WORLD FEDERATION OF THE DEAF

Barriers to Healthcare Access for Deaf Nigerian Women and Girls during Emergencies: Analyzing the Additional Impacts on Their Intersectional Identity

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Introduction

The World Health Organization (WHO), along with the United Nations (UN), have prompted nations to address the health challenges faced among vulnerable persons with disabilities including the approximately 360 million deaf and hard of hearing (HoH) people worldwide in accordance with Olusanya, Neumann, & Saunders, 2014. The global Covid-19 pandemic has highlighted the dire predicament of deaf people, especially deaf women and girls, in accessing life-saving information, healthcare, and emergency response services because practically all public policies have an unconscious audist[1] paradigm bias. Most countries do not consistently provide quality and professional sign language interpreters for deaf people in their national sign language(s) for healthcare, Covid-19, or emergency-related communication and information due to the lack of awareness from the governments and decision-makers. This inaction and lack of consistency places deaf communities at further risk of being infected and spreading the virus, or being among the first victims of natural disasters or other emergencies. To date, several countries have provided national sign language interpretation during emergency and disaster public announcements, including on the Covid-19 pandemic with variable quality. However, there is great disparity. Interpreting is not on all levels of governments, nor consistently provided for all briefings, or highly dependent on voluntary efforts. Access to information in emergencies and disasters is the government's responsibility. The inclusion of minority languages, including national sign languages, in that access to information needs to be codified in legislation and public policies because its absence puts deaf people, especially deaf women and girls, and their communities at high risk. For deaf women and girls sign language, as their primary and natural language, is essential for developing their identity and to achieve full social inclusion and human rights. There is no social participation without a recognised language, and without participation, there is no citizenship. In addition, deaf women and girls face intersectional discrimination. As illustrated by the interviews in this report, society and institutions treat deaf women and girls differently because of colliding prejudices at the intersection of their identities as women or girls, deaf persons and belonging to cultural, religious or rural areas. In healthcare settings this can mean not having access to care or knowledge about health threats and preventative measures that could be taken. It can also mean receiving a different level

[1] Audism is discrimination, stigma, or prejudice against people who are deaf or hard of hearing that is based on the belief that deaf or hard of hearing people are inferior because they cannot hear and deaf people should strive to act and function as much like hearing people as is possible to achieve happiness and become productive in society. Cfr: https://vawnet.org/sc/audism-oppression-lives-deaf-individuals;

of care or not receiving necessary follow-up.

The World Federation of the Deaf (WFD) wants to address the intersection of being deaf and being a woman when facing emergency and disaster situations and requesting healthcare services.

This report presents preliminary research on the experiences faced in health care by deaf women and girls in Nigeria, highlighting the most recent emergency and disaster situation, the Covid-19 pandemic. As a conclusion, the report will present several **recommendations** to reduce the inequities in the intersection of gender, disability, and linguistic minorities.

Nigeria Emergency and Disaster situation during the Covid-19 Pandemic

Representing more than 70 million deaf people worldwide, the WFD is an international non-governmental organisation composed of national associations from 131 countries, with a consultative status to the United Nations. WFD's mission is to promote the human rights of deaf people and full, quality, and equal access to all spheres of life, including self-determination, sign language, education, employment, and community life. The WFD has a consultative status in the United Nations and is a founding member of the International Disability Alliance (IDA). In March 2020, the WFD conducted consultative meetings on a regional basis with their Ordinary Members from 90 countries. These meetings highlighted the dire lack of access to emergency services for deaf people, including women and girls. With rare exceptions, deaf women and girls are not able to access quality healthcare due to the lack of sign language interpretation, through either a physical interpreter or a virtual remote interpreting service. In developing countries, there is also a lack of well prepared and certified sign language interpreters, and severe difficulties in accessing internet services. Governments often took the common audist view that deaf women and girls always live or depend on hearing people/families to solve their problems. Thus, public policies, public services and communications are aimed at the families and not directed to them. The consequence is that deaf people, especially deaf women and girls, have been left behind in the government response, without autonomy to protect themselves. The disaster risk reduction measures are not accessible for them as a cultural and linguistic "minority". Some examples of the inadequate measures are the following:

- **Nigeria has sign language interpretation at state level but not at the national level**. The Nigerian National Association of the Deaf (NNAD), our Ordinary Member from Nigeria, advocated for interpretation to be provided at the national level but the government did not respond. The WFD provided a letter of support to the NNAD to remind the government of their obligation to provide accessible Covid-19 related information in the national sign language through professional and accredited sign language interpreters.
- **There were few accessible ways for deaf people to contact state local government or for state local government to contact deaf people**. NNAD provided the contact information of deaf people who cannot contact the government themselves, but the government did not respond. Additionally, many villages in rural areas do not even have street names or numbers, making it complicated for the government to reach these people.
- **The government-related information was not accessible, so NNAD shared information on Covid-19 with the deaf community.** Nigerian deaf people especially women and girls do not get enough support from the government. Though the government was delivering food to citizens, deaf people did not benefit because they had to be requested by phone. Many deaf people do not have a phone. Some states are undertaking measures, but it is not harmonized throughout the country.

  In developing countries, deaf people's social networks are often their main source of information regarding issues of public interest and safety. The President of NNAD even shared a video of himself with their members through *WhatsApp* to get more information in the hands of the deaf community.

Following this first-source of information, showing that the human rights of deaf people, including deaf women and girls, to accessibility, equality, and non-discrimination were violated; we can reasonably suppose that the measures put in place in Nigeria to mitigate disasters are inadequate especially for deaf women and girls.

Given the testimonies received by the WFD, we decided to partner with CBM Global—a global non-profit organization—to take actions in supporting deaf women and girls in Nigeria. Specifically, we are developing a research project to report on the state of healthcare access in emergencies and disasters, with a particular focus on the intersectional experiences of deaf women and girls.

The project focuses on disasters (natural or humanitarian) and encompasses Covid-19 awareness, information and access to vaccination programs, and the impact of healthcare services on deaf Nigerian women and girls. Deaf women and girls may be at a higher risk of inadequate healthcare services and treatment due to their gender, culture, and linguistic barriers belonging to an extremely marginalised minority group. Their linguistic preferences rely on accessing health-related information in Nigerian sign language, which has hindered their right to receive equitable healthcare on an equal basis to their hearing counterparts since their linguistic rights are not yet recognised enough.

The WFD-CBM Global partnership aims to highlight challenges faced by deaf Nigerian women and girls accessing healthcare in the context of national disasters. Following data collection, the report will produce recommendations for effective policies and solutions for the Nigerian stakeholders and government officials to tackle the inequalities faced by Nigerian deaf women and girls in accessing healthcare information and services.

Rights and experiences of deaf communities

Nigeria ratified the UN Convention on the Rights of Persons with Disabilities (CPRD) on 24 September 2010. This Convention identifies the fundamental rights to full equal access and participation in their societies and communities for persons with disabilities, including in times of crisis. This document also classifies deaf communities as cultural and linguistic minorities, entitled to exercise their linguistic rights to access all information and interact with government officials in their preferred languages: their national sign languages. The CRPD is the first and unique Human Rights Treaty that recognises sign languages as human rights. Despite this, deaf people, especially women and girls, constitute one of the most marginalised groups in society and are an underserved population. They often experience unequal access to healthcare services due to their linguistic preferences on accessing health-related information in sign language not being recognised or accommodated despite the government obligations under the CRPD.

Rights and experiences of deaf women and girls

The *United Nations Partnership on the Rights of Persons with Disabilities*, estimates that 19% of women and 12% of men worldwide have a disability. Women and girls with disabilities face obstacles in most areas of life, creating situations in which multiple and intersectional forms of discrimination happen. This intersectional oppression is aggravated by the language deprivation[2] that impacts the life of deaf women, girls, and youth. Language deprivation causes exclusion in several areas: access to education, economic opportunities, access to justice, recognition as a person before the law, political participation, control over their own lives, health care, including sexual and reproductive health services, and the right to motherhood, independent life, and childcare. Many women with disabilities, including deaf women and girls, mention negative attitudes of health personnel when accessing health services, especially sexual and reproductive health, and mental health, as well as the care during childbirth. Healthcare personnel often request that deaf women come with someone else from their family, so they do not have to provide professional sign language interpreters. In African countries deaf people and persons with disabilities may be seen as cursed people that have to be eliminated and avoided. In addition, deaf women and girls cannot speak up for themselves in the majority's language due to their use of a native language, their national sign language, combined with language deprivation at early ages, and the lack of emergency response-related information and communication in their national sign language. This is exacerbated by public authorities ignoring the situation of deaf women and girls. Ultimately, this situation is further exacerbated by the intersectional discrimination faced by deaf women and girls due to their gender, disability, and minorised culture and language, as we explained above.

The feminist movement still does not include women with disabilities either in the concept or in action, and men mainly lead the movements of persons with disabilities. Gender policies do not include disability variables, and disability policies do not include mainstream gender variables.

[2] Language depravation occurs when a child does not have access to language during the early years of their life when it is most critical for language development. Language deprivation is much more common among deaf and hard of hearing children because they do not learn or are exposed to their natural and accessible language, which can have cognitive consequences and lead to decreased language fluency, and no social inclusion. Cfr: http://wfdeaf.org/news/resources/wfd-position-paper-on-the-language-rights-of-deaf-children-7-september-2016/; https://www.facebook.com/watch/?v=1858086324475565

Increased Risks for Deaf Women

According to the NGO Deaf Abused Women Network, in the USA, **1 in 2 deaf women will be victims of domestic violence throughout their lives**. If the situation described above occurs in the most developed countries, what can we expect in the Global South?

About 20% of women with disabilities in low-income countries have a job, compared to almost 60% of men with disabilities. Women with disabilities are less likely to hold public office and enter managerial positions due to various barriers, including perceptions of legal capacity (not considering a person eligible to vote, take decisions on their own about their body, where to live, what to buy; or hold public office), and the denial to provide sign language interpreters and language concordant environments.

Girls and young women with disabilities, including those who are deaf are at increased risk of forced marriage, sterilization, and abortions.

Women and girls with disabilities, including deaf women and girls, are two to three times more likely to experience physical or sexual abuse than women and girls without disabilities. They not only face an increased risk of violence and abuse in all spheres of life, but they also encounter barriers to accessing vital support services to escape and recover from violence. Due to language deprivation deaf women and girls, also find it more difficult to recognize gender-based violence. Furthermore, they cannot benefit from prevention, care, and rehabilitation policies against violence because none of these instances provides the services in the national sign languages.gfcx

Nigerian deaf women and girls

As per the UN Women report, "The Empowerment of Women and Girls with Disabilities," one billion people in the world have disabilities and more women than men have disabilities. Women and girls with disabilities, including deaf women and girls, also have multiple and intersecting identities (e.g., ethnic, religious, and racial backgrounds; refugee, migrant, asylum-seeking and internally displaced women; LGBTQI+ persons; women living with and affected by HIV). Because of their multiple identities and the use of their national sign languages, deaf women and girls are pushed to the extreme margins of their communities, experience profound discrimination and grave violations of their most fundamental human rights, dignity, and integrity. They face additional risks to violence, abuse, and violation of their most

fundamental human rights without any opportunities to seek help, support, and remedy, due to language barriers. Sign languages are often oppressed, denied, prohibited, and sometimes deconstructed to assimilate them to those used by their hearing counterparts with or without disabilities.

As stated in the UN Women report at its page 11,

> *Systemic barriers and exclusion lead to lower economic and social status; increased risk of violence and abuse including sexual violence; early and forced marriage discrimination as well as harmful gender-based discriminatory practices; and barriers to access education, health care including sexual and reproductive health, information and services, and justice, as well as civic and political participation. Women and girls who experience intersecting forms of discrimination also experience higher rates of unemployment and encounter other gender-based barriers such as precarious livelihoods, unequal access to and control over assets and resources, child care responsibilities and a lack of access to maternity protection. International and national laws and policies on the rights of persons with disabilities have historically neglected aspects related to gender equality. Similarly, laws and policies addressing gender equality have traditionally ignored the rights of women and girls with disabilities.*

According to the UNICEF report on the situation of women and children in Nigeria,

> *Nigeria's 40 million women of childbearing age (between 15 and 49 years of age) suffer a disproportionately high level of health issues surrounding birth. While the country represents 2.4 per cent of the world's population, it currently contributes 10 percent of global deaths for pregnant mothers.*
>
> *Girls suffer more than boys in terms of missing out on education. In the north-east of Nigeria only 41 per cent of eligible girls receive a primary education, 47 per cent in the north-west. Social attitudes can also impact negatively on education rates especially in northern Nigeria. In north-eastern and north-western states, 29 per cent and 35 per cent of Muslim children, respectively, attend Qur'anic education, which does not include basic education skills such as literacy and numeracy. These children are officially considered out-of-school by the government.*
>
> *Nigerian children are vulnerable to a wide range of abuses and harmful traditional practices.*

The International Centre for Investigative Reporting (ICIR) published an article that highlighted that women and girls with disabilities in Nigeria are among the most marginalised group of people in Nigeria to the total indifference of its government.

> *This lack of proper attention and provision for people with special needs prevents about 25 million citizens from functioning as members of the Nigerian society and in worse cases, leaves them vulnerable and at higher risk in cases of emergencies and danger.*

Participants experiences of healthcare access

Retrospectively, deaf people—especially deaf women and girls—, as a marginalised population, were unreachable to the public health sectors and were purposefully excluded from participating in health research. However, the advancement of technology has enabled us to collect and administer data online to report the situation of deaf women in Nigeria, through deaf led research. Therefore, thirty-seven deaf participants were surveyed for this study collected in October 2021 with the help of the NNAD leaders, followed by in-depth interviews with women conducted in November 2021.

Almost 90% reported that their highest education level was postsecondary (89%). Over half reported that the main tribal region language was Yoruba (51%), and the greatest number were in the West zone (49%). Just over half were male (54%). Most were middle-aged (36 to 55 years; 59%), and most were married (65%). Both men and women were included in this study so that we could compare the level of access by gender and any differential experiences due to gender bias in public policy.

Three deaf Nigerian women participants were interviewed in depth, who further provided an overview of the emergency and disaster situations faced through email correspondences or Zoom. They were chosen based on their tribal affiliations to geographically balance the sample. Their interview perspectives, whose written translation from Nigerian Sign Language or tribal languages were approved by the participants, are highlighted in this report.

- **Ms. A** is from the northern part of Nigeria, a predominantly Muslim region. She received a Covid-19 test and vaccine. She is employed as a deaf teacher by the government, which requires all employees to be vaccinated and show vaccine proof. If not, she would either be sacked from her position or not enter the government compound (property), resulting in no pay.
- **Ms. F** is from the west part of Nigeria, a predominately Christian region. She belongs to the Yoruba tribe, which is the language and culture of that region. She works as a teacher since she studied to become an educational specialist with a focus on Educational Management. She has never been tested for Covid-19 nor vaccinated. She has not experienced any serious emergency except for Covid-19.
- **Ms. H** is Ibo, an east tribe, but she lives in the northern part of Nigeria. She is a full-time project manager and executive director of Deaf Women Aloud Initiative with a bachelor's degree in Guidance and Counselling. She has been tested for Covid-19 and received the Covid-19 vaccine. She did not receive accessible information through sign language for Covid testing, treatment, or the vaccine. However, she was able to get information regarding the Covid-19 emergency on mass / social media. Moreover, she understands the safety precautions and prevention measures of Covid-19. She experienced a serious emergency since Covid-19 due to not knowing the right channel or procedure to follow with the pandemic. She was scared, stressed, and unprepared because of limited access to information. She felt the government needed to step up by ensuring the right channels of information and sign language interpreters are available and within reach of deaf women and girls. She has not been able to access health services during an emergency as she normally would and acknowledges that she does not think she receives equal medical treatment when she goes to healthcare centers like hearing people.

Gender	Count	%
Male	17	46%
Female	20	54%
Marital Status	**Female**	**Male**
Married	10	14
Separated	3	0
Single	3	6
Widowed	1	0

Highest Education	Female	Male
Post – Secondary	15	18
Secondary	2	2

Tribal Region Language	Female	Male
Hausa	1	7
Ibo	5	5
Yoruba	11	8

Age Range	Female	Male
18 to 35	5	9
36 to 55	12	10
56 to 65	0	1

Region Zone	Female	Male
East	2	1
North	3	8
South	2	3
West	10	8

Deaf women's experience with healthcare during emergency

The absence of sign language interpreters is the most common challenge to communicating with a healthcare professional.

"Sign language is the preferable means to get the health information to deaf people as that is the only language they understand" – Ms. F

Most participants reported that the Ministry of Health/local health authorities had never provided public health information for deaf people in the national sign language through professional and accredited national sign language interpreters (76%), and never or rarely (57%) provided public health information in closed caption. These results were similar across genders with 55% of men and 64% of women indicating that the Ministry of Health/local health authorities never, rarely, or sometimes provided health information in closed captioning; 70% of men and 65% of women agreed that they did not receive accessible information about COVID through sign language, and 75% of men and 76% of women agreeing that health authorities do not provide health information in the national sign language.

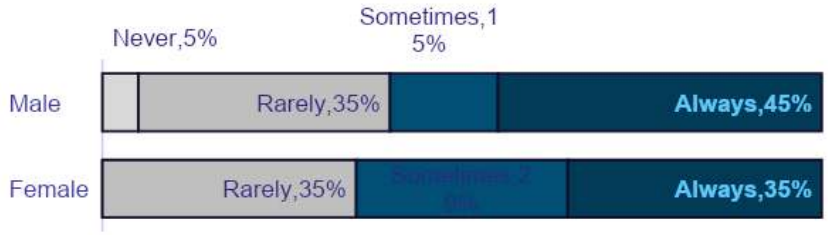
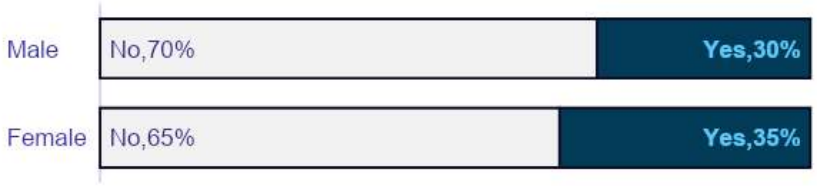
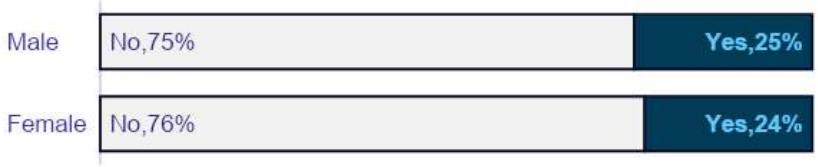
Ms. F described the communication barriers she faced in receiving medical care: "*I found myself in the midst of hearing people and the speaker use only spoken language when communicating*." She elaborated, "*None of the hearing counterparts understand sign language and not everyone has … time to read my written*."

Ms. A noted that, "*deaf people who cannot talk nor read find it challenging to navigate the health care system without a sign language interpreter present*."

"It all depends on the way I challenged the system because if you don't know your right you may be benched for long without attention because of lack of sign language interpretation" – Ms. A

Ms. A described that under serious emergency and disaster situations, deaf women who are native of Nigerian Sign Language (NSL) would seek the deaf schoolteachers to help them communicate to get the medical attention they need, including emergency

and reproductive care. However, some deaf women do not have access to any formal or quality education and do not communicate in NSL. They use local sign language (equivalent to home signs). The challenge of communicating in local sign language can be detrimental to these women and girls, hindering the exercise of their right to seek care and making it more challenging to communicate their needs to healthcare workers. If women do not have formal education, they may not know where to seek help or reach resources like the schoolteachers. She further emphasized the consequences of this communication barrier and language deprivation: "*The lack of information on health precaution, maternity care, and maternal safety has far been the big red flag that hinders deaf women's health progress*."

Has the Ministry of Health/local health authorities ever provided public health information for deaf people in Closed Caption?	
Did you receive accessible information through sign language for COVID testing, COVID treatment, COVID vaccine?	
Have health authorities ever provided public health information in the national sign language through professional and accredited national sign language interpreters?	

Public service announcements and health campaigns need to be accessible to deaf people in their national sign languages to reach them

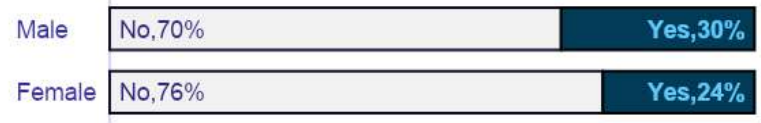
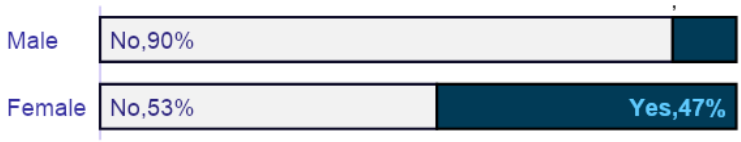
Most respondents -and women more often than men- reported that they had not been tested for Covid-19 (70% compared with 76%). A greater percentage of men (90%) than women (53%) had not received the Covid-19 vaccine. This may be because a majority

(68%) reported not receiving accessible information through sign language for Covid testing, treatment, or the vaccine. Despite this, most respondents of both genders (95% – 100%) reported that they understood the safety precautions and prevention measures of Covid-19. This is likely because most respondents received their information regarding Covid-19 from alternative sources, like the mass media or social media (89%), their deaf community (8%), and family (3%). Acquiring information about a disease or emergency can happen without communicating with governments or healthcare providers but receiving treatment or testing requires it.

"…We rely on touch in almost part of our everyday communication. Even the use of facemask, PPE used by the health workers also will limit the chance of deaf women from receiving information or equal treatment to hearing people." – Ms. H

Ms. A communicated that:

> *During the Covid-19 emergency, some deaf people, including women, contracted the disease. Some deaf people were able to survive Covid-19 due to family being able to manage the care. While other deaf persons without family support, most of them died of Covid-19 due to no medication to treat the virus and they were not vaccinated. Many deaf people in northern Nigeria are not vaccinated because some do not know what is going on. Some were unaware of the virus. Some do not know where to get vaccinated, and some were afraid that the vaccine would kill them due to being misinformed.*

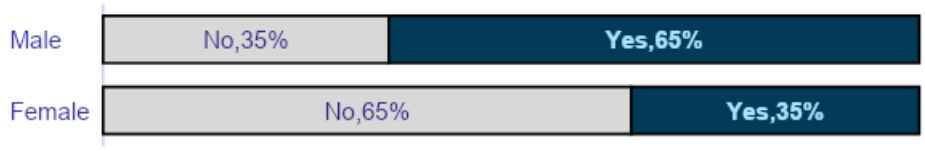
Have you ever been tested for COVID-19?	
Have you received a vaccine for COVID-19?	
Do you understand the safety precautions & prevention measures of COVID-19?	

Deaf women and girls experience a disparity in the quality of healthcare and resources

Although deaf women and girls may be able to *acces*s hospitals in an emergency, this does not mean that they will receive the same quality of care as hearing patients. The lack of sign language interpreters and medical personnel fluent in sign language threatens deaf women and girls' health. If there is no sign language interpreter, the Nigerian health care system offers no other form of communication for the deaf people to participate in their comprehensive care, and to receive a proper diagnosis, treatments, and medication. Most respondents (70%) reported that they have not experienced any serious emergency besides the Covid-19 pandemic. However, a large majority (81%) also reported that they have not been able to access health services during the emergency as they normally would, and a slight majority (51%) reported that they do not receive equal medical treatment when they go to healthcare centers as hearing people do. When we compare responses by gender, around two thirds of men indicated that they received equal medical treatment compared to hearing people, while 65% of women agreed that they do not receive the same treatment. This can look like not receiving the same standard of care as a hearing patient or not receiving proper explanation about procedures to follow with Covid-19 treatment. In the cases of contagious diseases, like Covid-19, they may be isolated from their loved ones, depriving them of communication and other supports, and leading to unnecessary stress, mental health issues and fear in addition to the disease.

As **Ms. A** explained:

> *During the COVID-19 emergency, some deaf people, including women, contracted the disease regardless of living with or living without their families. Some deaf were able to survive COVID-19 due to family support being able to manage the care. While other deaf without family support, most of them died of covid-19 due to no medication to treat the virus and were not vaccinated.*

Do you receive equal medical treatment compared to hearing people?	

Ms. H, summed up the challenges succinctly:

> *… Our hospitals are not equipped enough to accommodate the challenges of deaf people, and the chief among the challenges is inaccessible communication between the health providers and us. Like every other deaf woman, we are more concerned that if we contract Covid-19, we could not receive equal treatment to hearing people because there will exist barriers in communication. The treatment also comes with a price that might be very difficult for anyone of us to afford.*

These difficulties are not limited to hospital settings. **Ms. F,** described her difficulties retrieving prescriptions, saying she had "*to get to the pharmacy by myself to get any prescribed drugs and communicate with the pharmacist through writing and body gestures*." **Ms. A** was able to "*locally sign or write on paper for the requisition of medication*." **Ms. A** added her concern: *"I am concerned because there going to be communication barriers and sometimes, stigma and also if you are not from a well to do family you may not be attended quickly or through equal treatment."* Moreover, the nearest hospitals are not close by, requiring extended travel, which can be costly to afford if these women do not have a sustainable income. This could lead to self-care, self-medication, and even death. In addition, the Nigerian health care system is not free, noted as prohibitive costs by the participants on top of the transportation cost to the nearest hospitals.

Gender bias

Deaf women and girls in Nigeria have their lives put at risk due to the stigma associated with deaf people, the vulnerability caused by gender bias, their socio-economic situation, and the absence of opportunities to seek help and assistance in their national sign language. All of this combined with the general indifference of public authorities to compound the situation of deaf women and girls. Participants suggested that the gender gap does exist in the deaf community.

"…Society tends to give attention to men quick than women" – Ms. F

Ms. A noted that:

Deaf men and women have overlapping issues such as lack of government and social support due to additional barriers and stigma. However, the difference between genders focusing on deaf women is that women in the north are not allowed to go out in public areas. … Deaf men have greater freedom to go out whenever he wants. In comparison, deaf women are oppressed to go out due to north Nigeria's traditional practices, religious practices, and lifestyle norms expectation of women.

Ms. A also pointed out that deaf women are provided with fewer resources:

Another cause associated with emergency and disasters is sometimes a lack of support or funds to cover the expenses. Deaf women desire to go further in their education. However, parents often cannot afford to send their girls to school, so they will ask their government for funding support. Most of the time, the government cannot support deaf women in education because the government does not see the benefit in educating deaf women. Perhaps, due to the lack of deaf women representations in advanced education to show the government the value of what investing in deaf women can do to improve the country's economy or health.

In turn, no funds often means deaf women become beggars on the street to survive. Deaf women are forced to do things against their wishes (prostitution / sexual exploitation) to support their families. Even to the point of going into illegal means to feed their husband and children.

Conclusions

The global Covid-19 pandemic has highlighted the dire predicament of deaf people, especially deaf women and girls, in accessing life-saving information, healthcare, and emergency response services because most countries do not consistently provide sign language interpreters for deaf people. The WFD wants to address the intersection of being deaf and being a woman when facing emergency and disaster situations and requesting healthcare services. This intersectional oppression is aggravated by language deprivation that reduces women and girls' control over their own lives and health care. This report presents preliminary research on the healthcare experiences deaf women and girls in Nigeria face, highlighting the most recent emergency situation (i.e., the Covid-19 pandemic) and including comparisons to the experiences of deaf men in Nigeria to illuminate disparities. Important findings include:

- There are few accessible ways for deaf women and girls to contact state local government or for the state local government to contact them in a state of emergencies and disasters.
- The absence of sign language interpreters is the most common challenge to communicating with a healthcare professional, particularly during domestic and sexual crises.
- Public health service announcements and health campaigns are inaccessible to deaf women and girls in their national sign language.
- Deaf women and girls experience a disparity in the quality of healthcare, reproductive health, and resources.
- Deaf women and girls unaddressed intersectionality faces little control over their assets, and livelihoods.

Recommendations

Based on the surveys we collected and interviews conducted, we make the following recommendations to health professionals, decision-makers, and government authorities:

- Include staff professional and accredited sign language interpreters in medical facilities.
- Require deaf awareness & training in the hospitals, to reduce stigma and build a hospitable sign language acceptance environment.
- Hire deaf professional experts in hospitals, health care facilities, and government's Health Departments, to advise and support deaf people, and advocate for inclusive public policies and programs.
- Require consistent professional and accredited sign language interpreters for communications from and to the government, Ministry of Health, and local health authorities.
- Require Nigerian government officials to always consult with the NNAD in formulating inclusive emergency and natural disaster policies and legislation.
- Require Nigerian government officials to formulate the establishment of fiscal interpreter's service budgets to guarantee deaf women and girls' access to health in emergency, and natural disaster plans.

- Require NNAD, deaf women groups and their affiliating organisations to consult with international stakeholders to provide accredited sign language interpreters guidelines that could be codified into legislation and public policies.
- Require Nigerian government officials to recognise NSL into law.

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