Risk Behaviors and Preventive Interventions for Deaf and Hard-of-Hearing Youth

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Introduction

- About 17.1% of sign language users lost their hearing before age 19 and 6.6% lost their hearing before age 3.
- Compared with the hearing population, they have poor health knowledge and inequitable access to medical and behavioral care in our health system due to cultural and language barriers.

Purposes

- To synthesize current literature on health risk behaviors of deaf and hard-of-hearing youth
- To summarize health risk preventive interventions that has been used in this population.

Methods

- Search strategies: CINAHL, PubMed, Google Scholar, and Proquest were used to obtain evidences and unpolished students’ dissertations and theses.
- Keywords: deaf, hard of hearing, health needs, risk behaviors, health promotion.
- Limits included date of publication no earlier than 2000, English language, peer reviewed journals, and opinions of authorities or expert committees and the search resulted in 16 articles.

Results/Synthesis of Evidences

- The level of evidence ranged from level 3 to 7 with no systematic literature review and randomized controlled trials.
- Previous studies focused on health risk behaviors of deaf and hard-of-hearing you include mental health (suicide), physical abuse, unintentional injuries, alcohol, tobacco, and other drug use; risky sexual behaviors; HIV prevention, overweight; and physical inactivity.
- Synthesis of evidence supported that deaf individuals have higher rates of suicide and mental disorder, higher rates of obesity, higher rates of unintentional injury risk, higher rate of substance abuse (alcohol, tobacco, and other drug use), and increased rates of HIV and sexually transmitted infections than those who are hearing.

Conclusions/Implications for Practice

- The deaf populations are at high risk for health disparities. Limited evidence has emerged to support health preventive interventions for deaf and hard-of-hearing youth.
- It’s suggested that further research using a variety of study designs is needed to close gap in our understanding of health risk prevention issues in this population.

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