deaf young people.

The project will give young deaf peer leaders training in communication skills, confidence and leadership, as well as extensive sexual and reproductive health information so that they can establish youth groups and networks in their communities and reach other deaf young people to provide advice and support.

This report summarises consultation activities held with deaf young people during April 2017 to explore their knowledge of sexual and reproductive health, and their experiences of accessing information and support, in order to influence the development of this project and ensure that it is designed in a way that deaf young people feel is effective and accessible.

The consultation involved the delivery of full-day focus groups with deaf young people in three different locations; Kampala, Masaka and Jinja. The activities were designed to be accessible and engaging to deaf young people who have low literacy skills and minimal or no experience of being involved in consultation. And they provided an opportunity for those who took part to confidently share their experiences and opinions. The session elicited interesting discussions about how deaf young people access information, where their gaps in sexual health information are, and what issues they feel most strongly about. Participants were also given the opportunity to create plans for how they felt a sexual and reproductive health project for deaf young people should run, and how best to engage with their deaf peers. The results of the consultation and the recommendations made by the young people involved are contained in this report.

The focus groups were each held for a full day, running from 10am – 4pm. Overall 34 deaf young people (15 male, 19 female) aged between 16 and 29 took part in the consultations (Appendix 1).

Information from the consultation was gathered by note-taking, photography and film, and by collecting the young people's activity sheets at the end of each session.

Key recommendations from deaf young people

For a sexual and reproductive health project to be accessible and engaging for deaf young people it must do the following.

1. Provide peer-to-peer support for deaf young people so they can speak openly about difficult sexual and reproductive health topics, within a community of supportive young people who have similar experiences and lives.
2. Train peer leaders in sexual and reproductive health, leadership and empowerment, so they can drive the project forward and bring deaf young people together.
3. Provide well-trained Ugandan Sign Language interpreters to support deaf young people's access to sexual and reproductive health information. These interpreters need to provide a professional and high standard of service, be impartial and independent, and agree to confidentiality.
4. Create sexual and reproductive health information which is deaf-friendly and provided in a variety of formats, ensuring it is accessible to those who can't read or sign. This should include images, sign language, and filmed content.
5. Share sexual and reproductive health information via youth-friendly sources; mobile phone and social media resources are preferred, or dance, drama and sports events for deaf young people.
6. Consider the needs of hard to reach deaf young people and the additional challenges they face in accessing sexual and reproductive health information. They are less likely to be confident communicators and will have fewer people to discuss these issues with and consequently are at higher risk of pregnancy, sexually transmitted infections and exploitation.
7. Provide high quality deaf awareness information and training for families, communities, professionals and services, so that they can learn to understand deaf young people's lives, their rights and needs and can support them adequately.
8. Network with other organisations to ensure the project reaches as many young people as possible and is widely recognised.

Results of the consultation

Activity 1: How do deaf young people access information?

Young people were shown a variety of images of information sources, and asked to share which were the most effective for deaf young people by sticking a sticker on the image (they each had six stickers, so could choose multiple options).

They were encouraged to show which the worst or least accessible sources of information were by drawing a sad face on the picture. (See Appendix 2 for a full break down of these results.)

As a group they then discussed why they had chosen the images, and debated why some methods of information sharing did not work for deaf young people.

'Friends' were the most popular source of information, receiving the most votes overall.

> **"Friends taught me about condoms and how to use them, it's better to get information from someone who has experience."(Masaka group)**

> **"Not all of us can afford phones, so can't get information online, and not all of us can read or write, so we sign with our friends to find things out." (Kampala group)**

> **"An older person wouldn't answer questions about sexual health, because it is shameful, but friends are our trusted companions, they are easy to connect with."(Masaka group)**

'Sign Language interpreters' also scored very highly.

> **"Interpreters make getting information from hearing people easy." (Kampala group)**

> **"There are no interpreters on TV, so how do you understand if you are deaf?"(Masaka group)**

However there was extensive discussion within the group, about bad interpreters who miss information or don't share all the facts.

> **"Some interpreters are too proud and take control, in meetings they miss information."(Masaka group)**

> **"[Interpreters] are important, but the information from them is not always clear."(Jinja group)**

'WhatsApp' is a very popular information resource, 'Facebook', and 'Mobile Phone' also received a lot of votes, however all other suggested social media sites (Twitter, Instagram and Snapchat) received very few votes (most were unrecognised). The popularity of these sources of information was clearly linked to connecting with friends and peers. Deaf young people emphasised that these mobile or online resources, are dependent on having data on their phones or money for internet cafes, and consequently only effective if you can afford them.

> **"WhatsApp is so good for information sharing, but you need money for airtime."(Jinja group)**

> **"[Facebook is] good for some, it cheers you up if you are unhappy because you can message your friends and tell them what you are feeling and talk about issues. It's good for chatting."(Jinja group)**

'Clubs', 'Music and Drama Events' and 'Sports Events' were popular, again because of the social implications and opportunities to be with their peers.

> **"Drama or dance makes us feel relaxed and like we can talk about our problems."(Jinja group)**

> **"[Sports Events are] good – you play football, make friends and then you can learn new things and access information when you are relaxed and feel happy."(Jinja group)**

Overall the responses from young people were similar across the three different locations; however there were a couple of clear variances. 'Church or Mosque' was a very popular choice in Jinja (eight young people chose this option) whereas in Kampala this was one of the least popular choices receiving only one vote.

The young people in Jinja felt that 'Newspapers and Magazines' were very good sources of information but in both Masaka and Kampala, this scored very poorly. Possibly in Jinja there is a youth publication which the young people are accessing.

Health centres initially scored highly in Masaka, but after further discussion it became clear that young people only felt that they were good sources of information if an interpreter was present, which was very rare. Taking this into consideration, health centres were an unpopular choice across all three locations.

'Family' wasn't a very popular choice in any of the locations, but received significantly less votes in Jinja. In all three groups, young people felt strongly about this.

> **"Families don't talk to deaf children, don't send them to school, don't help them."(Masaka group)**

> **"You can ask your 'aunties' and 'uncles', not your parents, because issues of sexual health are difficult to talk about."(Masaka group)**

Activity 2: What are the barriers to sexual and reproductive health information for deaf young people?

Young people split into groups to discuss the barriers they face when accessing sexual health information. They then discussed the solutions to these problems, and presented back to the group (Appendix 4).

The barriers the groups discussed were very similar in each location – falling into four main topic areas.

- Communication problems.
- Economic hardship.
- Hard to reach deaf young people.
- Barriers to education.

1. Communication problems

The groups discussed all aspects of communication – one of the issues they felt most strongly about in all locations was a lack of sign language interpreters available, especially in key areas (doctors, churches, banks and the police). They also raised the point that a lot of deaf young people don't know how to sign, so need to be trained in USL.

> **"There is a lack of interpreters and doctors can't explain anything clearly to deaf young people."(Jinja group)**

> **"When you're pregnant, life changes and you need a lot of information. But there are not interpreters at hospitals, so how do you access the information?"(Jinja group)**

> **"One way to solve this is with interpreters, but we need to teach more deaf young people to sign as well."(Jinja group)**

They also discussed problems around low literacy levels, and the impact of sexual health information being too complex or not deaf-friendly.

> **"If you don't have an interpreter you need to write it down for the doctor, but what if you can't read or write? You need to know how to sign and have an interpreter with you."(Jinja group)**

> **"[Illiteracy] is so dangerous, for example, if a person has no experience of sex and is tempted but they don't know how to put a condom on, they can't understand the information written down."(Jinja group)**

> **"[Sexual health] teaching materials should be supported with charts, pictures and illustrations about health." (Kampala group)**

The young people in Jinja, discussed at length how vulnerable deaf young people are to sexual violence, due to communication problems both at home and when reporting the crime.

> **"Drivers of lorries attack young girls and make them have sex, they get pregnant, they can't tell their parents what happened, because they don't understand them."(Jinja group)**

In Masaka the young people also raised the problem of communication within families.

> **"We should teach our parents and families sign language. They ignore us and confuse us."(Masaka group)**

2. Economic hardship

Lack of funds to pay for transport was discussed by the young people in each location, and how not being able to afford to travel affects their ability to gain information.

> **"People don't have the money to travel to health clinics or hospitals, so they don't get treatment or advice."(Masaka group)**

> **"There should be government funds for deaf people to get transport." (Kampala group)**

Young people also discussed how you need to have money for other key information sources, interpreters, mobile phone and internet access, TV's, school fees and newspapers.

> **"Information is expensive, for example paying for a TV or having a mobile phone with data." (Jinja group)**

3. Hard to reach deaf young people

The groups in Kampala and Masaka both discussed isolation and hard to reach areas, and the problem this causes for deaf young people when trying to access sexual health information.

> **"Villages are far away, deaf children are isolated, they never go to school, they can be abandoned. They get no information about life."(Masaka group)**

> **"Deaf young people in villages don't learn about HIV and AIDS."(Masaka group)**

> **"We should have community events to encourage parents to take their children to school. Community family awareness"(Masaka group)**

> **"Extend services to hard to reach rural areas." (Kampala group)**

4. Barriers to education

This covered two areas, deaf young people dropping out of, or not going to school (discussed in both Masaka and Jinja) and deaf young people not being invited to information and training events.

> **"Programmes for teaching about HIV and AIDS exist, but they don't invite deaf youths. They are helping the hearing young people only. This is not fair and means the deaf young people get AIDS."(Masaka group)**

Activity 3: Agree/disagree – sexual and reproductive health questions

Each group of young people was asked 12 questions. They moved to different areas of the room, to show if they agreed with the statement, disagreed with it, or if they felt they didn't know the answer.

A full breakdown of the results is included below, but the key points are summarised here.

There were some similarities in the group's responses.

- In each location the majority of the group agreed to the statement 'I have a lot of questions I want to ask about sexual health'.
- In each place the majority had asked their friends about sexual health.
- The majority of young people asked would prefer mixed gender groups when discussing sexual health and relationships.

There were some notable differences between the locations.

- 'I have people I can ask about sexual health' – 91% in Kampala and 100% in Masaka agreed with this, but only 50% in Jinja.
- 'My family talked to me about sexual health' – 91% agreed in Kampala, but in Masaka 75% disagreed. In Jinja 75% didn't know.
- 'I feel confident talking about sexual health' – in Kampala 64% agreed with this, but this dropped to 50% in Masaka, and 42% in Jinja.

Other points to note.

- Some questions were difficult for the young people to answer. For example 'I feel worried about people's reactions or attitudes if I ask them about sexual health' – in Kampala and Jinja, the majority of the group went to 'don't know' (the majority in Masaka agreed with the statement).
- Jinja had the highest number of 'don't know' responses, and had to have the statements explained to them more than once.
- The group in Masaka had the most results where the whole group had gone to one area; 100% agreement/disagreement happened seven times here, but didn't occur once in either Kampala or Jinja.

Question asked to group	Consultation location: Kampala			Masaka			Jinja		
	Agree	I don't know	Disagree	Agree	I don't know	Disagree	Agree	I don't know	Disagree
I feel confident talking about sexual health	7 64%	4 36%	0	6* 50%	6 50%	0	5 42%	6 50%	1 8%
I feel worried about people's reactions or attitudes if I ask them a question about sexual health	2 18%	6 55%	3 27%	7 59%	1 8%	4 33%	3 25%	9 75%	0
It is important for deaf young people to know about sexual health	8 73%	3 27%	0	12 100%	0	0	7 59%	3 25%	2 17%
I would know more about sexual health if I was hearing	5 46%	3 27%	3 27%	2* 17%	1 8%	9 75%	6 50%	2 17%	4 33%
I have people who I can ask about sexual health	10 91%	1 9%	0	12 100%	0	0	6 50%	6 50%	0
I worked things out for myself – no one taught me anything	1 9%	1 9%	9 82%	0	0	12 100%	2 17%	8 67%	2 17%
I asked my friends about sexual health	7 64%	4 36%	0	12 100%	0	0	7 59%	3 25%	2 17%
I prefer mixed gender groups when talking about sexual health and relationships	9 82%	1 9%	1 9%	12 100%	0	0	9 75%	3 25%	0
I learnt about sexual health at school	4 36%	4 36%	3 27%	12 100%	0	0	10 83%	2 17%	0
My family talked to me about sexual health	10 91%	1 9%	0	2 17%	1 8%	9 75%	2 17%	9 75%	1 8%
I have a lot of questions I want to ask	8 73%	0	3 27%	12 100%	0	0	7 59%	5 41%	0
I prefer to be in groups of the same gender when talking about sexual health	4 36%	2 18%	5 46%	0	1 8%	11 92%	2 17%	8 66%	2 17%

* Group had difficulty understanding the question and had to be asked a couple of times.

Activity 4: Sexual and reproductive health sticker chart

The young people were asked to stick different coloured stickers on a chart, showing different sexual health themes. A green sticker showed that they felt confident in the topic area, an orange sticker showed that they knew a little bit, and a red sticker showed that they felt unconfident (Appendix 5).

Each young person was given eight stickers in each colour, in Kampala the young people used one sticker per topic, in Jinja and Masaka, they used all of their stickers up – because of this there is a variation in the complete number of results in each topic area for Kampala.

In Masaka and Kampala the finished charts were very similar and there was a clear pattern to be seen in the young people's responses.

In both locations, the majority of young people felt confident in knowledge about 'HIV, AIDS and STI's', but very unconfident around 'contraception and protection'.

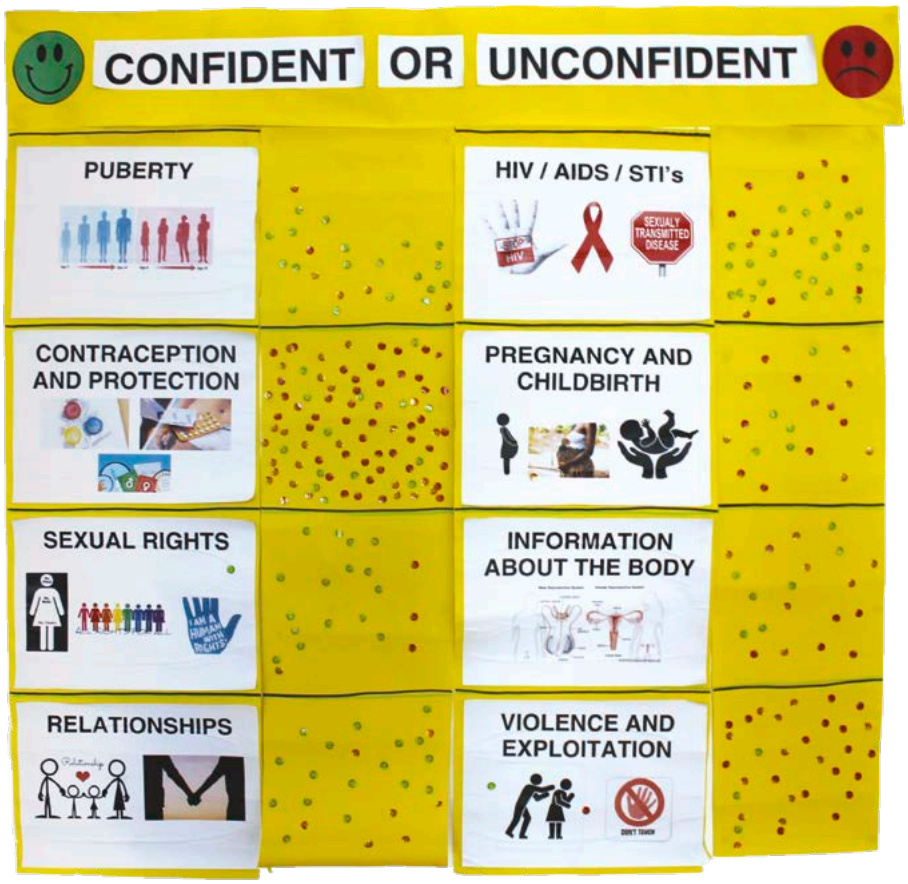
They felt confident when it came to 'puberty' and 'relationships'. This is understandable considering their age (they had all gone through puberty) and the fact that a large proportion of the group were in relationships or married.

The majority felt unconfident about 'pregnancy and childbirth' and 'violence and exploitation'.

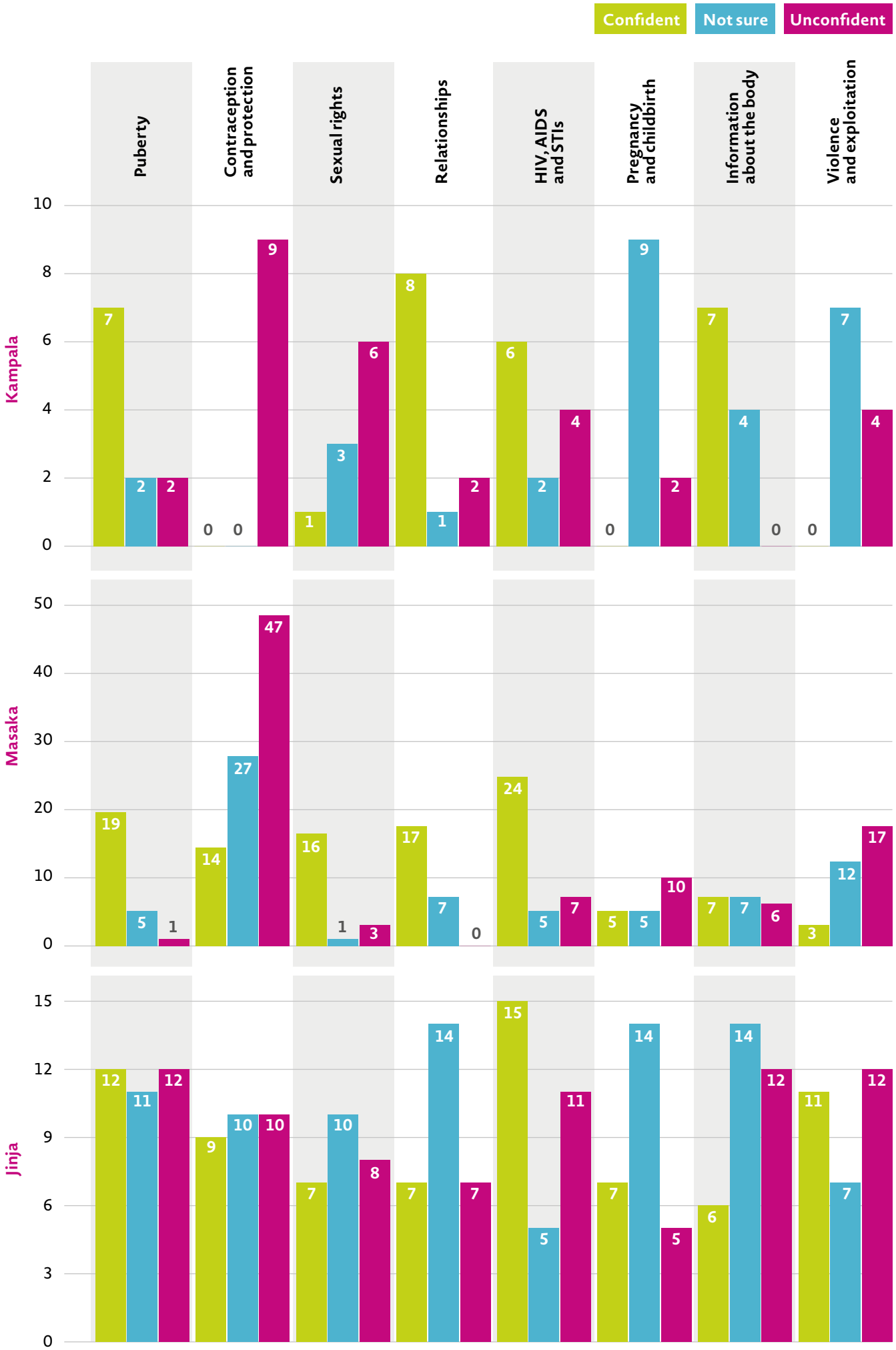
In Jinja the results looked very different, there was no clear pattern in the chart – young people in this group seemed to vary hugely either in the sexual health areas that they felt confident/unconfident in, or in their understanding of the task.

The majority (although only by a very small margin) felt confident in HIV, AIDS and STI information.

54% of the Jinja group felt they knew a little about pregnancy and childbirth, and 50% felt they knew a little about relationships. Only 19% felt confident about information about the body. All other topic areas were split surprisingly evenly across the three levels of confidence.



Breakdown in each topic area, for each location:



Activity 5: Design your own sexual and reproductive health programme for deaf young people

Young people split into groups and designed their own program to share sexual and reproductive health information with deaf young people. They then presented their work back to the group (Appendix 6).

Each group, in each location came up with very similar projects covering the following key themes.

- Creating friendship groups.
- Choosing peer leaders.
- Using mobile phones and social media.
- Holding sports or drama events to engage deaf young people.
- Using interpreters and teaching sign language.
- Creating deaf-friendly sexual and reproductive health teaching materials.
- Gaining support from the hearing community.
- Networking.

Friendship, peer to peer work, meeting other deaf young people and talking about sexual and reproductive health together was a starting point for each project. **Creating peer leaders within these groups and teaching empowerment to other deaf young people was also considered very important**:

> **'We need to make groups so deaf young people can make friends with each other and feel comfortable.'(Jinja group)**
>
> **'By having youth leaders we can go from one, to many and teach other young people how to be proud to be a deaf person.'(Jinja group)**
>
> **'We need deaf people there from different communities and to choose a leader amongst us.**
>
> **Then we can share information about health and HIV with other deaf young people.' (Kampala group)**

How to contact and engage deaf young people was covered in each presentation; mobile phones and Facebook were suggested for sharing information about meetings, linking up with schools and other youth groups was also mentioned and holding events (sports being the most popular, but drama was also mentioned).

> **'Send text messages to alert deaf young people of the service, let schools know and share information on Facebook.'(Masaka group)**
>
> **'Run friendly sports and games events, with people who are experienced with sexual and reproductive health information.'(Masaka group)**
>
> **'Use sports events to engage young people, they come because they want to win!'(Jinja group)**

The use of interpreters, teaching sign language to isolated deaf young people and to families and communities was also discussed by each group.

> **'All deaf young people need to learn sign language so they can get the sexual health information from interpreters.'(Masaka group)**

> **'We have a right to information, this is equality, our sign language brings us together. This is what we need to teach.'(Jinja group)**

Making sure that sexual and reproductive health teaching materials were deaf-friendly was important.

> **'Research with deaf young people at schools to make deaf-friendly teaching materials.' (Kampala group)**

> **Community engagement was also very important to the young people: sharing the needs of deaf young people with parents, teachers and community leaders, teaching how to communicate in sign language, teaching them about deaf young people's rights and getting wider support for the project.**

> **'We need to teach about HIV – not just at schools, but in the community.'(Jinja group)**

The two groups in Kampala also discussed partnerships, meeting with donors and networking with NGOs and other deaf organisations.

Consultation review and conclusion

To conclude this report, it is useful to look at the consultations as a whole and consider the processes used and the young people's involvement in the sessions.

In Masaka and Jinja, the young people we consulted with seemed less aware of their rights. For example, in a discussion around accessing information at health centres in Masaka – many of the group initially chose health centres as a good information point, but it quickly became clear when they were explaining their choices, that they hadn't taken into consideration the impact of there being no interpreters. They seemed to accept the fact that while they couldn't actually access the information at health centres due to a lack of sign language, there was a lot of information held there. The connection wasn't made between information being inaccessible to them due to their deafness, and this being a denial of their rights, until we had carefully unpicked the issue.

In both Masaka and Jinja, the groups struggled with understanding some of the questions asked, or what was expected of them during the activities. This was in some cases down to local languages, varying sign language skills within the group, and the fact that (especially in Jinja) the young people were not used to being consulted with. However, this could also be down to their language processing skills, possibly influenced by their language development in early years. This is something to consider when consulting in the future and when planning sessions for young people.

In Kampala, the group were quick to see the bigger picture when asked, found placing themselves in the experiences of their deaf peers easy and had a very good awareness of funding, lobbying decision makers, and networking with other NGO's and organisations. Their experiences on the Deaf Youth Empowerment Project have clearly done a huge amount to increase their confidence and aspirations, and it was good to see this influencing their interaction and ability to share their views so clearly.

Overall, all of the young people consulted with, were clearly aware of what needs to change in order to help deaf young people access sexual and reproductive health information and the themes discussed and recommendations made, stayed the same across all three locations. Their enthusiasm to share their views was impressive and made consulting with them easy and rewarding. As detailed in this report, they shared a huge amount of information, opinions and personal experiences and were very open and honest.

There is some information that would be useful to gather in future consultations. For example, how many of the young people being consulted are married, how many have children, how many have mobile phones and how many are employed. Some activities would have benefited from being split into male/female groups (such as the Sexual Health Sticker Chart – it would be interesting to know if there is a variance in knowledge and confidence depending on gender).

We had very strong deaf facilitators, and this was fundamentally important in creating a consultation that was engaging and accessible for the young people involved. There was a clear difference in the understanding and focus of the group when an activity was led by a hearing staff member and translated into sign language, and when it was lead by a deaf facilitator. This is useful learning and should influence the planning of further consultations.

Appendix

Appendix 1: Breakdown of ages and gender

Age	Number of young people per age in each location		
	Kampala	Masaka	Jinja
16		1	
17		1	
18		1	
19	1	1	
20	1	2	1
21	1	1	2
22			1
23		2	2
24	3	1	1
25	2	2	
26	1		1
27	2		1
28			
29			2
Total number of young people:	**11**	**12**	**11**

Gender	Location		
	Kampala	Masaka	Jinja
Male	5	5	5
Female	6	7	6

Appendix 2: 'How do you access information?'

Information source	Consultation location: Kampala Good source	Kampala Bad source	Masaka Good source	Masaka Bad source	Jinja Good source	Jinja Bad source
What's App	10	0	6	0	7	0
Sign Language	6	0	11	0	6	0
School	5	0	5	0	7	0
Friends	10	0	11	0	8	0
Magazines and Newspapers	4	0	3	0	11	0
SnapChat	1	0	3	2	0	4
Health Centres	3	2	9*	1	4	1
Mobile Phone	4	0	8	1	7	0
Facebook	8	0	6	0	3	0
TV	6	0	6	6	7	0
Instagram	3	0	1	0	2	2
Online	3	1	5	2	4	0
Family	6	1	5	3	2	0
Twitter	1	0	1	0	0	4
Sports events	1	0	7	0	4	0
Music and drama events	1	0	6	0	9	0
Posters	1	0	4	0	3	5
Clubs	5	0	5	0	8	0
Church or Mosque	1	0	6	2	8	0
Billboards or Murals	1	0	4	0	5	2
Training Events	4	0	7	0	3	1

*On further discussion with the group, they agreed that health centres were only considered good sources of information if there were sign language interpreters present (this is rare).

Across the three locations, information sources in order of popularity	
Information source	**Number of total positive votes**
Friends	29
What's app	23
Interpreters	23
Mobile Phone	19
TV	19
Newspapers and magazines	18
Clubs	18
Facebook	17
School	17
Music and drama events	16
Health Centres	16
Church or Mosque	15
Training events	14
Family	13
Online	12
Sports events	12
Billboards or murals	10
Posters	8
Instagram	6
Snapchat	4
Twitter	2

Appendix 3: Discussion with deaf young people about information sources

Kampala	
Information source	**Discussion with group – why is this a good/bad source of information?**
Friends	'Not all of us can afford phones, so can't get information online, and not all of us can read or write, so we sign with our friends to find things out'
Training events	'Workshops are an easy way to ask questions and get answers'
Interpreters	'Interpreters make getting information from hearing people easy'
School	'Teachers and lecturers have the information we need'
Facebook	'There's a lot of information on Facebook' 'It's good to read the comments and see the number of likes'

Masaka	
Information source	**Discussion with group – why is this a good/bad source of information?**
Interpreters	'When hearing people speak, interpreters help us understand what they are saying' 'I need interpreters to help me understand what is happening' 'There are bad interpreters, they ask for money but don't give you all the information, they are bad people' 'Some interpreters are too proud and take control, in meetings they miss information'
TV	'There are no interpreters on TV, so how do you understand if you are deaf?' 'Luganda words are difficult to lip-read, we just see pictures' 'TVs are expensive and there are often powercuts, even if there were interpreters on TV there would still be a problem'
Family	'When you are pregnant your mother can give you advice' 'Families don't talk to deaf children, don't send them to school, don't help them' 'People throw stones at deaf children, they are not accepted'
	'You can ask your 'aunties' and 'uncles', not your parents, because issues of sexual health are difficult to talk about'
Friends	'Friends are good to talk to, because we enjoy our lives together' 'An older person wouldn't answer questions about sexual health, because it is shameful, but friends are our trusted companions, they are easy to connect with' 'Friends taught me about condoms and how to use them, it's better to get information from someone who has experience'
Health Centres	'They give you the wrong medicine because they don't understand' 'Health centres are only good for information if you have an interpreter there' 'I would like the choice to use an interpreter if I want to'

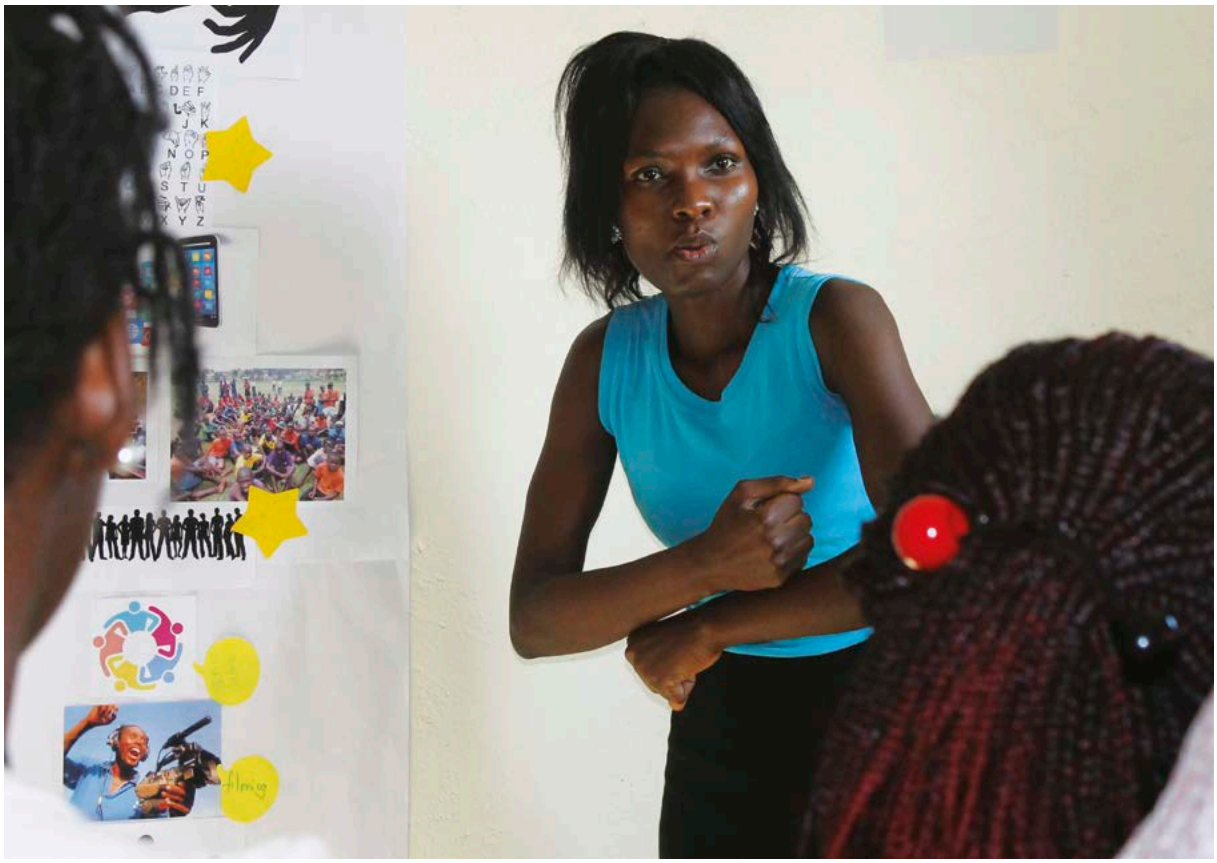
Jinja	
Information source	**Discussion with group – why is this a good/bad source of information?**
Church	'You can get information from the priests' 'You can learn about safe and good marriages from the church' 'Sometimes priests pass on different information'
Interpreters	'They are important, but the information is not always clear' 'They help us get information from hearing people
Drama	'Drama or dance makes us feel relaxed and like we can talk about our problems' 'Drama is all about fun, but you need a good interpreter there' 'Drama helps to pass on information, it makes it easier to learn'
School	'This is only good if parents can afford the school fees'
WhatsApp	'WhatsApp is so good for information sharing, but you need money for airtime' 'I don't use it because I don't have the money'
Newspapers	'They are good, we love reading them, but sometimes things are not clear to us, for example, domestic violence, who to marry and how to solve problems in marriage' 'I love newspapers because of the flow of information, they help to develop your English skills'
Facebook	'It's good for some, it cheers you up if you are unhappy because you can message your friends and tell them what you are feeling and talk about issues. It's good for chatting'
Sports Events	'This is good – you play football, make friends and then you can learn new things and access information when you are relaxed and feel happy'

Appendix 4: 'Breaking down the barriers'

Kampala	
Barriers for deaf young people accessing sexual health information	**Solutions**
Communication barriers with hearing people	Sign language instruction
Economic hardship	Lobby more funding sources
Illiteracy and ignorance	Sensitising parents and the community on deaf education
Limited deaf trained personnel	Training of interpreters, councillors, peer educators
Negative attitudes within the hearing community	
Location problems – hard to reach areas	Extend services to hard to reach rural areas
Materials used are not deaf friendly	Provision of deaf friendly materials and tools (eg drawings)
Inadequate resources and training materials (eg. How to use a condom)	Government to work hand in hand with NGOs to ensure provision and employment of interpreters
Human rights violation	Advocacy on human rights
Interpreters are expensive	Government of Uganda should be responsible for paying interpreters
Newspapers are expensive	Newspapers should be more affordable so we can get information
Transport is expensive	There should be government funds for deaf people to get transport
There are no interpreters for films	The government should try and make a policy for making translations for deaf people to access the films
Deaf young people don't understand English	There should be co-operation with friends, family and many others, to translate English easily for deaf people to understand
Communication barriers	Institutions like hospitals and banks must have sign language training services so deaf people can access them
Lots of irrelevant information	Information should be clear and written simply so deaf young people can understand
Not enough teaching materials	Teaching materials should be supported with charts, pictures and illustrations about health and many other things
No money to buy air time	There should be cheap airtime, for deaf people to access information
The deaf community have no centre for free training	Create a centre for deaf people
Some deaf people don't know sign language	Encourage people to access sign language training services

Masaka	
Barriers for deaf young people accessing sexual health information	**Solutions**
Villages are far away and isolated 'Villages are far away, deaf children are isolated, they never go to school, they can be abandoned. They get no information about life'	'We should have community events to encourage parents to take their children to school. Community family awareness'
Deaf young people in villages don't learn about HIV and AIDS	
Challenges in hospitals – no interpreters 'When you're pregnant, life changes and you need a lot of information. But there are not interpreters at hospitals, so how do you access the information?' Lack of communication skills at service providers, eg Health Centres General lack of sign language interpreters 'If there are no interpreters, we can't get the information'	'We need funding for interpreters in hospitals'
Difficult to communicate with family members and the community	'We should teach our parents and family sign language. They ignore us and confuse us'
Neglect by family	
Lack of teaching about positive attitudes towards deaf children and young people in communities	
Child abuse common for deaf children	
Forced or early marriage for deaf young people 'Deaf young people don't get married easily, there is pressure. How could I marry someone I don't love? How could I marry someone I can't communicate with?'	'Deaf young people need to be taught that they can choose who they marry – it is for us to decide who we get married to'
Family planning – barriers to getting information that you can understand. Lack of training for young people in this area 'Deaf young people don't know what family planning is. They have too many children, and they don't know how to stop or change this. They do not learn how to control their pregnancies'	
Materials for learning are not accessible for deaf young people	

Masaka	
Barriers for deaf young people accessing sexual health information	**Solutions**
Many official organisations don't invite deaf young people to attend their workshops or training 'Programmes for teaching about HIV and AIDS exist, but they don't invite deaf youths. They are helping the hearing young people only. This is not fair and means the deaf young people get AIDS'	
Lack of education for deaf children	'Sponsorship for children to help them get to school – when I was young I was challenged with information and this would have helped me'
Deaf young people drop out of school 'If you don't go to school, you don't learn about HIV or AIDs'	
Deaf children and young people's basic rights are not being met	'We need to make one voice. As the deaf youth we are the ones to make these problems end. We have the power to change'
Lack of money to pay for transport 'Schools are far. We spend a lot of money on the way to school, to pay for the journey. If we can't afford it we can't get the knowledge'	
Lack of money to pay for school or university fees	



Jinja	
Barriers for deaf young people accessing sexual health information	**Solutions**
Lack of sign language at the doctor 'there is a lack of interpreters and doctors can't explain anything clearly to deaf young people' 'there is only limited sign language skills among medical practitioners, or none at all'	'The challenges of communication can be solved by using sign language interpreters' 'One way to solve this is with interpreters, but we need to teach more deaf young people to sign as well' 'If you don't have an interpreter you need to write it down for the doctor, but what if you can't read or write? You need to know how to sign and have an interpreter with you' 'Nurses need to be trained in sign language' 'Service providers must learn sign language'
Poor communication	
Lack of sign language interpreters in key areas of accessing information, eg churches, and clubs etc..	
High rate of illiteracy among deaf young people	
'This is so dangerous, for example if a person has no experience of sex and is tempted but they don't know how to put a condom on, they can't understand the information written down'	
Neglect by parents	
Lack of guidance and counselling	
Challenges within marriages (eg fighting) and broken marriages	'You need interpreters to help process information and the interpreters need to keep it confidential'
Transport problems 'People don't have the money to travel to health clinics or hospitals, so they don't get treatment or advice'	
Rape 'Deaf young women are at risk, they cannot defend themselves well, you can get HIV or pregnant and it is not your wish' 'Some deaf young people will not be able to explain what has happened because they can't communicate' 'Drivers of lorries attack young girls and make them have sex, they get pregnant, they can't tell their parents what happened, because they don't understand them'	
Deaf young people dropping out of school	
Lack of guidance on how to prevent HIV transmission from mother to child	

Jinja	
Barriers for deaf young people accessing sexual health information	**Solutions**
High rate of illiteracy among deaf young people 'This is so dangerous, for example if a person has no experience of sex and is tempted but they don't know how to put a condom on, they can't read the information, so they can't understand'	
High rate of ignorance around HIV prevention	
Negligence by medical practitioners	
Some modes of accessing information about sexual health are too costly for an ordinary person 'Information is expensive, for example paying for a TV or having a mobile phone with data'	

Appendix 5: Sexual and reproductive health sticker chart

Sexual Health Topic Area	Consultation location: Kampala			Masaka			Jinja		
	Confident	I know a little bit	Unconfident	Confident	I know a little bit	Unconfident	Confident	I know a little bit	Unconfident
Puberty	7 64%	2 18%	2 18%	19 76%	5 20%	1 4%	12 34%	11 32%	12 34%
Contraception and Protection	0	0	9 100%	14 16%	27 31%	47 53%	9 32%	10 34%	10 34%
Sexual Rights	1 10%	3 30%	6 60%	16 80%	1 5%	3 15%	7 28%	10 40%	8 32%
Relationships	8 73%	1 9%	2 18%	17 71%	7 29%	0	7 25%	14 50%	7 25%
HIV, AIDS and STIs	6 50%	2 16%	4 33%	24 66%	5 14%	7 19%	15 48%	5 16%	11 36%
Pregnancy and childbirth	0	9 82%	2 18%	5 25%	5 25%	10 50%	7 27%	14 54%	5 19%
Information about the body	7 64%	4 36%	0	7 35%	7 35%	6 30%	6 19%	14 44%	12 37%
Violence and exploitation	0	7 64%	4 36%	3 9%	12 38%	17 53%	11 37%	7 23%	12 40%

Appendix 6: Design your own sexual and reproductive health program for deaf young people – presentation images designed by young people.

Kampala

Masaka

Jinja


HELP AND SUPPORT
TEXT 4 HELP
To have training


Clubs
Medical Clinic
team work

We are the UK's leading international charity for deaf children in developing countries.

Deaf Child Worldwide is the international development arm of the National Deaf Children's Society.

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