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Abstract

This article investigates the experiences of Deaf and hard of hearing (DHH) individuals in Ghana, seeking to understand how DHH persons have access to media information and communication. It pays heed to how this access or lack of it defines social exclusion dynamics for this minority group. The article contends that DHH persons are socially excluded by reason of being denied access to public information through the media. The study collected responses from DHH participants using an online questionnaire and video telephone. Data collected from respondents was analyzed using a mixed method, and conclusions were drawn. The study revealed that DHH persons in Ghana depend on television (TV) as their major source of media information. They are, however, unable to participate in any media communication largely because the services of sign lan-

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guage and sign language interpreters are not widely deployed by TV stations.

COMMUNICATION AND ACCESS to information are defining factors of our humanness. As social beings, communication makes it possible for people to connect and interact and exchange information and ideas (Ghosh et al. 2017; Scholl 2013). It is the primary means through which people engage in social, economic, political, civic, cultural and religious, and other lives. It is also the means through which people fulfill their social, educational, emotional, and vocational pursuits or potentials in life. Given its crucial significance, international, regional, national, and local human rights instruments have paid attention to communication and information accessibility, guaranteeing that all persons have the right to freedom of expression, the right to information, and universal access to information and knowledge. Article 19 of the Universal Declaration of Human Rights (UDHR; UNICEF, Government of Ghana 2017), for instance, states that everyone has the right to freedom of opinion and expression, including the right to hold opinions without interference and to seek, receive, and impart information and ideas through any media and regardless of frontiers. At the national level, Ghana's Constitution of 1992 entrenches the right to free speech. Article 21(1a) grants that all persons shall have the right to "freedom of speech and expression, which shall include freedom of the press and other media." The said article also guarantees every Ghanaian the right to information regarding happenings in the public sector and governance in general. The Right to Information Act (Parliament of Ghana 2019; Act 989) similarly seeks to promote a culture of transparency and accountability, putting in place systems and procedures to access information from government agencies as well as nongovernmental organizations that are publicly funded.

This notwithstanding, for some sections of societal members, especially people with communication disabilities, access to information is a critical challenge in life as they are excluded and marginalized from accessing information and knowledge in society. While communication is a fundamental right, the way in which an individual communicates is affected by whether "their communication abilities and preferences are accepted and supported in their environment and

whether they have access to the services they require to achieve their communication potential” (Jagoe n.d.). In achieving these capabilities, the media have been found to be a crucial means. One particular group that has been largely excluded is people with communication disabilities and Deaf and hard of hearing (DHH) persons.

In this article, therefore, we aim to investigate the experiences of DHH individuals in Ghana when it comes to access to media information and communication. We are particularly interested in discerning the manner in which lack of access to information for DHH persons may lead to their exclusion from fuller participation in society. It is our contention that DHH persons are socially excluded by reason that they are denied access to public information through the media. Drawing on data responses from DHH participants using an online questionnaire and video telephone interview, we conclude that DHH persons rely on television (TV) as their major source of media information. We draw on our respective experiences as a researcher in the human rights of the socially excluded and a non-deaf individual who has worked extensively with the Deaf community in Ghana for over a decade to bring a unique perspective informed by proficiency in Ghanaian Sign Language (GhSL), American Sign Language (ASL), and English, Twi, and Ewe languages. We pay attention to how DHH persons are generally unable to participate in media communication largely because sign language and sign language interpreters are not widely used by TV stations.

Ghana and Communication Inclusion Frameworks

As a practical demonstration of its commitment to universal disability inclusion strategies, the state of Ghana has put in place a series of legal, policy, and institutional frameworks. Legally, a number of key documents pay particular attention to the rights of citizens to have access to information. Article 29(4) of the country’s constitution of 1992 especially mandates the state as a duty bearer to ensure that persons with disability (PWDs) “shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive, or degrading nature” and as far as practicable, every place to which the public have access shall have appropriate facilities for persons living with a disability. These requirements are to grant PWDs, including DHH persons, a sense of belonging. PWDs are thus to be protected

against acts of discrimination or exclusion and, in this context, protected against the inability to have access to verifiable public information since any barriers or obstacles, deliberate or not, that prevent them from information and communication accessibility amount to discriminatory acts. Accessibility to every public place, as stated by Article 29 of the constitution, is linked with public places having appropriate “facilities” to accommodate them. Such facilities may not only be physical infrastructure but also social accommodations that ensure access to information by PWDs in such public places. For instance, an appropriate social “facility” for a deaf person in a public place may be a sign language interpreter. The presence of the sign language interpreter in such a situation would help to foster the needed access to information and communication for the deaf person. A lack of the same may be a case of socially excluding the deaf person from accessing information and communication within the social environment in which they find themselves.

At the institutional level, the Ministry of Gender, Children and Social Protection (MOGCSP) is a state agency mandated by the 1992 Constitution of Ghana to coordinate and ensure equity and to promote the survival, social protection, and development of children, the vulnerable and excluded, and PWDs, seeking to integrate fulfillment of their rights, empowerment, and full participation into national development (Ministry of Gender, Children and Social Protection, Republic of Ghana 2017). Ghanaian deaf citizens are part of the PWDs and are susceptible to discrimination but are often not captured under this mandate of social and public participation. This is due, in part, because public information and communication opportunities are not often created for them to gain accessibility such that they can be empowered by such information to fully participate in national development discourse.

Another invaluable institutional framework is the Department of Social Welfare (DSW), which was a department under the Ministry of Employment and Social Welfare. The enactment of Executive Instrument 1 (Ghana Ministry of Gender, Children and Social Protection 2013) and Executive Instrument 28 (Civil Service (Ministries) Instrument 2017) subsequently realigned the DSW’s functions in accordance with directives from the Office of the President. Executive Instrument 28 placed the DSW under the auspices of the MOGCSP to work in

partnership with people in their communities to improve their well-being through the promotion of social development with equity for socially disadvantaged and socially vulnerable people and persons with disabilities (Department of Social Welfare 2017). The current mandate of the department is to take the lead in integrating these groups into mainstream society. One main way this can be achieved is through the provision of accessible information and communication opportunities using broadcast media. The broadcast media has been found by state and private entities in many parts of the world to leverage information across the public through speeches, documentaries, interviews, advertisements, daily news etc. When these are made available to DHH persons, they become informed and aware to fully participate in public and social issues.

The Child and Family Welfare Policy (UNICEF, Government of Ghana 2017) is another policy framework that considers social protection as a national policy and a program that aims to, *inter alia*, prevent, reduce, and mitigate vulnerability and to promote access to social services for families at risk of exclusion, including deaf persons. When social protection policies are well implemented, where DHH families and individuals are shielded against exclusionary social situations, they are protected against many social risks and become productive individuals in society. With functions similar to the Child and Family Welfare Policy, the Persons with Disability Act (Laws Ghana 2006; Act 715) ascribes a number of rights to persons with disabilities. In particular, section 6 obligates the state to ensure that “the owner or occupier of a place to which the public has access shall provide appropriate facilities that make the place accessible to and available for use by a person with disability” and “a person who provides services to the public shall put in place the necessary facilities that make the service available and accessible to a person with disability.” This is a similar objective to that of the National Council on Persons with Disability (NCPD). As a state agency, the NCPD is responsible for coordinating and overseeing the implementation of policies and programs related to disability issues. Its core mandates include advocating for the rights of PWDs, promoting their inclusion in all aspects of society, and providing support services.

One other significant step Ghana took to ensure the rights of PWDs, including DHH persons, are granted was to sign and ratify

the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in March 2012. Articles 9 and 21 among other articles of the CRPD enjoin state parties to protect PWDs' freedom of expression and to ensure they have access to, among other things, information and communication. PWDs are therefore to be provided with the necessary support and intermediaries to enjoy these rights. These articles again reinforce the need for DHH persons to have access to information and communication by further stating that state parties are mandated to put in place "measures which shall include the elimination of obstacles and barriers to accessibility" to information and communication (article 9). Freedom of expression, as defined by Article 19 of the UDHR (UNICEF, Government of Ghana 2017), is the "right to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers," and frowns upon any acts that may be discriminatory. The right of "access to information" is linked to freedom of expression because, for expressed ideas to be of value, access to verifiable information from individuals and bodies who provide such is needed. The right to freedom of expression, as defined by the UDHR, synchronizes well with articles 9 and 21 of the CRPD.

These provisions essentially further the constitutional provision regarding accessibility and work against social exclusion of deaf persons. It is crucial, then, to point out that even though there is a proliferation of state and private media houses in Ghana with the main aim of disseminating information to the public, and while there are existing legislative frameworks and state agencies that are mandated to promote, protect, and ensure the accessibility rights of the Deaf community in Ghana, DHH individuals do not appear to benefit from these establishments. The Deaf community in Ghana continues to be a socially excluded category.

The Concept of Social Exclusion

Social exclusion is a multidimensional concept. Silver (2016) defines exclusion as a relational process of denying opportunities for social participation, severing social bonds, and impairing social solidarity. At the collective level, the concept refers to the separation of individuals and groups from mainstream society (Commins 2004; Moffatt and Glasgow 2009). The meaning of *social exclusion* varies according to

social context, giving rise to a number of overlapping and ambiguous definitions. The concept is sometimes operationalized as a combination of undesirable situations, such as material deprivation, insufficient access to social rights, a low degree of social participation, and a lack of normative integration (Jehoel-Gijsbers and Vrooman 2007). Even on occasions, a better-organized and well-established group may erect boundaries that reinforce internal solidarity in any society, thus making it unattractive for external groups or individuals to be part of such solidarity. As Baxi (2005, 167) notes, the order of inclusions, for instance, establishing norms and standards, may at the same time demarcate the zones of exclusion. Such “better organized” or “well-established” norms may lead to exclusion, subsequently resulting in either a rupture of a social bond, a break in a social fabric, or a deficiency of solidarity in a particular society.

Over the years, policy and systems of governance have intensified the scientific debate on the meaning of social exclusion, yet these have not provided a generally agreed-upon scientific conceptualization. In the 1960s, social exclusion became the subject of debate in France, but only after the economic crisis of the 1980s and the introduction of the *Revenu Minimum d’Insertion* (the National Assistance Law) was the concept widely used (see Silver 1994; Cavenva, Piccoli, and Spadaro 2015). In the 1990s, social exclusion became a prominent theme for the European Union policy agenda. During that period, policy gradually directed attention to defining and specifying the concept more meticulously. One of these definitions and specifications is to term social exclusion as *social closure* (Mackert 2024). Social closure thus promotes a culture where a dominant group safeguards its position and privileges by monopolizing resources and opportunities for its own group while denying access to outsiders (Murphy 1988), thereby “closing off” minority groups, races, ethnic cultures, and even sometimes other cultural insiders.

The dimensions of social exclusion can be varied and complex. The social dimension may include but not be limited to socializing, social isolation, social support, measures of social ties, networks, trust, or social capital (Daly and Silver 2008) and civic engagement. Silver (2016) identifies about fourteen different dimensions of social exclusion, namely, racial, ethnic, linguistic, caste, religious, and other

cultural identities as well as age, gender, sexuality, disability, poverty, unemployment, socioeconomic conditions, and place of residence. Silver, however, shows that these dimensions may overlap, intersect, and accumulate due to existing social, economic, or political contexts.

Different international organizations and agencies emphasize different aspects of social exclusion. International organizations and agencies have, over the years, shifted the connotations of social exclusion away from poverty and long-term unemployment, which have been so prominent in European discourse, toward the exclusion of social groups. This has also included the process of improving the ability, opportunity, and dignity of people that are disadvantaged based on their identity to take part in society (World Bank Group 2013). It is crucial to, however, note that social inclusion is not necessarily the opposite of social exclusion because, as Hickey and du Toit (2007) point out, prohibiting discrimination is not the same thing as actively promoting integration, due to the principle of *adverse incorporation*, where vulnerable people are coercively included in undesired social relations that systematically disadvantage them. An instance could be where DHH individuals are made to receive financial aid, in the name of including them in social protection policy but eventually stigmatizing them as “recipients” or “beggars” who are not capable of achieving their own economic goals. Such a situation may lead to their eventual exclusion. In view of the above, the aims and objectives of entities that promote inclusion may need to select their operational objectives cautiously and discretely.

Social exclusion has negative consequences for both excluded individuals and society as a whole. As a deficit in social relationships, social exclusion may be deliberate or unintended, institutional or personalized. Regardless of intention, social exclusion restricts access to social life and impedes the fulfillment of prescribed social roles. Poverty and other social problems may as easily result from social exclusion and vice versa. But social exclusion differs from poverty also because it is a relational rather than a redistributive idea. As Giddens (1998) notes, exclusion is not about graduations of inequality, but about mechanisms that act to detach groups of people from the social mainstream. To think about Giddens’ definition is to consider a situation where persons or groups of persons like the deaf community are

detached from the social mainstream by mechanisms that act to perpetuate such exclusionary and discriminatory acts. Social exclusion, therefore, is about the ways in which human worth is communicated and imposed through exclusionary architecture.

Methodology

A mixed method research design informed by a transformative-emancipatory theoretical position (Creswell and Plano-Clark 2007; Mertens 2005) was employed for this study. The rationale for employing a mixed-method design in this study was to adopt an approach that sought to incorporate the collection, analysis, and combining of quantitative and qualitative data in a single study (Creswell 2005; Tashakkorri and Teddlie 1998).

This study focused on a problem confronting an underrepresented group (i.e., DHH individuals) in a unique and complex context, in that the DHH community belongs to a multiple-identity category as a disability, underrepresented, marginalized, and cultural minority group in Ghana. The target study population for this work comprised members of the deaf community in Ghana. Individuals were sampled from within the Eastern and Greater Accra regions. This population was selected because they are relevant to the objectives of this study and are a good representation of the total deaf population in Ghana. The study collected a significant amount of data, but not all could be analyzed for the purpose of this research. The data that was chosen to be analyzed directly related to the experiences of DHH individuals regarding access to media information, the relationship between the deaf community's access to media information and public participation, and how these experiences relate to the theme of social exclusion.

To ensure a high degree of representativeness, a snowball nonprobability sample technique was employed. This sample technique was useful because it fit the dynamics and cultural nuances of the deaf population we studied. For instance, according to Borg and Borg (1988), snowball procedures are normally used in selecting study samples where the units or persons involved are part of a group within the general population. Such units or persons normally share some sort of common interest in a particular direction.

The deaf participants considered for this study display such characteristics. Individuals within the deaf community usually share certain common interests and cultural nuances particular to their group. Padden (2007) observes that there is a perceived decline of Deaf fellowship within the DHH community due to the emergence and proliferation of technological tools. Yet Darden (2013) observes that in-person community contact may be on the decline within the deaf community, but evidence of virtual contact was on the rise, which still validates the cultural characteristic of deaf communities to share and snowball information both through in-person and virtual means. Deaf individuals operate in communities, and so once one member of the group was located and contacted to participate in the study with tact, good human relations, and trust, other members of the group were identified in a systematic way. These dynamics set in well with the sample techniques we adopted for this study.

Questionnaires and telephone interviews were used to collect data for this study. Initial data was collected through an online survey using Google Forms. The survey consisted of four sections: (1) purpose of study and informed consent, (2) demographic information, (3) information regarding how respondents accessed media information, and (4) the correlation between access to media information and respondents' utilization of such information. The process of interpreting and editing the survey in sign language, and then making it part of the online survey, however, delayed the administration of the survey. This situation necessitated administering the survey in English text and following up with subsequent video interviews (using sign language) for responses that were challenging to analyze and interpret. Three public activities, including how respondents obtained information to participate in the national identification card registration, how respondents obtained information regarding vaccination against the COVID-19 pandemic, and how they obtained information to attend a local town hall meeting were the focus of the data collection. Twenty-seven responses were collected. After eliminating incomplete surveys from the data, twenty-two completed and validated surveys were used for analysis. Some respondents skipped one or two questions, but if they continued to the end of the survey

or added to the open-ended response portions, adding explanations and reasoning for their responses, they were included in the study. Once the survey closed, the responses were downloaded to an excel spreadsheet on a password-protected personal computer. This was necessary to ensure utmost confidentiality of the data collected. We commenced the analysis by going through the responses, searching for patterns of similarities to reviewed literature or those that contrasted with the literature. Code names, such as M1 for male participant 1 and F1 for female participant 1, for example, were ascribed to participant responses. We found some inconsistencies in some of the survey responses. For instance, some responses did not have a direct correlation with specific questions. We suspected these questions were not understood by participants. One of the authors, a sign language interpreter with over a decade experience, conducted the sign language interviews. Participants were contacted and, through the use of sign language, a face-to-face telephone video interview to probe possible noncorrelated answers to the stated questions were conducted. It was clear from the data collected in the one-on-one interactions that participants did not understand some of the written questions on the survey form. But when sign language was used to elicit the same information, they provided responses that related well with specific queries on the survey form. This situation reflects the common phenomenon, backed by research, that language deprivation occurring during the first five years in the lives of many deaf children may result in reading, academic, and social struggles later in their adult lives (Baker 2011; Registry of Interpreters for the Deaf 2022). We considered possible themes in the answers provided and conducted analyses based on each separate theme. As we worked through the responses, the data supported the initial hypothesis we had that the Deaf community was largely overlooked and ignored by the media broadcast setup and that deaf participants desired signed language and interpreting services to be included in all media broadcast information in Ghana.

We made sure that threats to the internal validity and trustworthiness of the design, such as giving pretest surveys to participants who were to respond to the final survey questions, or re-testing research

subjects due to extremely high or low scores (Campbell and Stanley 1966), were removed. To ensure reliability and objectivity, a flexible balance of a subjective and an objective approach to the research was adopted so that the findings would depend on the nature of what we were studying rather than on our personality, beliefs, and values (Payne and Payne 2004).

For the qualitative data collected using questionnaires and interviews, we identified common patterns within the responses and critically analyzed them to achieve the research aims and objectives. We considered the unique characteristics of qualitative data analysis, where focus was directed on the experiences and processes of study participants with an emphasis on context. Qualitative data were quoted and analyzed in line with the objectives and goals of the study.

Language Accessibility and Usage

Ghana is a multilingual country with about eighty spoken languages (Lewis, Gary, and Fennig 2014). English is recognized as the official language. In the regions where data was collected, Fante, Akuapem Twi, Asante Twi, Ewe, and Ga are local and spoken languages used for social communication (Lewis, Gary and Fenning, 2014). These languages are barely used in official communications even though they are taught in schools. GhSL is widely used in deaf schools and for formal/official events to provide access to information and communication for deaf people often through interpreters. GhSL is a spin-off from ASL, with a lot of incorporations of locally constructed sign forms (Nyst 2012). Three other signed languages, Adamorobe Sign Language (AdaSL), Nanabin Sign Language (NanaSL), and ASL, are used in Ghana (Nyst 2012). ASL is used often by literate deaf persons who have had exposure to American deaf culture. AdaSL and NanaSL are local sign languages. The former is used in the eastern region village of Adamorobe by a local deaf community, while the latter is used in the coastal Fante village of Nanabin, a central region community settled by a Deaf family. GhSL is estimated to be used by the majority, roughly 182,000 deaf persons, in Ghana (Owoo 2019) and within the regions where data was collected for the study. The study also collected data from only GhSL users.

With this in mind, we sought to find out from deaf individuals what languages (spoken or signed) they could relate to and comprehend in accessing media information. This dimension was critical because the specific language usage by broadcast media also relates to DHH individuals’ preference for specific media content and thus influences their ability to access and comprehend such information. For example, according to Mulrennan (2013), an interviewee’s and an interviewer’s comments on TV might be accessible to some DHH persons with oral and lipreading abilities; the DHH individual may have been exposed to the spoken language as their first language from home in their childhood. Many media broadcast outlets on radio and TV in Ghana do their broadcasting using local languages, like Twi, Ewe, and Ga, aside the usage of the official English language. With this background, we wanted to understand deaf individuals’ experiences relative to their language(s) of preference in accessing media information. The tables below show the language preferences and demographic information of deaf individuals in accessing media information predominantly on TV.

TABLE 1. Participants Age Range

Participants’ Age	Number of DHH Individuals
18–25	5
26–35	8
36–45	8
46–55	0
56–56	7

TABLE 2. Gender of DHH Individuals

Participants’ Gender	Number of DHH Individuals
Females	3
Males	19

Source: Field survey.

TABLE 3. Educational level of DHH individuals

Participants' Educational level	Number of DHH Individuals
Postgraduate degree	5
Undergraduate degree	11
Diploma	0
Secondary school certificate	3
Professional certificate	2
Basic education certificate	1
No education	0

Source: Field survey.

Table 4 shows that fourteen deaf individuals, who represent the majority out of the total twenty-two respondents, related well to media content or information presented in GhSL. Twelve related well to media information in English, while five well related to information in Twi. Three respondents preferred ASL and Ewe, while two related well to information presented in International Sign Language (ISL) and British sign language (BSL), respectively. The data thus shows that deaf individuals relate better to media information presented to them using GhSL than other languages. It must be added that studies on deaf Ghanaians' use of other foreign signed languages are not

TABLE 4. Media Language Preference by DHH Individuals

Participants' Language Use	Number of DHH Individuals Who Prefer This Language
Twi	5
English	12
Ghanaian Sign Language (GhSL)	14
International Sign Language (ISL)	1
American Sign Language (ASL)	3
British Sign Language (BSL)	1
No education	0

Source: Field survey.

available. We did not focus on how deaf participants accessed these foreign signed languages because these were not considered as probable languages that Ghanaian deaf persons would rely on to access media information at the time of this study.

Participants were also asked whether or not they identified as a child of Deaf adults (Coda). This is significant because deaf persons who have Deaf parents may have different communication access preferences versus those with hearing parents. Six responded yes, while the remaining sixteen responded no.

Experiences of Ghanaian Deaf Persons in Accessing TV Information

This study considers and analyzes the communication experiences of DHH individuals in the eastern and greater Accra regions of Ghana in relation to how these individuals access and interact with media information. The main objective of the study was to examine a possible social exclusion factor underlying the experiences of how DHH individuals access media information, particularly television, and to determine the relationships that may exist between Deaf community access to media information and how this influences their public participation.

Mode of Accessing Media Information

Data collected indicate that all twenty-two study participants depended on TV as their main source of information. Only one depended on both TV and radio. This data indicated that the use of radio was not common among deaf individuals in Ghana at the time of this study, compared to other jurisdictions like San Francisco where, since 2021, KQED radio has provided live captioning of their radio programming through Google Chrome's Live Caption to deaf people, and Washington, DC, where WAMU radio has been leveraging automated speech-to-text technology developed by Enco (Turner 2022) to provide radio information to DHH individuals (Pereira and Ribeiro 2014).

Responses indicate some reasons for which DHH individuals preferred the choice they made. Generally, reasons given for why participants depended on and preferred TV as their source of media information include easy accessibility, inclusion of subtitles and closed

captioning in TV programs, inclusion of sign language interpreters, and the visual nature of TV content. It is worth mentioning that, as in societies elsewhere, social media is increasingly enhancing communication and community-building among DHH individuals in Ghana (Nyarko and Dzeani 2024, 23). Many deaf persons perceive social media as a platform for advocacy, allowing them to raise awareness about issues of concern, from accessibility rights to deaf culture appreciation (Toofaninejad et al. 2017). Yet, as with any transformative technology, access barriers have emerged as significant impediments, with the absence of crucial accessibility features such as captioning or sign language interpretation in video content acting as stumbling blocks (Alaimo, Orlando, and Valvano 2019). Furthermore, the inherently visual nature of online interactions can amplify the impact of cyberbullying and online harassment, in such situations affecting deaf individuals (Wang et al. 2022). One participant stated that while they are aware of social media and other internet sources, a key reason for preferring television is “because there are subtitles on the TV screen I can read.”

Other participants stated the presence of sign language interpreters as a major reason for their preference. One said, “I prefer TV to radio because some TV stations have occasional interpreting services.” On the theme of why visual TV information is preferred to radio information, a respondent stated, “I prefer TV to radio because TV is visual. It is easy to attain understanding unlike radio which uses audio only.” Yet another stated thus: “TV is visual. Learning materials on TV are shown for me to see.” Another reason given for the preference for TV as a media information source is the use of sign language. M15 stated, “I prefer TV to radio because there is the use of sign language especially during the news broadcast.” M20 also adds, “Because TV helps me to easily understand communication using sign language.” M8 also provided his reason as: “I like to watch TV with sign language in news and drama.” M3 draws attention to the use of the “deaf language” by interpreters as a reason for the decision to prefer TV information. He stated that “[s]ometimes, TV programs show sign language interpreters who use the deaf language for communication.” M9 also stated, “I prefer TV broadcast to radio because of TV shows showing sign language interpreters who use sign language, a resource

that the radio cannot afford.” F4, who is literate and who can read headlines of newspapers, stated, “I prefer to watch newspaper reviews on TV because they show the front pages on the screen and that helps us to understand what is happening.” The display of images on TV is a major reason for the preference of TV over radio for F19, who stated that “I can watch and see images; that helps me to understand the information presented.” These experiences, as narrated by respondents, indicate the reasons for their preference of TV broadcast over radio.

It is pertinent to also note that literature on the deaf community in Ghana is, in general, scarce, and access to full articles is limited (Offei and Maroney 2022), and as such, there is no literature on deaf people and newspaper use. Nyarko and Dzeani (2024) sampled perceptions of deaf people and social media usage. All twenty-two [study participants] used mobile phones. 89.1 percent of participants indicated that they used social media platforms for education and learning, 67.4 percent to connect with friends and family, while 56.5 percent of participants used social media platforms to access news items, indicating that the use of mobile devices and the internet by deaf people does not primarily pertain to the purpose of accessing news items. The study, however, did not take into consideration the number of other deaf persons who do not have access to mobile or technological tools to access news items in Ghana.

Comprehending Media Information

A key objective of this study was to comprehend the nature and extent of social exclusion of DHH persons by analyzing their experiences in accessing media information. The aim was to determine any possible relationship between their access to media information and their public participation. Following from this, one of the survey questions sought to find out how deaf individuals accessed meaning from radio or TV information. The only respondent who selected radio as one of their sources of information did not respond to this question. All participants, however, responded to and explained how they accessed meaning from TV information. The main themes that permeated their responses included interpreting from family; reading screen captions, subtitles, and headlines; lipreading; and through sign language interpreters on TV. This supports the findings of Mulrennan (2013;

see also International Telecommunication Union 2011; Stone et al. 2022; Wehrmeyer 2013). Text captions and subtitles can also be tools used by program makers to provide access to deaf people or where a foreign language is to be translated. According to these authors, some of the main means used by DHH individuals to access meaning from TV broadcasts are through sign language interpreters, communicating using sign language, visual graphics, text captions, and subtitles. Our respondents described their experiences of how they comprehend TV information through a variety of means. They especially talked about comprehending information through sign language interpreters as follows. According to M1, the interpreting services on TV help him get information. M1 however adds “but the interpreter picture size shown on the TV does not encourage me to rely on interpreting services completely on TV.” M1’s response suggests that the provision of sign language interpretation services for TV programming may not necessarily ensure information access and comprehension for DHH individuals because the screen space given to the interpreter may not be sufficient to be adequately visible. Another respondent, M2, also stated, “I get information from Sign Language Interpreters on the screen,” while M8 indicated about the provision of interpreters: “I do understand TV information and sentences through Sign Language communication by Sign Language Interpreters.” The above experiences by respondents indicate the imperative role played by sign language interpreters in making media information available to DHH individuals such that without sign language interpreters, the language and communication needs of deaf individuals may not be met.

On the theme of relying on subtitles, captions, and headlines for comprehending TV information, the following are some responses from respondents. M19, for instance, describes their comprehension experience as follows: “I get information from captions and sentences that appear on the screen,” while M15 stated, “I watch the subtitles written under films to understand.” M16 also indicated, “I make meaning from TV information by watching the headlines and subtitles on the TV screen.” While these respondents pay attention to written cues from the TV screen to comprehend information, some mentioned using facial cues of presenters to make meaning. For example, a respondent, F2, said, “I observe every facial expression

of people who take part in presenting the news and other programs coupled with reading the headlines to make meaning of what is presented.” Another deaf respondent, M11, depended on other cues and features to make meaning. He stated, “I understand TV information by paying attention to text, graphics, numbers, actions, drama, etc. on the TV screen to make meaning.” Another respondent stated that they depended on “lip reading” to comprehend TV information, a phenomenon some DHH individuals who are not very keen on text and/or sign language use to make meaning.

Do DHH Persons in Ghana Receive the Best Access to Media Information?

A key consideration for this study is the assessment given by DHH individuals regarding access to media information. Respondents were asked to rate deaf access to media information by indicating whether they strongly disagreed, disagreed, agreed, strongly agreed, or remained neutral with the assertion that deaf people were given the best access to media information in Ghana. Ten respondents, representing 45.5 percent of study participants, strongly disagreed that DHH persons in Ghana were provided with the best media information access. Seven, representing 31.8 percent, disagreed with the assertion. Two, representing 9.1 percent, agreed and remained neutral with this assertion, respectively, while one, representing 4.5 percent, strongly agreed that deaf persons in Ghana were provided with the best broadcast media information. In summary, it can be concluded from this data that seventeen study respondents, who represent 77.3 percent of the total distribution, disagreed that DHH persons are given the best access to media information.

Points of View of DHH Persons on the Provision of Broadcast Media Information to the Deaf Community in Ghana

The final question from the survey questionnaire was to find out the point of view of deaf respondents about the provision of broadcast media information to the Ghanaian deaf community. The following are some views respondents expressed. One stated, “[I]t is offensive that they do not think about us when designing TV programs.” Another stated, “Access to TV information by deaf people is discriminatory because deaf people are sidelined a lot, and because interpreters

are not provided for every program.” Another respondent expressed their experience by stating:

GTV (the state-owned television station) provides sign language interpreters to interpret for deaf people for certain programs. I feel good about this, but one problem is that the picture size of the sign language interpreters on the TV screen makes it difficult for me to see the interpreter clearly. I think this is not good.

Another respondent, M18, made the following observation:

Sign language interpreters are only available on GTV, but sign language interpreters and quality TV broadcasting must be available in all broadcast media houses especially private media. And again, the picture size of sign language interpreters on TV must be bigger so that the deaf community can watch sign language interpretation clearly.

While M18 was of the view that it is important to provide interpreting services on all TV stations, they added a more significant point about equality. Similarly, another respondent, F4, emphasized the need for equality in access to information for both DHH and non-deaf individuals, stating,

I suggest that deaf people in society should be given equal access to information as their non-deaf counterparts. This will create opportunities for deaf people to fully understand expectations of society and to share experiences.

Another respondent, M20, simply called on the state to adopt more inclusive systems for DHH individuals by suggesting that the “government should make media educational institutions deaf inclusive.”

Other respondents used simple words and phrases such as *disappointing*, *not satisfying*, *not good*, and *dissatisfaction* to describe their points of view and feelings about how broadcast media information access is provided to the deaf community in Ghana.

These comments raised by DHH respondents after identifying and discussing their experiences are evidence that the deaf community in Ghana as a minority-disability group is, to a significant extent, being denied access to media information and are therefore socially excluded with respect to information access and communication. In cases where efforts are made to ensure that access is given to them,

such efforts are not sufficient and, as such, do not meet the expectations of the community. For instance, out of the 170 authorized TV operators in Ghana (National Communications Authority 2023), only about two, Ghanaian Television (GTV) and Amansan Television (ATV), have some permanent interpreters who only interpret the evening news and national events for the deaf community. In this sense, it can be surmised that DHH individuals in Ghana are socially excluded because they suffer social deprivation; they are not able to socially engage, as they experience a low degree of social participation, and they lack a life that is normatively integrated with society.

Relationship Between Information Access and Community Engagement

In Ghana, like other countries, information provided by the mass media concerning issues relating to governance, policy, and development is often channeled by print, radio, or television. Information provided by the mass media affects groups in society and reflects on society's influence on policy making (Olper and Swinnen 2013).

Many citizens often respond to issues relevant to them by having access to related information through the media, where citizens learn how government policies will affect them and are empowered to provide feedback on those policies and programs (Jordan 2013). We sought to find out the relationship between how deaf individuals accessed media information and how such access resulted in or influenced their participation in both local and national developmental issues.

How Experiences of Deaf Individuals in Accessing Media Broadcast Information Influence Their Public Participation in Developmental Issues

We presented three pertinent issues of national interest that included (1) a national registration exercise for a national Economic Community of West African States identity card, (2) a national vaccination exercise against the COVID-19 pandemic, and (3) the organization of townhall meetings organized by the metropolitan, municipal, and district assemblies for deaf respondents. We inquired from respondents whether they had had knowledge of these three national activities within the past year prior to the administration of the survey questions and to tell how they had knowledge of such national events. Their

responses to these questions helped to draw conclusions on how access to information influenced Deaf community participation in local and national developmental issues. In the first paradigm, where participants were asked whether they had knowledge of information related to the rollout of a national ID card registration exercise, twenty-one out of the total twenty-two participants, representing 95.5 percent of the total distribution, indicated that they had had knowledge or heard of information about the national ID card registration exercise. Only one participant, representing 4.5 percent, did not hear about the exercise. For the second paradigm involving information about COVID-19 vaccination, all twenty-two participants indicated that they had knowledge of the vaccination exercise. The third paradigm focused on participants' knowledge of the invitation extended by their metropolitan, municipal, and district assemblies to a townhall meeting to discuss local community development issues. Nine participants, representing 40.9 percent, indicated that they had heard of such an invitation. Thirteen participants, representing 59.1 percent of the total, on the other hand, indicated that they had not heard of such an invitation to attend a townhall meeting.

Participants were asked to indicate the channels through which they had access to information related to these three issues. Data collected indicated that eleven participants got their information through a sign language interpreter on national TV. Three received their information through WhatsApp from their friends and by watching visual cues on TV for clarifications. Two received national ID registration information from family and through texts. One of the participants got the information from an interpreter friend in a social setting. The data again showed that eight participants accessed COVID-19 vaccination information through sign language interpreters on TV. Four accessed the information through TV visual cues (scenes of people receiving jabs) and subsequently inquiring from their deaf friends to explain to them what was happening on TV. Three of the participants accessed COVID-19 vaccination information through an interpreter friend in a social setting and through WhatsApp. Two also indicated that they received this information from family, while one received the information from SMS. One other respondent did not respond to this question. Finally, the distribution shows that nine out of twenty-two

respondents had access to the metropolitan, municipal, and district assembly invitation to attend a townhall meeting through a WhatsApp message from their interpreter friend or through a family member, while none received the information through a TV interpreter or TV visual cues. Two participants did not respond to this question.

Conclusion

We have highlighted with this article the communication challenges faced by deaf people in Ghana that often lead to social exclusion and the violation of the rights of these persons to access information and communication from the media. This study emphasizes the importance of recognizing the unique communication needs of DHH individuals and of providing them with appropriate support systems. The article again brings to the fore the role of social relationships in the lives of DHH individuals and how communication plights can negatively impact these relationships. It is our position, therefore, that addressing the communication needs of DHH individuals is crucial to promote their social inclusion and to ensure that their rights to access communication are respected, promoted, and guaranteed. In particular, when it comes to addressing the social exclusion faced by DHH persons in accessing information and communication from television stations, a specific recommendation would be to mandate the provision of closed captioning and sign language interpretation for all television programming. This must be a key policy concern in Ghana. To ensure widespread implementation and compliance, we recommend enactment of legislative and regulatory changes at the appropriate levels (national, state, and/or local), to be captured as an accessibility standards and guidelines document. These regulations and legislation should, among others, include the recommendations that follows. There is the need for a closed captioning mandate for all television programming, including live broadcasts, news, and entertainment shows. Moreover, we recommend a sign language interpretation mandate requirement that compels television stations to provide sign language interpretation for a certain percentage of their programming, particularly for news broadcasts and other informational content. This can be achieved through onscreen interpreters or dedicated sign language channels. For implementational purposes, we propose a monitoring and compliance regime as an established mechanism and

accessibility standards, including provisions for penalties or incentives to encourage adherence. To be sure, the findings of this article have critical implications for policy makers, service providers, human rights advocates, as well as Ghanaian society in general, emphasizing the need for greater awareness and support for the communication needs of DHH individuals.

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