

Contextualizing Deaf Education in Kenya

by

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## ABSTRACT

In Kenya, there is a growing population of deaf individuals, creating a higher demand for inclusion and acceptance of deafness, as well as resources to best educate deaf youths. Despite the increasing presence of deaf individuals in Kenya, a hegemonic view of deafness as a form of deviance persists and fosters stigmatizing beliefs towards the deaf community. The hegemonic view of deafness as a form of deviance permeates into not only societal and familial acceptance of deaf individuals, but educational, medical, and political institutions, as well, and is unsustainable and destructive towards the advancement of Deaf culture in Kenya. This thesis examines the context of deaf education in Kenya, currently and historically, through a critical and theoretical examination of research, monitoring use of a resource-based website, and receiving feedback from local topic experts.

## ACKNOWLEDGMENTS

As a student of ASU, I acknowledge that the Tempe campus sits on the ancestral homelands of those American Indian tribes that have inhabited this place for centuries, including the Akimel O'odham (Pima) and Pee Posh (Maricopa) peoples.

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# CHAPTER 1

## INTRODUCTION

### Statement of Purpose

At a young age I became aware of the concept of disability. Not simply what disability was, but how disability is perceived by society and how it is perceived by the individual themselves. Along with the concept of disability, comes the concept of normalcy: the idea that some attributes, whether it is the language someone uses to communicate or the physical appearance of an individual, are deemed "normal" or "abnormal," also sat uneasily with me as a child. Questioning these hegemonic concepts is not something most children do, but I have been a co-conspirator since I can remember.

When I was about two and a half years old I earned the best title; that is, I had become a big sister. My younger sister was born in April 2001 and I could not be more excited. While I was eagerly awaiting the arrival of my new best friend, I had yet to know that this would soon become one of my biggest challenges, and drastically alter my perceptions of the world. From the moment she was born, she was defying society's definition of normalcy. Born with cataracts in both eyes, she was a "medical mystery" to the doctors. Six weeks following her birth, she underwent surgery on her right eye, followed by a second surgery on her left eye one week later. This would be the beginning of years and years of surgeries we as a family would endure with her. The doctors' uncertainty of what was *wrong* with her led us to bring her to a geneticist. After a series

of genetic tests, we had our answer. She was one in a million females to be born with a rare genetic disorder called oculofaciocardiodental syndrome, a condition which affects the development of her eyes, facial features, heart, and teeth. Although we were elated to finally learn the specifics of her syndrome, this set our family on a nationwide journey to find specialists who could *help* my little sister, given that there is no *cure* for her syndrome.

Growing up with a sister with a disability exposed me to the substantial impact of the labels "disabled" and "abnormal." Much of my time was spent in spaces where disability was incredibly visible and simply normal to me, from hospital visits to our stays at the Ronald McDonald House. I found myself serving as a co-conspirator at a very young age, explaining to children on the playground how there's nothing *wrong* with my sister, as I pointed out all of her abilities. Yet, after years of trying to combat the labels placed on my sister and watching first-hand as these tore her down emotionally and physically, I had to come to terms with the fact that the world doesn't see my sister how I see her. By coming to terms with the divergent ways in which I perceived my sister from society's perceptions, I began to recognize the hegemonic infatuation with the "ideology of cure" (Clare, 2017). I've seen people ask to lay hands on my sister and pray for her vision to be restored, I've heard people ask her why she can't just have her eyes fixed. All of this made me question why society sustains a deeply rooted fear of nonconformity and who establishes what is classified as normal or deviant.

The experiences with my sister and my quest to answer these questions created a strong passion within me for disability rights. This led me to enroll in a class on American Sign Language when I was in high school where I became captivated with not only the language, but the culture and history behind it. I remember being engulfed by the history and the discrimination that was placed upon deaf individuals for communicating using sign language. *Was it like this everywhere?* I decided to research deaf communities and their access to education around the world and what I learned instantly rerouted my ideas about my future endeavors. I specifically remember reading Hualand and Allen's 2009 report, *Deaf People and Human Rights*, and learning that at least 90 percent of deaf individuals in the Global South have no access to education and are often unable to read or write their own name. This report lingered with me for years and led me to focus my research on this topic during both my undergraduate and graduate studies.

As an undergraduate, I had the opportunity to travel to Nicaragua, Ethiopia, Rwanda, Kenya, and Uganda for study abroads, internships, and research projects with various schools and organizations that work with deaf youth. As I entered into graduate studies and maintained my focus on access to education for deaf youth, I decided to focus my research to one location to gain an in-depth understanding of the situation. I wanted my research to explore a country of familiarity with this topic and a place where I have maintained contact with a school for deaf children. From my previous research on East African perceptions of people with disabilities and inclusive education, I knew that



Kenya has a very large population of deaf individuals, and I was familiar with some of the numerous resources that are available for deaf youth.

This thesis examines the current situation of the deaf community in Kenya and the various factors that influence deaf youth and their access to education through making theory-practice connections. To begin, I provide a theoretical and critical literature review that examines the ideological construction of deafness and how the hegemonic view of normalcy contributes to the classification of deafness as a form of deviance. Next, I provide a contextual analysis of deafness and deaf education in Kenya, including the impact of colonization on perceptions of deafness. Then, using a website I created previously with a compilation of resources for deaf youth, their families, and advocates in Kenya, I created a short questionnaire for distribution to key advocacy organizations in order to assess the utility of the website, as well as determine the limitations and further need for appropriate information on deaf culture, advocacy and education.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **Constructing Deafness: Ideology and Hegemony**

This literature review examines how the hegemonic view of normalcy contributes to the classification of deafness as a form of deviance. The hegemonic view of deafness as deviance looks at deafness as a disability which can be cured through medical intervention. This dominant view of deafness as deviance is unsustainable and destructive towards the advancement of Deaf culture in Kenya. To understand how these views exist, I analyze the construction of deafness by examining the hegemonic production of deafness as deviance, the ideology of deafness, and the medicalization of deafness. I also examine the potential harm that labeling deafness as a form of deviance carries and the importance of understanding deafness as a cultural identity that acknowledges the unique language and history of deaf individuals.

#### **Hegemonic Views of Deafness**

When discussing the dominant perceptions of deafness and why they carry such influence, it is important to understand how these dominant ways of thought or common sense assumptions are produced. This is best understood by looking at hegemony. D'Attoma (2011) notes that Gramsci defines hegemony as the use of consent and coercion in order to establish control over a population or a state. In this definition, consent is demonstrated by the lack of questioning dominant ideas by civil society, while

coercion is defined as the role of the state in enforcing dominant ideas in political and civil society. For Gramsci, hegemony is an order in which a certain way of thought or life is dominant, unquestioned and taken-for-granted; therefore, the manipulation of culture can be seen as a tool of hegemony. When we take this concept outside of the political and economic realms and examine it within cultural aspects of society, it can be seen how certain ideas and beliefs have a stronghold over populations as it makes its way into various practices, customs, and political and religious ideas. While Gramsci's conception of hegemony is largely derived from political and economic ideas, his analysis of hegemony is most relevant as a cultural concept (Augelli et al., 1988; Lauderdale 1998).

When examining the hegemonic beliefs about deafness in Kenya, it is imperative to understand the cultural foundation for some of these beliefs. Historically, in Kenya, some individuals and communities have enforced religious and spiritual beliefs that disability is something that is produced as a punishment. The idea of disability as punishment can be observed in two ways; the first as a result of drug use or an accident caused by intoxication and the second as a divine or spiritual punishment, such as a curse (Barbareschi et al., 2021). The belief that disability exists as a result of a spiritual punishment on a family can produce attitudes that someone with a disability is unlucky and shameful, which can often result in neglect, abuse, abandonment, or isolation. While the belief that disability exists as punishment was not held by everyone, and many people have since reframed their beliefs, this idea continues to persist in some areas and has created a dominant conviction of deafness as a form of deviance.

Through applying Gramsci's conception of hegemony to the situation of deaf individuals in Kenya, it becomes clear that the dominant views of deafness have permeated both the political and civil structures. The production of the hegemonic view that deafness is a form of deviance can not only be seen throughout policies, but also within schools, families, media, and more. Furthermore, the lack of knowledge about deafness and the Kenyan deaf community is not just reflected in the political sphere through current policies and inaccurate data collection, but throughout civil society such as the school systems inadequate teaching materials and minimal secondary schools for deaf students, religions where deafness is seen as a divine intervention, and family interactions and relationships with their deaf children.

### **Ideological Construction of Disability**

Gramsci promoted the need to examine ideology reflecting the ways in which people believe the interests of the dominant class are their interests. He calls this "unconscious ideology." When discussing the ideological construction of disability, Mike Oliver (2007) argues that the nature of ideology is to conceal the relationship between social structures, social policies and the treatment of deviants. Oliver defines ideology as a set of values or beliefs that serve as the foundation for social practices. The hegemonic views of disability encompass the ideologies of individualism, theories of medicalization, and the ideology of able-bodied normality.

When looking at the ideologies of individualism, it can be seen that historically individuals have existed within social groups. This began to change with the rise of capitalism and the increased value of individualism. When we begin to focus more on individuals, moving away from social groups, this is where social problems first emerge. Here, the idea of deviancy begins to arise and produces the need to define and control what is now labeled "deviant." According to Oliver (2007), the ideology of individualism contributes to the ableist construction of disability and the medicalization of disability.

There are three theories of medicalization; the enlightenment theory, the necessity theory, and the action theory (Oliver, 2007). The enlightenment theory of medicalization contributes the existence of medicalization as a product of the increase in science and humanitarian ideas, an example of this would be using science as a treatment rather than a punishment. The necessity theory of medicalization centralizes on the use of medicine as the primary actor in creating social control and maintaining order over society. The third theory of medicalization is the action theory. This theory examines "medical imperialism" as it questions why different groups sustain medical labels and other groups are demedicalized.

Lastly, the ideology of able-bodied normality examines the construction of the able-bodied individual. This ideology can be examined through looking at rehabilitation processes, such as re-teaching an individual to walk or talk following an accident, and conductive education, which teaches children with cerebral palsy how to walk, talk, and

engage as "normal" as possible. This ideology focuses on the change of the individual, rather than the environment (Oliver, 2007).

When examining the theories and ideologies presented by Oliver (2007), it becomes clear that each of these are present and active for deaf Kenyans. Labeling the deaf community as deviants welcomes the medicalization of deafness as a way to alter how deaf individuals communicate and associate with the hearing world, rather than implement change among all society members towards the inclusion and treatment of deaf individuals. Due to the existence of able-bodied normality, deafness is seen as something that is wrong but has the potential to be changed through intervention. The able-bodied normality can be seen not just currently with technologies such as hearing aids and cochlear implants, but throughout the history of deaf education and the push for oral communication among deaf individuals. The ideologies of disability provide context as to why there is a hegemonic view that deafness is a disability, even if that view isn't shared by individuals in the Deaf community.

### **Deafness as Disability and Deafness as an Ethnolinguistic Minority**

Lane (1997) states that deafness has had many constructions that differ with time and place and by examining the construction of deafness, it can be seen that deafness was not an individual but a social problem. There are two main views, or constructions, on what deafness is; the view of deafness as a disability and the view of deafness as a cultural and linguistic minority. Understanding these two differing constructs, why they

exist, and who influences them is essential to understanding the importance of Deaf culture and the Deaf identity.

The first construct, deafness as a medical construct, is the belief that deafness is a disability. The view of deafness as a medical construct demonstrates the hegemony and social control that is prevalent in society today. Lane (1997) notes that there are many organizations that associate with the dominant construction of deafness as a disability and serve as professional influences over this construction. This view of deafness is ableist in nature and presents deafness as a disability which can be cured through medical intervention, bringing deaf individuals into the dominant hearing world. This view is widely influenced by medical professionals and educators who legitimize deafness as a disability (Lane, 1997). Charlton (2000), in the book *Nothing About Us Without Us*, defines hegemony as dominant classes and culture that is constantly impressing on people the naturalness or normality of their power and privilege, reinforcing domination through various pathways in society. This hegemonic view of deafness as a disability falsely represents how many deaf individuals view themselves and their deafness.

The second construct of deafness is shared among individuals who identify as Deaf, with a capital 'D', and as a member of the Deaf community perceive themselves as an ethnolinguistic minority group with a unique culture and language (De Clerck, 2007). Within this rhetoric, the medical construct of deafness and the idea of deafness as something to be cured is dismissed. Individuals who recognize themselves as part of the Deaf community view their deafness as a significant part of their sociocultural identity,

challenging the hegemonic characterization of Deaf people. The adoption of a cultural perspective of deafness has served as a turning point for Deaf empowerment and has aided in disassociating deafness as something negative (De Clerck, 2007). The Deaf cultural movement has worked alongside the Disability Rights Movement to remove the medical construct and ideology of cure from dis/ability rhetoric. These movements have worked correspondingly to break down barriers, increase accessibility, and end oppressive behaviors towards their communities, emphasizing the need for change on a socio-political level rather than an individual level (Mauldin & Fannon, 2021).

Despite these two contrasting constructs of deafness, it is important to acknowledge that deafness and Deaf studies is part of the dis/ability community and included in dis/ability studies, however, many Deaf individuals do not feel as if their deafness is best understood as a disability (Sparrow, 2005). Recognizing that Deaf people possess a unique language, shared lived experiences, and a shared history is essential to understanding deafness as a cultural and linguistic minority and acknowledges the importance of the Deaf identity. Viewing deafness as an ethnolinguistic minority redefines what it has historically and dominantly means to be deaf and acknowledges the faults of the hegemonic construction of deafness as a disability.

### **Social Problems Are Constructed**

As we examine these various constructs of deafness, we must also acknowledge that social problems are constructed. Lane (1997) states that social problems are



constructed at particular times in response to the efforts of interested parties.

Furthermore, Lane (1997) states that historically, deafness was not an individual problem, it was a social problem. Therefore, addressing deafness was not done on an individual basis, but rather a social basis in which deaf individuals were brought together to be educated and cared for. Lane's view of social problems being constructed can be seen throughout various aspects of deaf history as we look at how dominant society responds to deafness socially and institutionally.

Furthermore, as we look into the context of deaf education in Kenya it can be seen that there are 3,464 special needs institutions in the country, with only ten being public secondary schools for deaf students (Republic of Kenya, 2016). There are numerous factors which contribute to the minimal number of secondary schools available for deaf children in Kenya, with a major one being the historical missionary and philanthropic efforts from the Global North to serve young deaf children. The lack of access to education past the primary level is a very large social problem, which was constructed due to the foreign establishment of schools that only focused on deaf youth at the primary school level.

The history of deaf education demonstrates the hegemonic view that deafness is abnormal. Deaf children were brought together to "asylums" and residential schools in which they were taught ways to assimilate to the dominant hearing society, through the use of lip reading and speech practices. In Kenya, the first schools for deaf children opened in 1961, yet these schools were oral and did not use sign language. It wasn't until

2010 that Kenyan Sign Language received constitutional recognition as an official language of Parliament (De Meulder, 2015). The emphasis on educating deaf individuals to communicate orally is a display of trying to "normalize" deaf individuals to better fit the dominant hearing society.

When looking at the constructions of deafness, where they exist and with whom each construct exists, it becomes apparent that the hegemonic view of deafness defines deafness as a form of deviance that exists outside of society's classification of normalcy. Through recognizing that deafness is defined as a form of deviance as it fails to meet the notion of 'normalcy', we must consider how 'normalcy' came to be and how it has managed to maintain its enduring grip on societies around the world.

## **Deafness as Deviance**

### *Normalcy and Deviance*

The hegemonic idea of normalcy can be seen everywhere, despite its transitional presence and definition. Hegemonic normalcy creates the notion that if someone does not meet dominant society's definition of normal, they are to be considered deviant. Ideas of what is classified as normal varies throughout time and space but continues to uphold destructive hegemonic attitudes towards those labeled deviant. Lennard J. Davis states, "the hegemony of normalcy is profound and extends into the very heart of cultural production" of our society (Davis, 1995, p. 49). According to Horejes (2013, pp. 38-9), as

individuals enter legal, education, and medical institutions, they are categorized and constructed into various discourses within the “ideology of normalcy”.

There are numerous determinants of what constitutes normalcy including, but not limited to, physical, intellectual, social, and economic factors. Just as the determinants of the hegemonic view of normalcy vary, an individual’s classification or normal or deviant can vary, as well. Horejes (2013, p. 43) states that the “construction” of normalcy and deviance is used to maintain a particular hegemony in a population, which then assigns members of this population to uphold the rules and norms assigned to them. Furthermore, Horejes notes that the labeling of whether an individual is classified as normal or deviant begins at birth.

### ***Normalcy’s Impact on Deaf Education***

The hegemony of normalcy has a direct impact on people with disabilities and the deaf community. When looking at the hegemony of normalcy, the impact and influence it has on deaf individuals can be seen in the social, educational, legal, and medical discourses in both current times and throughout history. The hegemony of normalcy is not bound by borders, language, political system, or economic status; it can be identified globally. Looking at Deaf history in the United States, the development of sign language can be seen to start in 1717 in Martha’s Vineyard where there was an incredibly large percentage of the population was Deaf, leading to the creation of Martha’s Vineyard Sign Language (MVSL) (“Deaf History Timeline”, n.d.). It wasn’t until 1816 that Thomas

Gallaudet brought a Deaf man from France, Laurent Clerc, to the United States to create the nation's first educational institution for the Deaf. The first school for the Deaf in the United States was founded in 1817 in Hartford, Connecticut using Martha's Vineyard Sign Language and French Sign Language to create American Sign Language.

It wasn't until 1872 that oralism began to take effect in the United States through Alexander Graham Bell's promotion of oralism and eugenics, spreading the ableist hegemonic belief that deaf individuals should be taught to speak and lip-reading rather than use sign language to communicate. This hegemonic belief spread rapidly throughout the world and was supported by the belief that the use of sign language by Deaf individuals separated them from the hearing world, arguing oralism as a form of emancipation for Deaf individuals ("Oral Education As Emancipation", n.d.). This resulted in the Milan Conference in 1880 where the decision was made to ban sign language education and use oralism as the sole method of educational instruction for deaf individuals, despite the protest of this from many Deaf leaders and advocates of sign language.

The use of oralism was defended by the belief that speech was the *normal* way to communicate among "civilized human beings" ("The Struggle Between Natural And Normal", n.d.). Oralism consisted of various rigorous practices to assimilate deaf individuals to the mainstream hearing world such as training children to feel vibrations of the vocal cords as an educator spoke or as various instruments were played, using breathing exercises, and wiring children up to various machines in attempts to make them

hear sounds. Eugenicist Alexander Graham Bell continued to push for the ban of sign language and teaching of speech to continue assimilating deaf individuals into the hearing world in order to prevent the community-building of deaf individuals out of the belief of a "deaf race" emerging into society ("A Deaf Variety Of The Human Race", n.d.). In his book, *Upon the Formation of a Deaf Variety of the Human Race* (Bell, 1884, p. 41), he states "Those who believe as I do, that the production of a defective race of human beings would be a great calamity to the world, will examine carefully the causes that lead to the intermarriage of the deaf with the object of applying a remedy." This overwhelming fear of deviance resulted in the practice of oralism instruction for deaf individuals for over eighty years until 1965 when two significant events took place; the Babbidge Report was published, recognizing the failures of oralism, and William Stokoe published *Dictionary of American Sign Language on Linguistic Principles*, the first ASL dictionary (Ball, 2017).

The hold of the hegemonic beliefs of deafness as deviance can be identified around the world. Deaf education in Kenya commenced almost 150 years after the United States founded their first school for the deaf, in 1961. Through exploring the history and establishment of deaf education in Kenya, we can see that the establishment of schools for deaf children was not for the sole purpose of increasing access to education for deaf youth, but as a way in which European missionaries could convert Kenyan children to Catholicism. Furthermore, deaf education in Kenya followed in the footsteps of deaf education around the world, enforcing hegemonic beliefs of deafness as a form of

deviance. The first two schools for deaf children in Kenya did not focus on providing deaf youth with a language but focusing on ways to assimilate the deaf children through oral instruction, educating the students on how to speak and lip read. It wasn't until 1986, twenty-five years after the first schools for deaf children in Kenya were founded, that Kenya established its inaugural school for deaf children that the Ministry of Education chose to implement teaching deaf students using sign language (Kimani, 2012, p. 15).

Deaf individuals enter this hegemonic process at an early age with acquisition of language, whether they begin to use sign language for means of communication or if they will use audiological technology to assist with oral communication. This hegemonic process is then amplified when entering educational institutions, whether they enter a mainstream hearing school and participate in an inclusive classroom or if they will attend a school for deaf children. Horejes (2013) suggests that there are also degrees of normalcy and deviance that can be seen within the deaf community. While these are just a few examples of how the hegemonic process of defining deafness as deviance impacts deaf individuals in educational institutions, these hegemonic processes immerse into numerous other aspects of deaf individuals' lives. One of the most prominent examples of defining deafness as deviance can be seen within the medical realm.

### **Medicalization of Deviance: Misunderstanding Deafness as Deviance**

Over the course of time, the medicalization of deviance can be seen throughout various aspects of society. McGann & Conrad (2007) define medicalization as the

process whereby previously non-medical aspects of life come to be seen in medical terms. Medicalization is used to define and respond to deviance and has been conducted in sociology, history, psychology, psychiatry, medicine, education, anthropology, social work, and sexology (McGann & Conrad, 2007). As we see advances within the medical field, from new discoveries and new medical technologies, we are also witnessing an increase of medicalization. Medicalization of disability as a form of deviance is engulfed within the ideas behind the medical-industrial complex and the ideology of cure.

The medicalization of deviance fits into the ideology of cure, as presented by Eli Clare (2017) in *The Structure of Cure*, in that it is rooted in the medical-industrial complex and shapes our understanding and sets standards for our perceptions of health, well-being, disability, and disease. Cure can be seen as a way for the dominant classes to "fix" something which does not lie within their definition of "normalcy". The medical construct possesses beliefs and understandings of deafness and disability as a form of deviance, something that dominant society deems is abnormal or troublesome, and can be improved through medical intervention. This idea of cure as a response to people deemed deviant, such as the deaf individuals, is inherently violent in nature.

One of the most apparent forms of cure's violence is the ableist classification of a person with a disability as a medical object. Rather than viewing disability and deafness as a natural form of diversity, cure considers disability as a form of abnormality or defect which requires medical intervention. Clare (2017) speaks of cure being justified and deemed essential through the idea of defect. Ableism fosters the idea of defectiveness.

Defectiveness is used to define normalcy and worth, not just limited to an individual level but to communities and cultures, as well. Clare (2017, p. 23) declared that not only does the ableist invention of defectiveness justify the ideology of cure but justifies systems of oppression. Furthermore, one of the core violent productions of cure is eradication.

Within the medical-industrial complex, we see eradication of disability to produce a more "normal" and able-bodied society. The eradication of deafness can be seen when looking at deafness and the use of technology, encouraging deaf individuals to use assistive technologies and speech therapy to promote verbal communication and assimilation into the hearing world, diminishing the use of sign language of the association with Deaf culture.

The hegemonic belief of deafness as a form of deviance, a true misunderstanding of what deafness is, has led to the medicalization of deafness. This can be viewed through the rise of various medical technologies such as hearing aids and cochlear implants, as well as the use of speech therapy. These views and practices aim at the individual medical modification in order to adapt the deaf individual to better operate within the dominant social structure, something that is destructive towards the Deaf Identity and Deaf culture.

### **Impact of Labeling Deafness as Deviance**

The labeling of deafness as deviance has a large impact on both dominant society and deaf individuals. Becker (1963) examines the implications of labeling individuals as



deviant in the book *Outsiders*. According to Becker (1963), society creates deviance and what is considered to be "deviant" is entirely dependent on society and social groups' perceptions. When looking at the labeling of deviance, it can be seen that one act of deviance creates a complete reputation and persona of that act. In the case of deafness, labeling theory is applied by considering the deaf individual to be deviant, and therefore labels and ideas associated with deafness and the abilities of deaf people are applied to the individual. The labeling of deafness as deviance in places such as Kenya where highly stigmatizing beliefs of deafness are prevalent is destructive and isolating for deaf individuals as they are labeled outsiders and placed into society's limited expectations of their abilities.

I explain this labeling of deafness as deviance in Kenya as "Deaf discouragement." Deaf discouragement can be seen in many forms and is identified as variables which limit Deaf individuals from achieving their full potential. Cawthorn et al. (2016) state that many parents of deaf children have never encountered someone who is deaf and their first interactions with the Deaf community happens through their child. When parents haven't had any experience with someone who is deaf, often their perceptions on their child's abilities are limited and barriers are placed on the child from achieving their potential. As demonstrated by low numbers of deaf children enrolled in schools, many Kenyan parents are unsure if their child can or even should go to school and receive an education. In some cases, parents hide their child away from their

community due to believing that their child being deaf is a result of a curse on their family.

Out of an estimated 200,000 Deaf children in Kenya, very few of these children have the opportunity to receive a sign language education and even fewer are able to attend secondary school. There are various reasons for why there are low levels of educational attainment for Deaf children in Kenya, including the lack of accessible educational resources such as sign language materials and Deaf educators. In other cases, families of Deaf children may not have accessible schools near them, or they may not know what resources are locally available to them. Furthermore, older Deaf students lack support as they grow older and become young adults; many are discouraged from attending University and instead are funneled into vocational careers. Parents of Deaf children in Kenya often hope their children find vocational education such as welding, construction, braiding, or craftsmanship. The labeling of deafness as deviance is a large contributor to the educational achievement of deaf individuals in Kenya and the disconnect from deaf individuals acknowledging the Deaf identity.

### **Contextualizing Deaf Education in Kenya**

Access to education is a human right. Education develops individuals socially, psychologically, and culturally, and aids in the development of society as a whole. Deaf education is unique in that not only is it aimed at students meeting educational objectives, but it also provides a place for students to engage and connect with other deaf students,

creating a center for Deaf culture. Deaf education also often encompasses Deaf Studies, which allows students to learn about various facets of Deaf culture such as social beliefs, values, traditions, history, and more. Providing deaf students the ability to learn more about Deaf culture is a foundational part of allowing them to explore their Deaf identity and recognize deafness as a unique part of their identity rather than a disability.

Unfortunately, the encompassing of Deaf studies in deaf education for children is not particularly common in places in the Global South, such as Kenya, and a dominant view that deafness is a disability persists. According to Andersen, understanding deafness as a culture is absent in Kenya and in Kenyan politics (2010). This could be explained by exploring the misconceptions and cultural beliefs about deafness, limited resources available to the deaf community, or the stigmatization of deaf people. Furthermore, there is rather limited knowledge on the deaf community in Kenya. There is no agreement on how many deaf people there are in Kenya. A census in 2007 stated there were 600,000 deaf people; however, this number is considered to be modest and contradicts the estimates of deaf community leaders in Kenya, who believe the deaf population could be 800,000, and leaders of worldwide deaf advocacy groups, who believe the deaf Kenyan population to be around one million (Ngugi, 2018). Just as there is uncertainty surrounding the total population of the deaf population in Kenya, there is uncertainty as to how many deaf children attend school.

## **Kenya History and Laws on Deaf Education**

Deaf education in Kenya commenced in 1958 when the Kenya Society for Deaf Children (KSDC) was founded by an NGO with the goal to assist deaf and hearing-impaired children with the skills and knowledge to become active participants in society ("Deaf Children Society", 2021). Following the founding of KSDC, two schools for deaf children were founded in 1961, located in western Kenya (Adoyo, 2007). These first schools for deaf children in Kenya were founded as part of the European missionary movement and were established by missionary congregations from the Netherlands ("Dutch Missionaries and Deaf Education in Africa between 1960-1990", n.d.). While these are the first schools created with the focus on educating deaf children in Kenya, it is important to note that these schools focused on using oral instruction rather than sign language, teaching students to speak and lip read. The emergence of using sign-supported speech for educating deaf youth in Kenya did not emerge until 1986 (Kimani, 2012). As of KSDC's most recent publication on deaf schools in Kenya, a survey was sent out and KSDC received responses from 136 schools that focus on educating deaf students.

In December 2003, Kenya enacted The Persons with Disabilities Bill, which provided rights and rehabilitation to People with Disabilities (PWD). The following year, in December 2004, the National Council for Persons with Disabilities was established with the purpose of aiding in the development of policies surrounding disability-related issues, accurate data collection, and awareness of people with disabilities in Kenya (Kenya National Survey for Persons with Disabilities, 2007). In 2006, the Kenyan

parliament created the National Policy on Disability with the goal of eliminating disparities and increasing accessibility to various services for People with Disabilities (Kenya National Survey for Persons with Disabilities 2007). In 2010, Kenyan Sign Language received constitutional recognition as an official language of Parliament (De Meulder, 2015).

Currently, Kenya is working towards its new development program, Kenya Vision 2030, to transform Kenya economically, socially, and politically. One of the foci of Kenya Vision 2030 is ‘Disability Mainstreaming,’ which includes the goal to ensure that issues directly affecting PWDs are adequately addressed in policies and legal frameworks, programs, and projects (Disability Mainstreaming [inclusion and accessibility], n.d.). Kenya Vision 2030 is aligned with the goals of the United Nations Sustainable Development Goals (SDG). Of the 17 Sustainable Development Goals, four of them have specific reference to disability-related issues including access to education, inclusion in productive employment, increasing accessibility to transportation, increasing availability of reliable and accurate data, and promoting social, economic, and political inclusion (United Nations).

### **Cultural Attitudes Toward Disability and Deafness in Kenya**

While various policies and organizations support deaf children in Kenya, there is a rather noticeable disconnect between the policies in place and what is actually being done to support deaf children. Numerous identifiable factors help explain why these

barriers exist between the policies and the current situation including economics, lack of educated and trained deaf education teachers, and cultural barriers.

When examining how cultural factors contribute to barriers faced by deaf children, a deeper understanding of this systemic issue can surface. Religious and spiritual beliefs contribute to the misunderstandings of deafness and disability held by some individuals and communities. These beliefs surround the idea that disability is something that is produced as a punishment. The idea of disability as punishment can be observed in two ways; the first as a result of drug use or an accident caused by intoxication and the second as a divine or spiritual punishment, such as a curse (Barbareschi et al., 2021). The belief that disability exists as a result of a spiritual punishment on a family can produce attitudes that someone with a disability is unlucky and shameful, which can often result in neglect, abuse, abandonment, or isolation. While these beliefs are not shared by everyone, they do persist in some areas.

In many cases, deaf children are brought to residential schools and left behind with no further family visits. In other cases, deaf children are hidden by their families and not permitted to attend school or even leave their homes due to the stigmatization of having a child with a disability. The Kenya National Survey for Persons with Disabilities from 2007 states that disability is perceived as a burden for a family and in some communities, PWD are abused and exploited by individuals, including their family members. This exploitation takes various forms including being used in witchcraft, as well as trafficking drugs and illicit drinks in exchange for food or money. The impact of

the exploitation of deaf children is heightened when considering the communication barrier, making it increasingly difficult for an exploited child to ask for help or report what they are experiencing. These stigmatized views of disability and deafness stem from a widespread misunderstanding due to a lack of community awareness, something that is essential when addressing issues of equality.

There are many cases where deafness or hearing loss do not occur at birth and are onset later due to illness or an accident. In cases such as these, parents may not recognize that their child has developed a loss of hearing and mistake this as being stubborn or disobedient. In the documentary *Deaf Role Models in Africa: Kenya*, a mother named Justine Obura from Kisumu states how she would beat her daughter for thinking she was not listening to her. This documentary also speaks to a father of two deaf children, Michael Odhiambo, who said that his children would be left at home and walk to other homes where he would find them being beaten and mistreated because they did not understand that they were deaf.

### **Statistics on Deaf Children in Kenya**

The stigmatization surrounding disability provides for difficulties in data collection, which can display a misrepresentative look in contrast to the reality of the situation at hand. The Kenya National Special Needs Education Survey Report (2016) stated that 10.4% of children 21 years or younger had a reported hearing impairment. The

report continued to state that there are 3,464 special needs institutions in the country, with only ten being public secondary schools for deaf students (Republic of Kenya, 2016).

### **Educational Resources for Deaf Children in Kenya**

A lack of resources contributes to the current situation of deaf education in Kenya. Despite policies in place to support the achievement of deaf children and to provide equitable opportunities, it is much harder to enact these policies due to lacking the necessary resources to meet the needs of deaf children. A study in 2015 looking into teacher and administration preparedness for working with special needs students in Kenya found that 68% of teachers stated there is an inadequacy of teaching aids for students with special needs. Furthermore, they explained that this issue was not just found within the schools, but within the community, as the communities were not interested in helping schools to gather resources to better serve students with special needs (Gathumbi et al., 2015). Reviewing the Kenyan Institute of Curriculum Development, it can be seen that a specific curriculum for deaf students is only provided until Grade 4.

Mwanyuma (2016) conducted a research project on the academic achievement of deaf students in Kenya and found that deaf students do not perform proportionally to their hearing counterparts. This report found that the Kenya Certificate of Primary Education (KCPE) exams displayed that deaf students average 150 marks out of 500, a failing score, while hearing students average 300-400 marks. Furthermore, Mwanyuma (2016) explains



that deaf schools are ranked considerably lower than hearing schools when comparing mean test scores. Low academic achievement among deaf learners in Kenya has been a point of concern for decades and the source of this has been contributed to inadequate teaching methods, lack of motivation by educators, and communication barriers.

According to Mwanyuma (2016), poor academic achievement not only impacts their communication and language skills, but produces the acceptance of failure among deaf learners.

### **Deaf Discouragement**

A contributing factor to understanding the current context of deafness in Kenya is "Deaf discouragement." Deaf discouragement can be seen in many forms and is defined as variables that limit deaf individuals from achieving their full potential. Cawthorn et al. (2016) state that many parents of deaf children have never encountered someone who is deaf and their first interactions with the Deaf community happen through their child.

When parents haven't had any experience with someone who is deaf, often their perceptions of their child's abilities are limited and barriers are placed on the child from achieving their potential. As demonstrated by continuously low numbers of deaf children enrolled in schools, many Kenyan parents are unsure if their child can or even should go to school and receive an education. In some cases, parents hide their child away from their community due to believing that their child being deaf is a result of a curse on their family.

Out of an estimated 200,000 deaf children in Kenya, very few of these children have the opportunity to receive a sign language education and even fewer are able to attend secondary school. There are various reasons why there are low levels of educational attainment for deaf children in Kenya, including the lack of accessible educational resources such as sign language materials and deaf educators. In other cases, families of deaf children may not have accessible schools near them or they may not know what resources are locally available to them. Furthermore, older deaf students lack support as they grow older and become young adults; many are discouraged from attending University and instead are funneled into vocational careers. Parents of deaf children in Kenya often hope their children find vocational education such as welding, construction, braiding, or craftsmanship.

Parental aspirations have a significant influence on the educational achievements of a child. A research study looking at the factors influencing the academic achievement of deaf students in rural Kenya showed that fifty percent of parents of deaf children believed that primary school was the highest level of attainable education for their children, with only 12.5% believing that their children could attend college (Mwanyuma, 2016). From 1963, when Kenya gained Independence, to 2014, it was reported that only twenty five deaf people enrolled in universities (van Zanten, 2014).

## Colonization and Disability

There are no questions or coincidences about how colonization directly impacted disability and continues to do so in current times. Kliewer and Fitzgerald (2001) contribute to the hegemonic categorization of normality being desired and disability needing to be cured as a lasting consequence of colonial ideology. The labeling of difference can be seen as the colonizers' tool being used to stereotype colonized populations as 'feeble-minded' and 'disease carriers.' among other destructive labels. As the popularity of eugenics spread, these labels become medicalized and "physiognomy became synonymous with impairment" (Meekosha, 2006, p. 165). Meekosha (2011, p. 672) further suggests that colonial invasions were seen as justified since the colonized people were viewed as "godless and primitive savages" that were incapable of civilization and declared unfit to reproduce due to being "barely human." These labels have been echoed throughout time towards people with disabilities.

Kliewer and Fitzgerald (2001, pp. 451-2) discuss the inaugural use of the colonizers' tool dating back to when Christopher Columbus had reached the "New World" in 1492 at which he expressed his plan to take six indigenous Arawak people back with him so he could teach them to speak, disregarding the Arawaks' knowledge of their own language and way of life and demonstrating the belief of Western culture being the *right* and *civilized* way of life, and providing 'justification' for the dehumanization and exploitation of those who were different. The following year Columbus returned and established the repartimiento system, a system which authorized enslavement, forced

labor, rape, torture, and murder of the indigenous people; a system of domination that would commence a massive slave trade and develop into hundreds of years of colonization which was justified and legitimized by establishing ‘positions of authority’ on the basis of human variation (Kliewer & Fitzgerald, 2001, p. 452).

### **Colonizing Education**

The positions of authority that were established from the beliefs that the Western way of life was the correct way continued to evolve over time. A leading example of this can be seen within the establishment of educational institutions among colonized people around the world. Kliewer and Fitzgerald (2001, pp. 461-2) present the establishment of various educational institutions in Africa and the Americas as a mechanism to “contain and indoctrinate children of the colonized and presumed inferior peoples.” These educational institutions for children of colonized people were often operated by missionaries and reinforced the positions of authority of the white settlers while instilling in children that the settlers’ way of life was superior to their “deviant” ways, enforcing the assimilation of the colonized children to the language and religion of the settlers while serving as another source of labor for the colonizers. Much of the history of Deaf education in sub-Saharan Africa can be seen as a result of colonization. Kiyaga and Moores (2003, p. 19) contribute Deaf education as a component of the European missionary movement establishing schools for deaf children as an effort to convert Africans to Catholicism. The schools for deaf children established by European missionaries not only served as a way to convert the children to Catholicism, but also as

an attempt to cure the children of their ‘deviancy’ and assimilate them into the hearing world through medicalization.

Meekosha (2006, p. 166) argues that “the process of colonization itself is a disabling experience for the survivors in the invasion.” In some cases, such as in the United States, indigenous children were involuntarily sent to residential schools run by Christian missionaries where they were subject to inhumane treatment and attempts to strip them from their cultural traditions and languages. The use of residential schools, or institutions, served as a commonly used tactic to segregate and control deviant children, such as children with disabilities. Children who were seen as defective were taken to these institutions to relieve society of the *burden* of their presence from existing in contrast to what society deemed normal and useful. Within these schools, children were taught work skills, leading Kliever and Fitzgerald (2001, p. 464) to argue that special education was created as a pathway to forced labor.

### **Colonialism, Capitalism, and Debility**

Elder (2016) explains that colonization can be attributed as one of the leading causes of disability through the destructive introduction of diseases that spread rapidly among colonized populations, and those that did survive the initial impacts of colonization were then subjected to the long-term impacts through exploitation by becoming sources of cheap labor in dangerous working conditions. This paves the way for understanding how colonization has produced a relationship between disability and

capitalism. The success of settler colonialism requires the utilization and exploitation of land and people to create wealth and power. Therefore, the colonial agenda has created the need to create classifications of ‘unfitness’ to place upon individuals who do not contribute to their subscription of capitalist production (Jaffee & John, 2018, p. 1415). This can be seen as a repetitive cycle played out against Indigenous people and people with disabilities. Meekosha explains that Western societies are known for the development of industrial capitalism which has resulted in assessing individuals for their value of labor. She continues by saying that impairments categorized as more “severe” are ones that are interpreted as limiting economic participation and requiring the investment of others for their survival or quality of life (Meekosha, 2006, p. 164).

Puar focuses on this in ‘*The Right to Maim*’ (2017, p. xix), discussing maiming as “a sanctioned tactic of settler colonial rule.” Puar makes a clear distinction between disability and debility and stresses how different they are from one another, despite the fact that they exist in a mutually reinforcing relationship. Puar (2017, p. xvi) argues that debility is an inevitable consequence of laboring and an “expected impairment.” When we look at the idea of debility in relation to the social structure, we see that there needs to be a permanent group of people that is either socially or physically injured in order for capitalism to thrive. One of the biggest differences between these two terms is that disability is an identity with claims for rights and recognition, while debility is the deprivation of an identity.

## **Deafness as Identity**

Understanding deafness as an identity is an active practice that breaks down the hegemonic view of deafness as a form of deviance that can be cured through medical intervention and provides the view of deafness as an ethnolinguistic minority. An ethnographic study on the development of the Deaf identity by Guy McIlroy and Claudine Storbeck looks into the various factors and narratives which contribute to this unique identity development. When looking at these narratives, it can be seen that at first individuals do not consciously recognize themselves as a deaf person until they begin to enter society through the education systems at which they first begin to experience alienation, isolation, and exclusion (McIlroy & Storbeck, 2009).

The Deaf identity has so much depth to it. The barriers that deaf people experience begin by creating frustrations and a lack of connectivity to not only their peers but the world around them, generating a desire to feel a belonging to individuals who have this shared feeling of isolation. When individuals then immerse themselves into sign language, a language crafted for their community, they begin to find a unique bond and cultural identity; the Deaf identity. Experiences within the Deaf identity are unique for every individual due to many factors such as their access to sign language education, the community around them, family life, and the prevalence of the Deaf community around them. These factors are large contributors to how individuals transition to the Deaf identity. Furthermore, the development of new technologies for hearing loss is also a contributing factor to how an individual develops their Deaf identity.

## **Constructing Positive Identities**

Deaf education encompasses more than just meeting educational milestones and includes material on Deaf culture and the Deaf identity. Education on an individual's Deaf identity has shown to have a significant impact on an individual's psychological well-being. "The bonds between Deaf people and the similarities in Deaf people's life experiences, as described in accounts of Deaf culture, are undoubtedly important and meaningfully distinctive" (Turner, 1994).

Researching the history of Deaf culture, sign language, and the sharing of stories by Deaf individuals has a profound impact on understanding the Deaf identity. De Clerck states that research on deaf life stories has shown that learning about Deaf cultural rhetoric has served as a turning point in the lives of Deaf individuals (2007). Through immersion into sign language and understanding deafness as a cultural and linguistic minority, there is a type of awakening into this identity that paves the way into Deaf empowerment. Looking at rhetoric specifically, there is a noticeable evolution from the oralism rhetoric to Deaf culture rhetoric; the transition from 'Deaf cannot' to 'Deaf can', the dominance of control from hearing to allowing the Deaf themselves to decide, the ostracization and discrimination of sign language to seeing sign language as a natural language, the view of deafness as a disability to deafness as a culture, and being ashamed of being Deaf to being proud of being Deaf (De Clerck, 2007).



## **Deaf Role Models and Constructing a Deaf Identity**

The impact of Deaf role models on young Deaf individuals is monumental as it allows them to not only connect to the Deaf community in a broader context but allows them to recognize their potential. Research on role models as facilitators of social capital for Deaf individuals acknowledges that often parents with deaf children's first interaction with a deaf individual is with their child, and therefore, learn about deafness through their child (Cawthon et al., 2016). This contributes to placing a hegemonic lens on their child's abilities and potentials, which is a strong bias and predictor on the further development of their children's educational achievement and employment. Furthermore, Mweri (2014) states that 90 percent of Deaf children are born to hearing parents who do not know or use sign language to communicate with their children, often creating isolation within their own home. For this reason, it is crucial to have Deaf role models for Deaf youth.

Deaf role models have been shown to greatly manipulate the development of Deaf youth in various ways. Some of the ways in which Deaf role models contribute to the development of Deaf youth can be seen in transforming parental attitudes, language development, identity development, and psychosocial development (Cawthon et al., 2016). For parental attitudes, Deaf role models act as physical demonstrations of the potential for one's child. They provide insight into the capabilities of their child and serve as an example for what their child can be, whether that is recognizing educational abilities, employment possibilities, and social capabilities. Role models also can demonstrate the importance of using sign language to communicate with their child,

helping parents better understand their child just as they would a hearing child. For a Deaf child, a Deaf role model can serve as a way to empower that child about who they are and who they can become; a doctor, a teacher- a parent. Role models also help Deaf children in their language development by providing an opportunity to use their sign language with someone who has communicated in this language for a long time and has not only a broader understanding of the language but a wider vocabulary. Identity development is also a critical component to having a Deaf role model as they have this shared experience and shared cultural identity within Deaf culture, providing the Deaf youth the ability to gain a deeper understanding and acceptance of their identity as Deaf and increase their knowledge and understanding on Deaf history and Deaf culture. All of these contribute to the psychosocial development of Deaf youth as they interact with a Deaf role model and build their relationship with the Deaf community, increase their self-esteem, and build on their interpersonal skills

## **CHAPTER 3**

### **DESIGN AND METHODS**

For this research, I used mixed methods, including secondary data from literature and government reports, making theory-practice connections in order to analyze the current situation of Deaf youth in Kenya. Also, I include primary data by sharing feedback from advocates and educators in Kenya on a website-based resource developed as part of an earlier phase of the study. In addition to the feedback, for this phase of the research, I created a short survey and sent it to these same educators and advocates to ascertain the usefulness and limitations of the website.

Prior to beginning the research, I suspected that accessing education for deaf youth in Kenya would be a very complex process encompassing various social, economic, and cultural factors. As I began to examine the history of Kenya's legislation on disability rights, I learned about the numerous active organizations that are working to increase access to resources and to promote active participation of deaf individuals in the social, political, and economic realms. From articles and documentaries, I recognized that many of the issues examined in the literature review , such as the lack of educational resources and information or the discrimination expressed towards deaf individuals, is a product of a lack of knowledge about disabilities and a lack of awareness about resources available to individuals.

Furthermore, from reading various reports, case studies, and watching documentaries about the context of Deaf Kenyans, it was apparent that education about disabilities can have a profound impact and produce attitudinal changes within communities and families. Using the research I gathered from these sources, I created a resource-based, website to act as a hub where individuals can come to learn more about the Deaf history and Deaf community of Kenya. The resource hub brings together previous and current information on the deaf community in Kenya including information about the local Deaf culture, Kenyan Sign Language resources, and information of local organizations that advocate for Deaf Kenyans. The existing research on the deaf community in Kenya displays information including the local history of deaf education, population statistics, and research on educational disparities between deaf youth and hearing youth. Furthermore, the resource-based website provides information and support through open-source educational resources such as documentaries, reports, frameworks, and guides for parents, educators, and policymakers. This resource-based website was made available in both English and Kiswahili. The resource-based, website hub served as my primary tool for conducting this research.

Following the creation of this website, I sent it out to receive feedback and input from the target viewers, including Deaf Kenyans, parents of deaf children, deaf educators, community members, NGOs, and policymakers. This ensured that any identified needs for what a resource hub should contain were met and all information was localized and culturally relevant. Thus, some of the primary data collected for this study

came from the connections I made through email with individuals and organizations in Kenya who work directly with the local deaf community and provided critical feedback about the website. This includes Deaf Kenyans, Deaf advocacy organizations, Deaf educators, and schools for the deaf. I sent the resource-based website to 44 different organizations, schools, and teachers to receive feedback on the usefulness of this information, inquire about additional topics of discussion, and identify specific needs for further resources.

This initial outreach consisted of sharing the resource hub website that I had created with these various schools and organizations for review on January 31, 2022. From there, I followed up by creating a short online survey utilizing a likert scale where I asked about the usefulness of the information on the website (see Figure 1). The survey was sent out to the schools and organizations in Kenya that I had contacted on February 22, 2022. For the online survey, I reached out to 44 Kenyan-based organizations and schools for the deaf; twenty-six primary schools, six secondary schools, five vocational schools, and seven organizations for the deaf (see Figure 2). The initial outreach consisted of sharing the resource hub website that I had created with these various schools and organizations for review on January 31, 2022. The second outreach consisted of the online survey that was sent out. The survey consisted of five questions that inquired about the usefulness of the website as a whole, the usefulness of various topics and resources provided on the website, and additional resources and information that should be included as an addition to the website. There were also comment sections to

provide input and address any areas that were not included in the survey, as well as an option to leave contact information if they would like to be contacted. A final, follow-up call for participation in the survey was sent in an email on March 14, 2022.

**Figure 1**

*Feedback Questionnaire*

1. On a scale of 1-5, how useful is the information on the website?

1	2	3	4	5	
○	○	○	○	○	Very useful

2. Please list any comments on what was most useful

3. Rank what information was most useful to least useful

1: Most Useful	2	3	4	5: Least Useful
Deaf Community in Kenya	○	○	○	○
Kenyan Deaf Studies	○	○	○	○
KSL Resources	○	○	○	○
Kenyan Organizations	○	○	○	○
Open Content Resources	○	○	○	○

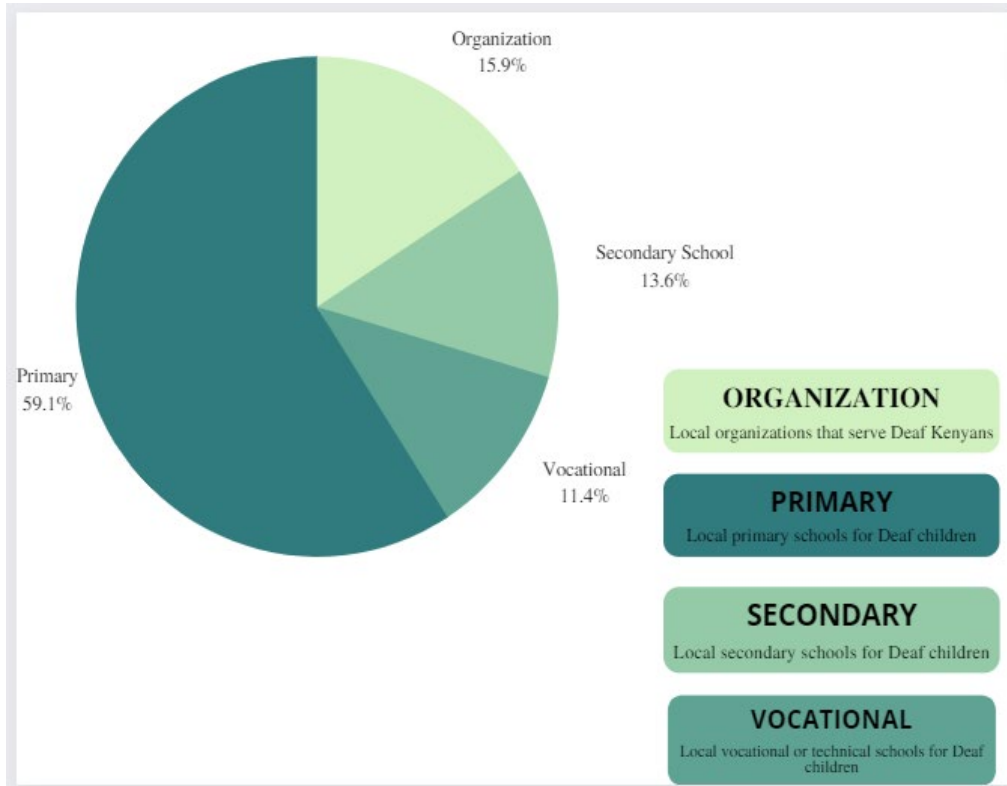
4. Is there any specific resource or information that should be added?

5. Any additional comments or suggestions

6. Email if you'd like to be contacted.

**Figure 2**

*Feedback Outreach*



Along with directly connecting with local organizations and schools for deaf children in Kenya, a collaboration with SolarSPELL, a global education initiative was also established. SolarSPELL is a global education initiative at Arizona State University that uses a solar-powered offline digital library to provide localized open-access educational content to various communities around the world (Linzy & Hosman, 2017). SolarSPELL contains three collections of libraries; Education Libraries, Health Libraries, and Specialized Libraries. The SolarSPELL Health Library collection consists of two libraries; a Biomedical Technology (BMET) Library and a Nursing and Midwife Library.

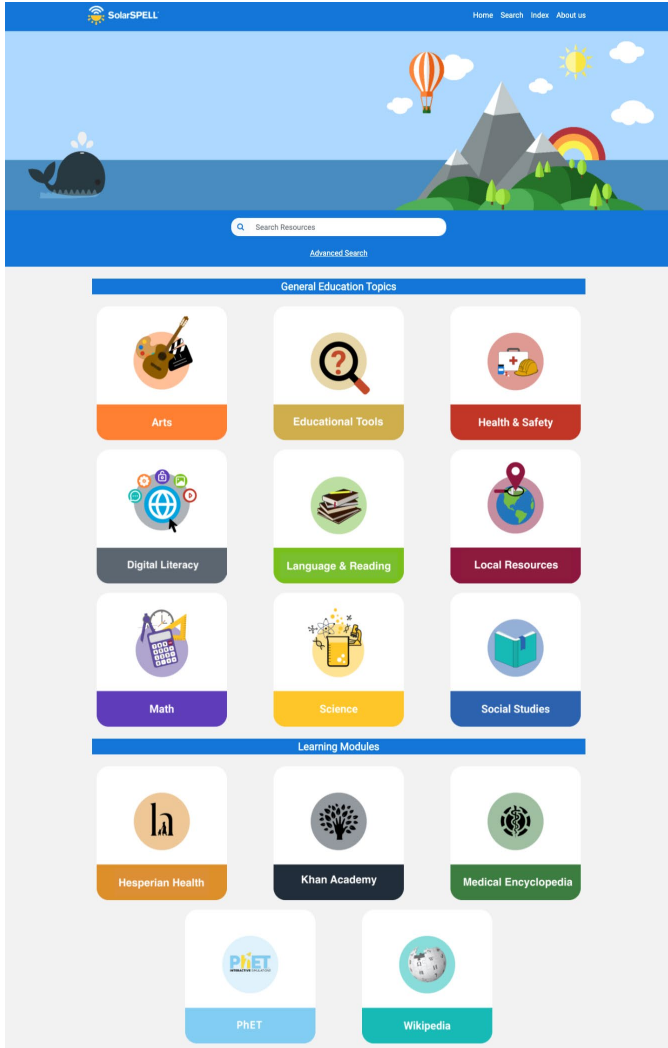
SolarSPELL education library collection consists of three libraries; Pacific Island Library, East Africa Library, and Latin America Library. Lastly, the SolarSPELL Specialized Library collection consists of an Agriculture Library ("What's on Our Libraries – SolarSPELL", n.d.).

Each of the SolarSPELL Education Libraries provides localized open-access content within nine general education topics; arts, educational topics, health and safety, digital library, language and reading, local resources, math, science, and social studies (see Figure 3). Each SolarSPELL educational library also contains five sections for learning modules; Hesperian Health, Khan Academy, Medical Encyclopedia, PhET, and Wikipedia ("What's on Our Libraries – SolarSPELL", n.d.). The SolarSPELL Education Libraries serve as educational resources for students and teachers; the initiative maintains a close partnership with the Peace Corps to implement the libraries in remote and rural locations around the world through the use of Peace Corps Volunteers.



**Figure 3**

*SolarSPELL Education Library*



Also, the Peace Corps has worked on various international development projects and initiatives in over 60 countries, and one of their initiatives surrounds deaf education. Previously, Deaf Peace Corps Volunteers had worked on an initiative to increase the quality and consistency of deaf education in Kenya and had created the first digital video glossary of Kenyan Sign Language ("Peace Corps Volunteers Create First-Ever Visual Record of Kenyan Sign Language to Improve Deaf Education", 2014). Through my collaboration with SolarSPELL, we will be adding localized content to increase accessibility to deaf educational resources.

As part of my mixed methods approach, the encompassing of theoretical analysis in the literature review also serves as an essential component of this research through my theory-practice connections, allowing me to incorporate various theoretical perspectives that are imperative to understanding the previous and current status of this subject matter (Creswell et al., 2011). The theoretical perspectives providing the backdrop to this research include the theory of hegemony and justice, theories of deviance, theories of medicalization, and labeling theory. Acknowledging the ways in which these theories affect the deaf community and their access to education inspired me to use this theoretical backdrop to analyze the Kenyan organizations and their feedback.

Another important component of this research is the inclusion of decolonizing methodologies. Including decolonizing methodologies within this cross-cultural research is incredibly important, especially when considering my positionality as a “double outsider” within this subject matter. This research discusses some of the numerous

impacts colonization has had on the lives of deaf individuals and communities in Kenya. There is no way in which one can acknowledge the sustaining consequences of historically failed outsider intervention, for both Kenyans and the Deaf community, and proceed with research that lacks the involvement of the colonized population.

Decolonizing methodologies consist of various components and research practices to ensure the research is centered on the experiences of the community you are researching, this can include the use of collaboration throughout the research and the use of the local language within the research (Mutua & Swadener, 2004).

The use of decolonizing methodologies in this research can be seen through utilizing continuous collaboration from topic experts, including Deaf individuals, educators, and organizations in Kenya. Moreover, it was ensured that all resources and the feedback questionnaire that were sent to the topic experts in Kenya were available in both English and Kiswahili.

Recognizing my positionality within this subject matter is significant regarding the choice of mixed methods for this research. When researching the deaf community in an international setting, it is essential to recognize the limits of my position as an individual who is hearing and American. I use the term "double outsider" to display my inherent ability to not understand the context of this situation from a first-person perspective. Acknowledging my positionality and role as a "double outsider" is critical when engaging in research within this subject matter. While I have had the privilege to receive an education and focus my studies and research on dis/ability studies in an

international context, I recognize that my understanding and beliefs on these topics are greatly influenced from my experience as a hearing American and have attempted to remain mindful of how this impacts the ways in which I comprehend and interpret this research. I have no inclination to speak for Kenyans or the Deaf community, nor to offer solutions; my hope is only to serve as a co-conspirator with those who are working to breakdown hegemonic views of deafness and increase accessibility for deaf youth to exercise their right to a quality education and opportunities to explore their Deaf identity. For this reason, I ensured consistent collaboration and insights from topic experts, including Deaf individuals, educators, and organizations in Kenya. Furthermore, through recognizing that the history of deaf education in Kenya serves as a byproduct of colonization, it was imperative that this would be decolonizing research that centered on the experiences of deaf Kenyans while addressing the impact that colonization has had and continues to have on deaf education. Throughout my research, I consistently explored the various roles which colonization has played within this subject matter.

## **CHAPTER 4**

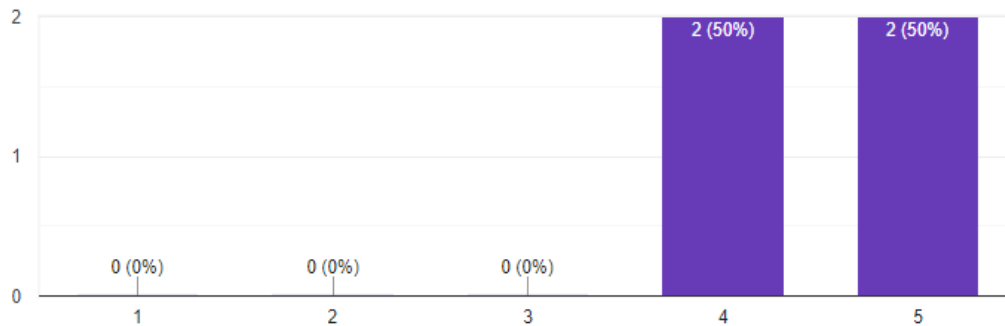
### **RESULTS AND DISCUSSION**

As indicated previously, this research uses a mixed methods approach. It became apparent that only using qualitative research or quantitative research would fail to convey the complexity of this subject matter, making mixed methods the best methodological approach for this research. Through analysis of previous and existing research on the deaf community in Kenya, I noted various inconsistencies in relation to the information that was being provided by primarily government sources. These inconsistencies are not minuscule, but display large discrepancies such as ranges in population estimates from 600,000 to over one million. These inconsistencies combined with the lack of current data on the deaf community in Kenya contributed to my decision to use a mixed methods research.

Responses to the research-based website and short online survey are ongoing. However, from the responses received at the time of completing this thesis, data were analyzed from the collection of responses on a feedback form sent to the topic experts in Kenya, as well as tracking the site activity on the website. Following the initial sharing of the survey to the 44 Kenyan-based organizations and schools for the deaf on February 22, 2022, four responses were received within 48 hours. Out of these four responses, two individuals rated the usefulness of the website a 5 out of 5, and two individuals rated the usefulness of the website a 4 out of 5 (see Figure 4).

**Figure 4**

*Usefulness of the Website Overall*



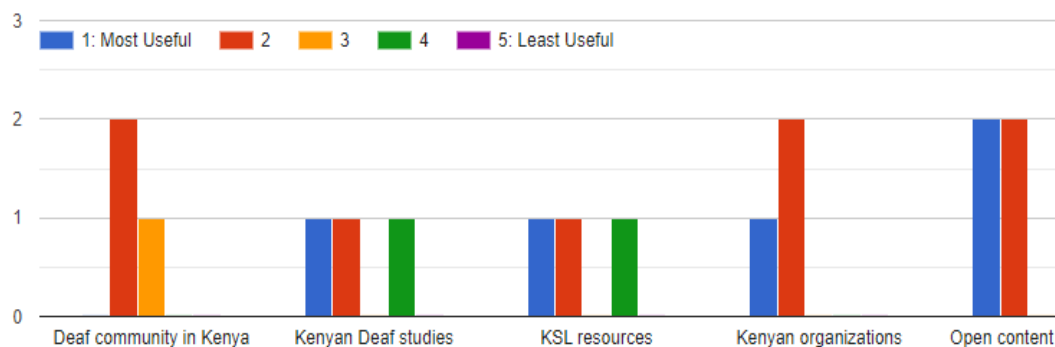
Responses on what the most useful resources on the website consisted of the open content resources available for educators, the KSL resources, and information on Deaf culture (see Figure 5). When asked about any specific resources or information that the respondents believed should be added, answers included information on employing Kenyan sign language teachers, how the Deaf community can be involved in all community engagements, and barriers to accessing healthcare. Here are two of the open-ended suggestions:

*The resource provides advice on support to deaf children of all ages who speak English as an additional language, including children who have yet to start school and their families. The resource is aimed at Teachers of the Deaf and other professionals who work with deaf children who use EAL, including special or additional needs coordinators and EAL coordinators.*

*There are two types of barriers to healthcare for those who are Deaf and hard of hearing, lack of accommodations and inadequate clinician training. Lack of accommodations includes not having a sign language interpreter present at the healthcare setting or not having devices like hearing aids available for patients. In addition, many clinicians don't receive training about Deaf culture, the values of visual access for communication, or how to effectively communicate with DHH patients .*

**Figure 5**

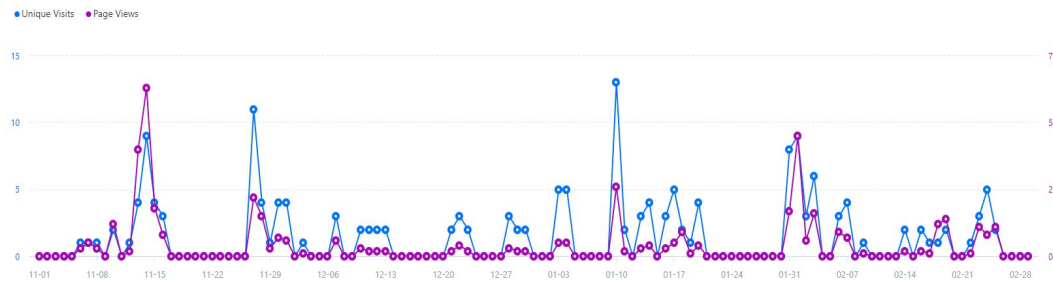
*Usefulness of Website Topics*



Since the initial launch of the website in November 2021 until March 2022, the website has had 468 total page views with 176 unique visits (see Figure 6). These data are important as they demonstrate that this website has been viewed many times, shared and accessed by individuals who did not receive a direct link and request to view the website.

**Figure 6**

*Site traffic 11/1-3/1*



Results from this research indicate a definite need and desire to have more information and resources for the Deaf community, parents of Deaf children, and Deaf educators. Based on the survey results, it can be seen that individuals are interested in open content resources, followed by Kenyan organizations. The third most desired resource from the website was the information on the Deaf community in Kenya, followed by Kenyan Deaf studies and KSL resources. One important note when looking at the site traffic, is that out of 468 views, there were only 176 unique visits, meaning that individuals had returned to the site numerous times. Furthermore, having shared this site with 44 local organizations and educators, along with personal and academic contacts for review, this website was shared among the audience to reach 176 unique views.

Limitations of this research include the lack of accurate data on deaf Kenyans. This includes not only the total population of deaf individuals in Kenya, but data within these populations such as educational achievement, employment, and could also include research on language use within families. Furthermore, the current data does not account



for the exact number and location of schools for deaf education and schools with inclusive education that are currently educating deaf youth. Other limitations include the narrow time frame permitted in this research, consisting of one year of work with only a few months of receiving feedback. Moreover, a limitation can be identified with how this research was completed online in the United States and did not encompass any in-country research; this limits involvement from individuals, schools, and organizations that reside in areas without access to the internet or without access to devices to connect to the internet. Lastly, it is important to revisit my positionality within this subject matter as a "double outsider" and to recognize that some individuals and organizations may not be comfortable sharing their knowledge or insights to someone outside of their community.

## CHAPTER 5

### CONCLUSIONS AND IMPLICATIONS

There is no doubt that dominant social views on deafness have substantial impacts on the daily lives of deaf individuals. The hegemonic view of deafness as a form of deviance permeates into not only societal and familial acceptance of deaf individuals, but educational, medical, and political institutions, as well. The view of deafness as a form of deviance places deaf individuals into established expectations that are harmful towards the advancement of the deaf community. Furthermore, the view of deafness as a disability that can be cured through medical intervention delegitimizes the unique language, culture, and history of the deaf community that contributes to the view of deafness as an ethnolinguistic minority.

The hegemonic view of deafness as deviance that can be cured has been seen throughout history, from the beginning of deaf education to the current advancements of audiological equipment. The hegemonic views of deafness and the emphasis on the medicalization of deafness serve as destructive forces against the advancement of deaf individuals and Deaf culture. This literature review advocates for the dissociation of deafness as a form of deviance and the recognition of deafness as a form of diversity that should be valued. Future research on this topic will discuss the history of the medicalization of deviance, the colonization of deaf education, and a deeper exploration of deafness as identity, including critiques of identity politics.

Suggestions for future research include conducting in-country research consisting of interviews, focus groups, and surveys. Prior plans for this research included in-country research with numerous communities in Kenya to collect data on changes in perceptions of deafness in various age groups and regions through an educational intervention with surveys, identity mapping, focus groups, and interviews within both deaf and hearing schools on perceptions of deafness, ability, and inclusive education. Due to the persistence and severity of the Covid-19 pandemic, resulting in the closure of schools and restrictions on travel were implemented, it was decided that conducting in-country research would neither be viable nor safe. Given the context of this research occurring through various communities in Kenya and recognizing that individuals involved in this research might not have access to the internet or devices that connect to the internet, conducting the research virtually would reflect an inaccurate representation of the situation as a whole and plans were made to adapt the type of research for this thesis. I plan to continue this research with the inclusion of an initial study, in-country in the future when it is safe to do so.

Through the collaboration with SolarSPELL, I will begin with adding in content specific to deaf education in Kenya with the content of the digital video glossary and the content that was collected through my creation of the resource hub, providing resources from Kenyan deaf history, laws and policies, local resources and organizations, and Kenyan Sign Language resources, including the KSL dictionary. I will also add in information such as teacher resources and resources for teaching Deaf studies. The

SolarSPELL educational library implementing content for deaf education will allow for various schools in Kenya to receive access to a vast amount of resources to be accessed in remote locations that are resource-constrained.

Content will be continually added over time and will expand to include content for deaf education in various other countries. This process will include finding content that can be applied throughout various localities such as educator resources on Deaf studies and educating deaf students, Deaf culture, inclusive vocabulary and practices for non-governmental organizations and policymakers, health resources, and international reports on the status of deaf individuals. While there will be a section within the libraries dedicated to resources for the deaf, resources will also be included throughout the various existing topics. Country-specific resources will also be added in to reflect the diversity of sign language, Deaf culture, Deaf history, and policies surrounding Deaf individuals from country to country.

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