

Language as an obstacle to health services access for deaf women

Abstract

Background: This article addresses the understanding of female leaders' power relations and agency related to women's rights. It also discusses the implementation of the primary health care mandates, including those related to the reproductive rights inscribed in the National Policy for Women in Brazil. This study will discuss, using the lens of critical discourse analysis, how Deaf leaders access different health and social facilities. As qualitative research, it was investigated and analyzed, through the internet, the understanding of the Deaf leader's discourses about a desirable women's health policy. The results demonstrated that the guideline does not include a meaningful discussion about signing language as a way to improve the communication between Deaf women and public health services.

Keywords: Brazilian sign language, sexual and reproductive rights, health public policy

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Introduction

The discussion of accessibility starts to be debated in a consistent way from the Declaration of Salamanca in 1994. It is a framework for guaranteeing the rights of people with disabilities, whether physical, mental or sensory. In this case, in Brazil, the impact of this statement can be perceived through the Law of Guidelines and Bases of Education in 1996.¹ This law is the first step for the entry of people with disabilities in Brazilian public schools. Specifically, the accessibility for Deaf people is a theme that has been debated in several areas in Brazil. The twenty-first century is marked by the organization and activities of the Deaf rights' movements in the country. They focused on gaining access to different social and educational spheres. In this context emerge the female Deaf leaders, who began to actively participate in institutional activities. Those leaders were aligned with the same perspective of the women's rights organization, which is the promulgation of equity, whether institutional, governmental or social. Concurrently, the movements help improve discussion about new policies. The article emphasizes in the Brazilian leader's discourse and the health policies that had a positive impact on the primary healthcare system, increasing women's access to healthcare, overall.

Brazilian Unified Health System (SUS) is a consequence of a social struggle for governmental health reform, which occurred in the 1970s and was intended to change the social provision of health care to all Brazilians, transforming social values.² In 1988, policy makers rewrote the Brazilian Constitution's provisions on health care and established the fundamental principles of universality, equality, decentralization and comprehensive care as tenets of the new rights for citizens. This including free primary and secondary health care, management, supervision, monitoring of treatments and health services inspired the newly created SUS.² Following the creation of SUS, new health advances in Brazil were made possible through the studies and publications of the National Plan for Women,^{3,4} which were a result of a federal government initiative – the National Conference on Policies for Women. The conference's purpose was to examine social inequalities between women and men in public policy. Approximately 120.000 women participated directly in the discussions and submitted proposals for the development of the first

National Plan of Policies for Women. This document was composed of collective set of federal policies for women. The Plan is currently administered by the Administrative Council of Policies for Women¹ (SPM).³

The challenge has been to put the Plan's public health ideas into practice. There have been many obstacles that have prevented or slowed the implementation of the policies in the health system. For example, taboos such as traditional, moral beliefs against providing sexual and reproductive health to women, the shortage of healthcare providers and lack of professional diversity training has made implementation difficult and slowed the process. Although the Plan was an advance in the struggle for adequate healthcare, it did not guarantee everyone access to basic services. However, one of the government's new policies was to provide funding for research in the healthcare areas that the access was still problematic. Those studies had the purpose to identify the problems and suggest government's improvements.

Feminist groups, researchers and nongovernmental groups, including rural women and the Lesbian Movement, started to review the policies in the plan. They aimed to guide discussions and to suggest specific guidelines that would be helpful to understand women's needs in the public health system. Thus, the requirements would be provision of health services in the rural areas. The professional training for medical professionals should focus on issues such as family planning, sexual health and transmitted diseases. Motivated by this new energy within women's rights organizations, Deaf women also added to the endeavours by promoting events, such as seminars and workshops which provided information on sexual and reproductive health. In addition, Deaf women began to organize and participate in discussions to determine and demand their specific needs, when accessing healthcare. Within the Deaf women's discourses, they sought having Portuguese/ Brazilian Sign Language (Libras) interpreters. We deem interpreters people who have knowledge of medical terminology in Libras, available in primary healthcare settings and training on Deaf culture for health care providers.

The second National Plan for Women took into account many of

¹Secretaria de Políticas para Mulheres

the feminist group's recommendations and for the first time addressed the health needs of the disabled. However, the specific needs of Deaf women in regards to health care were not included. Through this context, Deaf women need to have access to the public health system in terms of care. These groups of women address the importance of their cultural, linguistic and physical needs. Deaf women perceive themselves as belonging to a "Deaf Culture," which has Libras as their first language, as its main cultural identification link. As such, they have distinct cultural and linguistic characteristics that make them vulnerable within the public health system, especially regarding their access to sexual and reproductive healthcare. Deaf women's vulnerability in Brazil is due not only to the fact that they are Deaf. The language it is also considered a barrier to access healthcare system. Due to this vulnerability, it is essential to legitimize the demands for public policies for Deaf women's access to healthcare and to include these policies in all subsequent National Plans for Women as well as other laws and governmental guidelines.

The research in this content of the Deaf female leaders' discourses aims to understand the possibilities of power and agency through their discourses and relate it with the documents described to them in public health system. Specifically, the objective in this article is to analyze a female Deaf leader's discourse through her lecture at the 2011 Convention for disabled people of the United Nations Organization in Brazil. The discussion will examine through corpus analysis the

trajectories of the Deaf leader 's discourse to understand what her narratives mean in reference to their access to public politics. In addition, the article explores how it can be compared to the second National Policy Plan for Women. The first topic in this article is a brief history of the health policies for women in Brazil and a summary of Deaf women's efforts to have access to these healthcare services. The second topic describes how the Deaf movement is constituted and why Libras is an important tool to educate Deaf people about their rights. Next, the methodology, the selection of the corpus and the data

analysis will be described. The 's arguments for Deaf women's access to the health system are compared with the second Plan's in the third topic, that discuss about the rights of disabled people, including reproductive rights. In the end, the conclusion will describe some the reflections of the Deaf leaders about how the national policies were developed and executed.

The policies for women in Brazilian health services

In Brazil, the right to healthcare for women was incorporated into national health policies in the early twentieth century, but was restricted to care for pregnancy and childbirth. The programs were defined to provide healthcare coverage to mothers and children as a protective strategy for vulnerable and at risk groups.⁵ Many changes to improve health conditions were made during this period regarding the approach to the health needs of local populations; however, according to Costa,⁶ these changes did not make an impact on women's health indicators and assistance services providing women's healthcare continued to be fragmented. Problems with healthcare continued because the policies were built on based on conservative ideas and assumptions about women's healthcare, characterized by gender moral orientations. Sexual and reproductive health issues, such as family planning and sexually transmitted diseases, were still considered taboo subjects. In the late 1970s, important social and governmental decisions were made with regard to public policy reforms; these were

aimed at advances in human rights supported by feminist studies.^{7,8} Furthermore, the agenda was established to prioritize accessibility and equal inclusion of women, including gender issues related to health, domestic violence against women, education, employment and income. Consequently, this progressive environment in the 70s paved the way for addressing women's healthcare, followed by vast/embracing ideas in the next decade.

The Brazilian feminist movement began organizes them to discuss and modify the policies on women's health. Consequently, there were many criticisms about the programs that were already in place by due to the reductionist perspective that the government had about healthcare system for women. The government policies prioritized topics such as pregnancy and maternity. Thus, the feminist movement strongly advocated for their healthcare policies to be included in the second National Policy Plan for Women. Their demands not only related to providing care for the reproductive cycle of women, but also to ensuring a positive quality of life and improved health conditions for all cycles of women's life.⁹ Starting in the 1980s, the social movement pressured the government promoted to advance the struggle for human rights; it responded by efforts to improve public healthcare for women by developing the National Plan for Integral Attention to Women's Health (PAISM). PAISM emerged in an attempt to organize discussions about healthcare related to human reproduction. The idea of a public health system in Brazil as a vessel to give people control over their physical and mental well-being, the right to information about their health, the allocation of resources to control epidemics, pragmatic guidelines for sanitation and protection of the environment began to grow.¹⁰

Almost twenty years later, an additional plan was created and included new strategic priorities related to the access to women's healthcare. This additional plan was the National Policy Plan for Women and was established as a plan to amplify and deepen the promotion of equality policies for women. The National Plan for Women's general guidelines are "attention and respect for cultural, ethnic, racial, social inclusion and financial and regional status diversity as well as the different moments in life".¹¹ Included in the National Plan for Women were some specific priorities, including strategies for improving women's health that addressed reproductive health, women at risk, poverty and domestic violence.⁹ The implementation of the Plan's policies intensified in the 2000s with the creation of the first Special Politics Office for Women in the Republic Presidency (SPM/PR) in 2003 with ministry status. This office had the objective of formulating, coordinating and articulating policies that would create equality among men and women.³ The discussions on Deaf women's gender and healthcare accessibility took place nationwide in the early 2000s. The people involved in these discussions took leading roles in different nongovernmental institutions connected to the Deaf movement to gain visibility. At the same time, they started to give lectures, participated in conferences and tried to show the importance of Libras as an avenue for inclusion in Brazil's social, educational and health spheres. As a result of these activities, these women became leaders in their home communities and beyond and their discourses started to be recognized by the Deaf Community and by governmental policy makers.

The events, workshops focusing on healthy women and family planning, were very important in mobilizing Deaf people and in providing more information about primary health issues. Primary healthcare is one of the bases of the National Policy Plan for women. However, in practice, most Deaf women were not able to understand the health information provided through medical practitioners. It

is very hard to translate the specific knowledge about sexual and reproductive health between medical professionals and Deaf women who use these services without a shared form of communication. The difficulty is based on the different language used by medical professionals and Deaf Women. Due this context, the Deaf leaders proposed the use of Libras by civil and social service workers. Libras could emerge as an important tool providing access to education and health services, as well as gaining meaningful employment. Through their proposals, Deaf leaders demonstrated their agency through their concern for policies and pressed for more equitable approach for access to primary health services for the Deaf women.

Sign Language as a tool for accessibility

The Deaf Movement in Brazil made a significant contribution in the power dynamic within the political sphere when their efforts and lobbying resulted in the passage of Federal Law 10.436 in 2002. This law acknowledges Brazilian Sign Language as a legal form of communication and expression.¹² This can be considered one of the greatest achievements of the Brazilian Deaf community and an incentive for the movement to seek the extension of Deaf people's rights. Although deafness or the inability to converse in spoken language is often linked to the notion of disability, Deaf communities instead view sign language as an essential aspect to life. According to Duranti,¹³ language is an important aspect of a culture, considering that it is a form of representation of the social world used in the process of interaction between individuals. Mendoza-Denton¹⁴ considered how the analysis of discursive practices enables the verification of communicative complexity and incorporated practices for the establishment of group identity. In this way, Libras is not only a way to interact with others, but also a means understanding of the world for Deaf people. As in spoken language, Libras is dynamic and suffers generational and regional variations that occur through the users' face-to-face interactions. Quadros & Karnopp¹⁵ show that the Libras signs are made from not only from different configurations of hands, but also from facial expressions and body language. The combination of these minimum units of language acquires significance; in other words, these codes comprise signs and are understood in the context of a specific conversation. Just as in spoken language, sign language is also dynamic and has generational and regional variations that occur by means of face-to-face interaction among its users. From this perspective, the focus of understanding language is on the mobilization of words in performing actions, influencing the grammatical structure and the performance of speech. Duranti¹³ describes the "*agency of language*" and emphasizes that the empowerment of speech can be played in micro-social contexts. Language is an important cultural factor as a form of representing the social world and is used in the interaction process among individuals.

The parameters of a language are built from social characteristics such as gender, ethnicity and regionalism of each communicator. Thereby, Cook and Gumperz¹⁶ reflect on language standards from a socio-cultural perspective. These thoughts are in line with social reality, including path symbols of group identity and established communicative conventions. Duranti¹³ while describing agency in language, underlines that the empowerment of speech can be performed in micro social contexts. In regard to discussions raised by this author, language is an essential cultural aspect; it can be interpreted as a form of representing the social world and used in the interaction process among individuals. In this way, it is understood that signs are not just a factor of extreme importance for communication, but for the world's understanding of Deaf women.

The national policy for women and a deaf woman's discourse as a methodology

Through a qualitative approach was investigated and analyzed a Deaf leader's discourse posted on the internet. The videos were about the importance of Sign Language and it was possible to compare with the second Plan's specifications for creating a public health system for Deaf women in Brazil. Since the first Meeting of Latin American Deaf Female Leaders, in 2004, in the state of Minas Gerais, in southeastern Brazil, the mobilization of this movement took place in different fields. In this gathering, discussions about Deaf women's health emerged and many participants became leaders in demanding access to the public

 health system. One example of the leaders who emerged is  is from Mato Grosso do Sul, a state that, according Martins,¹⁷ was the first state to create a special coordinator for Public Policies to promote the rights for women and to combat discrimination against minority women's groups. She is in academia, in the linguistics field and is very

 active as a leader of the Deaf Community in her state. Also,  was one that organized the First Meeting of Latin American Deaf Female Leaders? The women that participated in this event are identified as pioneers-leaders who emerged from the First Deaf Women Meeting – and are currently connected with the institutions that are on the front lines of the Deaf movement, which uses Brazilian Sign Language as their main form of communication. Generally, these women have academic degrees and are from the middle class. During the first Meeting, proposals and important ideas to disseminate healthcare to

 women began to appear. In 's state, important policies from Deaf women emerged such as ways to provide services to pregnant Deaf women in Libras through SUS. Also, lectures and workshops in Libras about pregnancy and maternity with multidisciplinary professionals were made.¹⁷ In all of these different efforts has been recognized for

 her leadership in advocating Deaf women's health rights and  is recognized nationally as a Deaf leader. In this way, she is a significant person for this virtual ethnography. The virtual posts and videos with her presentations, ideas and speeches made by the Deaf Leaders in Brazilian Sign Language communicate important topics surrounding Deaf women have needs and produce results in extending rights for Deaf women. Also, this material that emerges through the internet helps the understanding of material that is gathered through fieldwork. The internet generates new forms of communicative behaviour and pluralist practices that can be explored from virtual research. In this perspective, the research was created to better serve the uniqueness of the investigation; in other words, it is coherent for the development of an investigative and interpretative methodological proposal. For the development of the ethnography, classic elements such as data collecting tools were used that correspond to field notes and the field diary. The diary was used as an instrument of daily record of all the information that was collected, based on the notations in the diary. Such tools, besides assisting in data collection, were important as a reflection and transposition source of research observations for the theoretical and interpretive contribution. Specifically, the data for this article was collected one lecture about accessibility in the 2011 Convention for Disabled People of the United Nations Organization

 in Brazil by .

In 2011, different political movements of Deaf happened to discuss the government changes in the structure for Deaf schools. The Deaf community demanded bilingual schools for Deaf citizens and also

submitted proposals for Deaf education in the National Education Plan (PNE). In the same period, Deaf groups and their hearing associates attended meetings at the National Council on the Rights of Disabled People (CONADE) to explain the importance of respecting the use

of Libras as a right for inclusion and accessibility. Also, was nominated by the Deaf movement to be a technical assistant of the Special Education Department in the Federal Government. Protesters stated that was the ideal person to take over because she was a linguist and was familiar with the Deaf community and their needs. 2011 was a political and significant year for the Deaf community. The 2011 Convention for Disabled People of the United Nations

Organization invited to give a lecture about accessibility. She was very resolute about her ideas and had specific recommendations in her discussion about the importance of the dissemination of Libras.

focused on the respect deserved by the signers of this language in different social spheres. After watching 's lecture and reading the second guideline of the second National Policy for Women,¹¹ it was possible to make associations and connections based on the perspective of critical discourse analysis. The comparison was made

between 's lecture and the interpretation of the second National Policy for Women specifically, the analysis centred in the chapter

about sexual and reproductive rights in the second guideline. 's lecture was about her references to accessibility and the third chapter of the document refers to accessibility to disabled people.

The data from 's discourse and the written discourse from the second National Policy can be used as tool to analyze the understanding of the importance that language has as a tool for accessibility for the Deaf community. Additionally, the language is the knowledge to be related with sexual and reproductive rights. Made during the 2011 Convention for disabled people of the United Nations Organization in Brazil, the discourse of the leader's speech was collected by the media and posted in video format on the internet in Libras. The transcriptions and notes for the speech were made using the InqScribe software. According Biella¹⁸ the InqScribe software can benefit collaborative research based on groups and "any other screening venues that need transcripts, subtitled translations or the synchronization of annotations with audio or video". In the present study the choice of transcription which has been adopted describes how each sign was used with registration in Portuguese. The non-manual structure was not transcribed in this article, but it was considered in the transcription moment using Libras dictionary as a reference. This dictionary described in the Encyclopedic Dictionary parameters illustrated Trilingual Language of Brazilian Sign of Capovilla.¹⁹ The data analysis was improved by means of observation, descriptions

and interpretation of both discourses from 's lecture and from the discussions of sexual and reproductive rights in the second Plan. Based on the specific perception from the field and propagation of knowledge, it is possible to build a form of anthropological research through the ethnographic production. The ethnography of documents can be considered a critical means of disciplinary field production.

Data analysis and discussion

In this section it will be possible to verify the progress and compatibility of the goals outlined in the leading Deaf women's

discourses and to relate them with those in the second Plan. For drawing the analysis using different perspectives, the discussion section will be divided in two levels of discourse: the first examines the specifications of the national policy and the main arguments expressed in the second Plan which can be perceived as government priorities for including Deaf women; and the second is the Deaf women's goal to establish Sign Language as the most important tool to access social, medical and educational spheres.

The coherence between power and discourse in the national policies for women and deaf women leaders

The analysis of the second National Plan of Policies for Women focuses on the third chapter, which refers to women's health. In addition to maternal health, this part of the policy covers sexual and reproductive health issues. It also includes new dimensions related to female health, such as: family planning, cervical cancer, breast cancer, sexually transmitted diseases and the care of women during the prenatal, delivery and postpartum phases of pregnancy.¹¹ Addressing sexual and reproductive health, the third chapter has the general objective of ensuring the rights of access "to promote preventative care and recovery of full health throughout Brazil, without discrimination of any kind in regard to the identities and specificity of gender, race/ethnicity, generation and sexual orientation"¹¹ From this stated goal, integral health appears to be a priority, comprising preventative treatment and taking into consideration the plurality and diversity of women who seek these services. However, the state's guarantee to offer complete primary healthcare to everyone is complex. According to Moura,²⁰ although there is a legal environment for the creation of health teams to provide family planning services, the public's morality regarding women's and different social classes' access to reproductive healthcare in the public healthcare system is still limited and conservative. In this perspective, the gap between the public healthcare system accessed by the majority of Brazilians and the one that is being accessed by minority groups and Deaf women is still wide.

Deaf women are pressing for the understanding that language necessary for visibility and inclusion. In this instance, there are two lines of thought: one of them is showing the importance to have accessibility for Deaf people through professional's interpreters, as it is possible to extract from speech: Libras' sintaxe transcription in

Portuguese: Desenvolver Trabalho Intérprete Direito Acompanhar Surdo-Cego Materiais Diversidade Mostrar Acessibilidade.

English translation: To work to have the right to an interpreter to accompany the person, Deaf-blind and to have various materials showing accessibility.

It is possible to perform an analysis through the discourses in the second Plan and the repercussions of this written empowerment in the context of Deaf women. The power of discourse is interpreted by Farfán & Holzscheiter²¹ as a complex interrelation to explain particular phenomena of power, which can be associated with discourse. Moreover, it is possible to argue that discourses are comprised and replicated by power as dynamic experiences. The authors, based on the classics scholars of interactional sociolinguistics,²²⁻²⁴ contextualize through empirical studies that there are different levels to relate power and discourses. It depends on the circumstances and the interaction involved in each particular situation. From the sociolinguistics point of view, the discourse suggests connectivity between the institutions and agents demonstrating the composed appearance of power.²¹ Although the second National Policy Plan includes Deaf women

within the general definition of disability, it does not explicitly discuss how the public health system will give assistance to Deaf women. As such, it is important to state that the written discourse from the second National Plan for women was ineffectively constructed to provide primary healthcare access for everyone.

Among the priorities in the third chapter, item 3.8 shows the importance of implementing comprehensive healthcare by taking into account people with different ethnic, racial, regional, gendered and generational characteristics and disabilities, as well as those living in the fields and forests and in the streets. In this section, Deaf women are included in the group of women with disabilities to be treated in the public health service. Following the agent's discourses another perspective is offered. During the lecture, explained that the use of Sign Language is an improvement for the Deaf culture and community. In the entire Plan and especially in the priority established at item 3.8, there is no mention about Libras' significance as a tool of understanding sexual and reproductive rights. In other words, the public policy is not taking into consideration Deaf discourses.

Libras' sintaxe transcription in Portuguese: hoje eu ver mostrar vocês o quê importância convenção aqui surdos brasil porque artigo mostrar o que exemplo aceitar libras (...) Aceitar cultura linguística aceitar cultura surda.

English translation: What I want to show you today, you know what? It is the importance of this convention for the Brazilian Deaf, because there are articles that show, for example, the acceptance of Libras (...), the acceptance of linguistic Deaf culture, acceptance of Deaf culture.



During 's lecture, she tells a powerful narrative of the importance of Libras in Deaf Women's daily lives. Her arguments exceed the explanation of cultural notions, such as the way in which Deaf people see the world, given the power of the discourse using the instances of legislation:

Libras' sintaxe transcription in Portuguese: Artigos Ter Mostrar Exemplo Ensino Aceitar Libras Também Aceitar Cultura Língua Surda Aceitar Cultura Surda.

English translation: there are articles that show, for example, acceptance of Libras with regard to teaching, also the acceptance of linguistic Deaf culture, acceptance of Deaf culture.

In this fragment, is referring to the contributions of the legalization of Libras in Brazil and how it should be used to include Deaf people in society. In both situations, Deaf Woman leader and written Plan discourses demonstrate specific directions setting the argumentative arrangements to meaning the social rules to follow. The power



interface in 's discourse was influenced using the legislation as a legal support and was a way to negotiate the process of social situations established by the institution, according to the National Policy for Women.

Language as the way to access the public health system

When does Deaf's language not have meaningful interactions? What possibilities do Deaf women have for understanding exchanges of information between doctor and patient when different languages are used? The use of a shared language ensures communication; the actors involved in the healthcare system should have a common linguistic base. Otherwise, the interaction may fail or there may be a miscommunication of the message.²² Using Gumperz seems

ideas; it is possible to say that without use of the same language during the interaction. There is a communicative barrier through the transmission of information that is intended to persuade or motivate the receiver. For Deaf women, participants in this research, the use of sign language as their primary means of communication allows them access to knowledge in any social sphere. As such, it seems essential that this communication link occurs during a medical consultation because it involves issues related to their health. John Heritage's²⁵ concept of strategy was applied in the conversation analysis field. In this specific study, the connection with strategy and the considerations to an agent can help to conduct this analysis. The author pointed out that it is possible to make the link with someone that assumes the talk controls and "who hold one another morally accountable for what they

say"²⁵ In this way,  is using herself as an example of a strategy to demonstrate the importance to link the Convention with the Deaf community with the recognition of Sign Language as a way to include diversity in the social spheres. In her discourse:

Libras' sintaxe transcription in Portuguese: eu exemplo poder ter lugar próprio libras surgir emergente sinal. eu ver convenção mostrar precisar surdo Brazil também america latina também mundo mundo diversidade precisar diversidade acontecer.

English translation: I, for example, can have my own space for creation and establishment of Libras. I realized that the Convention helps to show the needs of the Deaf in Brazil, Latin America and also in the world. It will have a strengthening in relationships to the

 recognition of diversity, what needs to happen.  implements this strategy because she is interacting with a specific populace in that moment with whom she wants to have agency. Her audience is composed of Deaf people, the organizers of the event and also, of the policy makers and academics who perceive the Deaf as disabled. In her lecture, this discourse is engaged by a political discussion in her lecture that gives her power to explain the importance of Libras and the understanding of diversity to give accessibility for Deaf people. Goffman²⁶ develops the argument that the community's positions are taken according to the different roles assumed during the design of a social interaction. During the interaction process, the codes are interpreted by the other subjects involved in the plot. However, they are not always successfully understood because it depends on how everyone is connected in their life history at the time of communication. Otherwise, it is necessary that all of them are using

 the same language codes to understand the message. When  is arguing in her lecture that the National Federation of Education and Integration for Deaf (FENEIS) is an association that represents Deaf people socially, she is manifesting through her discourse the institution's discourse embodied in her lifehistory.

Libras' sintaxe transcription in Portuguese: Importante Convenção Comunidade Surda Também Como Exemplo Feneis Representar Social Importante Por Quê Convenção Apoiar Libras Divulgar Também Explicar Cultura Surda Ter Base Todos Materiais Importantes.

English translation: The importance of the convention for the Deaf community, also, for example, FENEIS as a social representative. Due to the convention becomes an important supporter related to Libras, such dissemination, as a way to spread explanations of the Deaf culture, based on all important materials.

In this way, she has an opportunity to use the Convention as an important supporter for the dissemination of Libras as a fundamental

maintenance for the Deaf culture. Consequently, when  describes the necessity of sign language to have access in the social spheres, she is using a political argument and is also talking about the Deaf movement. Without the recognition of language as an essential part of healthcare, the policies do not ascribe access for everyone, although the plan has this goal. The government's tentative attempts to provide family doctors and healthcare in the neighborhoods are examples of efforts that need improvement and time to adequately reflect ideals registered in the guidelines. Both the Deaf Woman leaders and the second Plan's written discourses are using their discourses to determine the reality. However, the difference is that the second Plan is considered a promise for the women that are in current need of public healthcare.

Conclusion

This study documented Deaf Women's understanding of sexual and reproductive healthcare within the framework of importance Libras in the public health system. The Deaf women's challenge is to how to be empowered through acquisition of knowledge from their own language use - Libras. This process highlights the discourse performances as an important tool to relate language with access to healthcare for Deaf women. The inclusion of Deaf women in public and private spheres is the easiest way to ensure their rights. Especially if the healthcare system is to take into account their linguistic needs. Thus, the Deaf people are organized in groups and associations, demonstrating a sense of agency and power. However, despite their public efforts, the writers of the Second Plan's guidelines did not include a meaningful discussion about sign language as a way to improve the communication between Deaf women and public health services.

The lack of attention that the Second Plan pays to the need for use of Libras, not only complicates the linguistic exchanges and interaction, but means that these women have no access to medical information from the health system. That is why a redefinition of the healthcare system should be established considering private universes. Taking into account human rights, education and accessibility focused on Policies for Deaf Women, the group linguistic aspect could help to access the health services effectively. Also, to add the specificity of groups as Deaf people is important to include them in access to care and planning visits to health professionals. Consequently, it changes the way policies and health professionals can look at Deaf women. It could help in prevention campaigns against sexually transmitted diseases, family planning, birth control, finally, in the issues for integrity and health promotion.

Therefore, Deaf women demonstrated agency involving gender-based focus on the specificity of a minority group and the demands to include language in the health area through the government guidelines. This field is fertile for the discussion of the Deaf women's movement articulations and the legitimizing perspectives for incorporation of population segments for the new functioning of government's politics. Through communication and media technologies, it was possible to identify the agency in the speech of the leader Deaf woman, with the reinforcement to build their own identity, based on Brazilian Sign Language - Libras. This not only affects the world of social relations, but also the health of relationships.

Another factor that demonstrates agency in 's speech is the search for affinities with institutions which saw Deaf people in the

perspective of disability before, as one example is the Convention on Human Rights, where she made her lecture. Until that moment, the area of Deafness in the convention was held as one of disabilities, what were very criticized by the Deaf Community. Thus, it is clear that this leader demarcate her presence emphasizing the adequacy of the event with the scope of the use of Libras and Deaf culture as a

 perspective of the convention too. Also,  relates the agreement with the main institution supporter of the Deaf as a specific cultural group, which is the FENEIS. Thus, it is possible to note that the leadership position also facilitates her ability to obtain space for the dissemination of information about accessibility and inclusion of Deaf people, which is extended to the emancipation of rights to

healthcare for these women. All of the ideas from 's discourse are in accordance with the policy guidelines that consist of the right to have basic healthcare in their cities or neighborhood. However, the Plan includes Deaf people in the broad disability category and does not acknowledge their unique linguistic and cultural needs. As  referred into her speech it is necessary provide access to services with communication in their own language.

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Conflict of interest

Authors declare that there is no conflict of interest.

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