THE ACQUISITION OF KENYAN SIGN LANGUAGE (KSL) AND ITS SIGNIFICANCE AS A MOTHER TONGUE AND MEDIUM OF INSTRUCTION IN SCHOOLS FOR THE DEAF IN KENYA

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This paper outlines the importance of KSL in the teaching of deaf learners in Kenya by examining the acquisition and use of KSL in the family, school and the Kenyan society at large. It, therefore, argues for early intervention policies that would enable deaf children to acquire KSL early and calls for the immediate adoption of a bilingual approach to deaf education, thus creating a conducive environment for the use of KSL across the curriculum. Convinced that “to reject a child’s language in the school or anywhere [else] is to reject the child”, (Cummins 2001) the paper argues that any meaningful education for the deaf in Kenya must take cognizance of the importance of their native tongue or mother tongue - i.e. Kenyan Sign Language (KSL). In spite of its recognition by the Constitution of Kenya 2010, it does not seem to have been embraced as the language of learning in schools for the deaf in Kenya. The proposal made in this paper is that KSL should become a medium of instruction in schools for the deaf and, as such, be used to teach language and other academic subjects, KSL itself as a subject, as well as KSL-teaching methodology courses for trainee teachers of the deaf. The paper demonstrates that the continued reluctance to use KSL as the mother tongue of the deaf in their education is largely to blame for the poor state of deaf education in Kenya, which has not given deaf Kenyans the opportunity to compete on an equal footing with their hearing counterparts in the country - making it a human rights issue. For deaf Kenyans to have equal access to the services offered by the larger society, their language - KSL, which is their mother tongue (L1), must occupy its deserved place in their lives, starting with their education. The adoption of the late-exit or developmental bilingual education approach is one way of doing this. To advance this view, the paper benefits from the social model of perception on disability and the human-rights-based approach.

1. INTRODUCTION

In a world where spoken language (speech) is the predominant mode of communication, other forms (of communication) are viewed as ‘marked’ since they do not conform to the norm. One such form of communication is Sign Language (SL). The markedness of SL is due to the fact that unlike spoken language (used by the majority) which is sound based, SL is a patterned visual gestural system whose main users, the deaf, are a language minority wherever they live in the world. A deaf person therefore cannot make use of the vocal - auditory channel (used by the majority) for communication. Sign Language thus offers the deaf a communication
alternative to the vocal-auditory channel that is inaccessible to them.

In addition to its dominant users, the deaf, Sign Language is also used for communication by hearing people who have learnt it. It is a language since it satisfies all the conditions that have come to be known as properties of human language viz: displacement, discreteness, duality, arbitrariness, cultural transmission and productivity/creativity (cf: Yule 1985; Okombo 1992). Sign language is not universal since each country has its own. Thus we can talk of national sign languages such as Kenyan Sign Language (KSL), British sign Language (BSL), Ugandan sign Language (USL), etc. The existence of national sign languages is due to the fact that deaf people within a country share more or less the same experiences and thus the process of abstraction (i.e. giving meanings to signs) among them tends to be similar.

The deaf also constitute a co-culture within the dominant culture of the hearing and like all co-cultures they form a community (within their respective nations) partly by exclusion (from the hearing culture) and partly by congregating together. They thus form a community of signers (users of SL) who are also members of the Deaf culture. Okombo and Akach (1997) document and explain how the emergence of a common sign language (KSL) in the ethnically heterogeneous community of deaf Kenyans happens.

This paper outlines the importance of KSL in the life of deaf Kenyans in general and in their educational life in particular by examining the acquisition and use of KSL in the family, school and the Kenyan community at large. The paper argues for early intervention policies that would enable deaf children to acquire sign language early, and calls for the immediate adoption of a bilingual approach in deaf education in Kenya which would then permit the use of KSL across the curriculum. In such a system, KSL would become the (dominant) medium of instruction in schools for the deaf to be used to teach, among other subjects, languages (e.g. English and Kiswahili), KSL itself as a subject, academic subjects such as mathematics, geography, chemistry, etc. and methodology courses on how to teach it (KSL) to the deaf themselves in teachers’ training colleges and other institutions.

The thesis advanced in this paper is that, to enable deaf Kenyans to have equal access to the services and opportunities provided by the larger society, their language (KSL, which is technically their mother tongue (L1)) must occupy its deserved place in their lives, starting with their early childhood education. The adoption of the late-exit or developmental bilingual education approach is one way of doing this. The argument for this point of view in this paper is based on the social model of disability-perception and the human-rights-based approach.

2. KSL ACQUISITION: WHY IT IS UNIQUE

Under normal circumstances children are expected to acquire their mother
tongue (MT) naturally mostly through cultural transmission by interacting with people in their growing environment. Ordinarily, this seems such a truism until you encounter deaf children. Research has shown that 90% of deaf children are born and bred in an environment that does not expose them to sign language. However, 10% of deaf children have the privilege of having deaf parents and therefore growing up in an environment that enables them to learn Sign language (SL) naturally. If they are Kenyan, such children usually grow up with Kenyan Sign Language (KSL) as their mother tongue, viewed in this paper as a language one learns from home, mainly from parents, or a language that identifies one with a certain ethnicity despite how competent they happen to be in it. In language studies, MT is often used synonymously with first language (L1).

For the 10% of deaf children born of deaf parents KSL is what Cummins (2003:388) calls a heritage language. That is a language used in the home and which helps in generating pride in their identity as well as fostering connections with home and community. While this is true for this group, the majority of deaf children lack such a language since as pointed out earlier they grow up in a predominantly hearing and speech culture.

The fact that the majority of deaf children grow up not having learnt their mother tongue has a negative social impact on them. They grow up in an environment where the heritage language and the language of the catchment area (for their school) are not accessible to them. Most parents with deaf children have no idea that their children (in their deaf world) have another form of communication other than the spoken language that the parents and those in their environment are used to. That the parents are not aware that having lost their auditory faculty, deaf children logically turn to a vision-based language - such as Kenyan sign Language, a visual gestural language that accords the deaf of Kenya an opportunity to communicate. This ignorance, coupled with the stigma associated with having a child who is unable to speak (due to deafness), plays a big part in parents’ decision to “dump” their children in the schools for the deaf.

This stigma and the persistent negative perceptions about persons with disability in general and the deaf in particular is born out of ignorance and certain misconceived beliefs like looking at deaf people as a medical case, assuming that their impairment is a disease. The medical model, as it is often referred to, is presented as viewing disability as a problem to the deaf person, directly caused by disease, trauma, or other health condition which therefore requires sustained medical care provided in the form of individual treatment by professionals. It misses the point that as long as someone has been diagnosed as deaf, their challenge is more linguistic than medical.

These negative perceptions must be replaced with positive ones that would lead to positive attitudes. Such positive perceptions are represented in the social model of perception. The social model of disability sees the issue
of "disability" as a socially created problem and calls for the full integration of individuals into society. In this model, disability is not an individual's attribute, but rather a complex collection of conditions, many of which are societal and are created by the social environment. Hence, the management of the problem requires social action and it is the collective responsibility of one's society as a whole. Society is required to make the necessary environmental modifications for the full participation of people with disabilities in all areas of social life. From this point of view, the issue is both cultural and ideological and requires individual, community, and large-scale social change. From this perspective, equal access for someone with an impairment/disability is a human-rights issue of major concern.

One of the ways in which society can make the necessary environmental modifications to make the lives of deaf Kenyans comfortable, is through the introduction of early intervention programmes. Such early intervention strategies can help both the parents and the deaf child cope with the child’s situation. However, such strategies are almost nonexistent in Kenya, where most parents who have deaf children take them to schools for the deaf very early because they lack the communicative skills to bring up those children. Ironically, while this can be viewed as a desperate measure on the side of the parents who have no clue what to do with their deaf children; it turns out to be a blessing for the majority of deaf children who have grown up in predominantly hearing environments. Most deaf people therefore get into a serious language-learning environment when they join school. As Yule (1985:159) explains:

Many deaf children of hearing parents actually acquire the language at schools for the deaf... since only one out of ten deaf children had deaf parents from whom to acquire SL.

Prior to being taken to school most deaf children live in isolation, surviving only on rudimentary home signs. They are usually objects of ridicule in the community for being different, and therefore end up suffering from low self-esteem. It only dawns on them when for the first time they get to school that they are not the only ones who have special communication needs.

For the first time, they realize that visual communication accords them a new opportunity to communicate, that they can use their hands and other parts of the body to produce messages understood by others like themselves. Thus schools of the deaf have an important role to play in language acquisition for most deaf children. In school, the 10% of the deaf children who learn KSL as a mother tongue are responsible largely for transforming the home signs that the majority of deaf children bring to school into full-fledged KSL. Despite the fact that they normally have passed what Lenneberg (1967:388 - 390) calls the critical period within the critical period
(CP) theory which he asserts represents the development period that provides optimum opportunity for the acquisition of language, normally from birth to until the onset of puberty. According to Klima and Bellugi (1975: 172), it is in schools where:

...that which began at one time as a loose collection of pantomime or gestures... became over time and generation of use, a language with at least a considerable degree of systematic characteristics, hierarchical organization we have come to expect of human language.

Within a short period of time therefore, the 90% of deaf children are able to acquire a native speaker’s competence in KSL as long as the school environment is conducive.

It appears therefore different from spoken language that is acquired vertically from parents to children. Most deaf children acquire their mother tongue (e.g. KSL) horizontally from child to child mostly in the schools for the deaf. The importance of schools in the development (emergence and growth) of SL cannot be underrated since even when the schools are closed, most deaf children do not like to go back home to what Sacks (1990:39) sees as:

... a return to the silence, a return to helpless communicational vacuum, where he would have no converse, no commerce with parents, neighbours, friends, it meant being overlooked, becoming a non-person again.

However, there are other institutions that also play some role. In relation to a language community, the development (emergence and growth) of KSL is mainly through schools as pointed out earlier and other deaf institutions such as welfare clubs, e.g. the Nairobi Welfare Association of the Deaf (NWAD). Okombo and Akach (1997:136) aptly sum up this situation:

The single most important environmental stimulus for development, (emergence and growth) of Sign Language in Kenya has been the formation of communities of deaf persons in the schools and deaf institutions.

They add (loc.cit):

Outside the schools and training institutes, the stimulus for growth of KSL has been provided by the relatively smaller deaf communities based on clubs and welfare associations.

The schools and clubs, or what Okombo and Akach call “centres of innovations,” thus have an important role to play in the development of Sign Language, KSL included. These two institutions serve as centres of preservation of the culture of the present generation for the next
Though a small number of deaf children play this important role together with a near conducive environment that the schools provide with deaf workers that can be role models, the biggest setback in the school environment has always been the people entrusted with the role of teaching. The majority of teachers of the deaf pupils in the Kenyan scenario are “handicapped” in as far as communication with the deaf is concerned since they cannot communicate in KSL. The teachers approach their teaching responsibilities through oralism, an approach that stems from a negative view of deafness and the deaf. People who hold this school of thought have always seen the deaf as a people who have a deficit in that they cannot talk. Thus the oralist approach insists on teaching them how to talk.

This is the scenario that has been there for a long time, leading to what Cummins (2003:389) calls “assimilationist policies” which have discouraged children from using their mother tongue. Assimilationist policies are based on the erroneous belief that using mother tongue is not only detrimental to national integration but that it is also an inadequate tool for teaching educational concepts and knowledge, a belief that does not hold any water. According to UNESCO, mother tongue use is beneficial to its users. UNESCO studies have shown that learners who go through basic education in their own language perform better than those educated in a foreign language, say English.

Native speakers of the English language are likely to develop higher levels of competence in the language (their mother tongue) as compared to the levels attained, for example, by a Kenyan who is multilingual. Mother tongues have an important role in assisting individuals develop strong literacy abilities. According to Cummins (2013), children who come to school with a solid background in mother tongue develop stronger literacy skills and abilities in the school language, since mother tongue learning and development is part of the process in which children learn values, culture and world view.

Despite their cultural role, most MTs face the risk of extinction since their use in most African countries is not fore grounded beyond the ages of lower primary school levels as priority is normally given to one foreign language or another, in the Kenyan case, English. This then complicates matters for the deaf children since English is a spoken language and therefore presents a problem to the deaf, especially in its spoken form.

3. EARLY INTERVENTION AND THE ROLE OF PARENTS

Early intervention normally includes any intervention measures applied in a child’s life during the period ranging from birth to the time the child joins
school for the purpose of arresting a certain adverse condition. According to the proceedings of a national conference organized by deaf Australians in 2013, where early intervention was extensively discussed:

The importance of Early Intervention is paramount. It has the potential not only to enable deaf children to acquire and develop native fluency in a language, but also to develop a positive self-image and to be confident about their identity and place in the world.”

The conference identified the three major types of early intervention programmes discussed in 3.1 to 3.3 below.

3.1 The auditory-verbal/oral-aural

This programme focuses on the use of even minimal amounts of amplified hearing to develop spontaneous speech and to process language in a natural way through auditory pathways. Such programmes are designed within the methodological parameters of the oral-aural approach, incorporating the necessary aspects of lip-reading. They are intended to enable children with hearing impairment to learn to listen, understand spoken language and communicate through speech using their residual hearing. Such programmes usually place the parent in the role of primary educator, and work best for those whose level of hearing impairment has some residual hearing. It would not work for profoundly deaf people.

3.2 Total communication

This programme focuses on the use of a wide range of methods of communication including speech, lip-reading, listening, signing and finger spelling. Each of the various methods of communication may be used alone or in combination with others. Total communication is usually referred to as simultaneous communication when speech and signing are used together. Simultaneous communication is used to manually represent English using a sign system known as signed English. This system would only serve to confuse the deaf especially because the use of Signed English forces the structure of English onto sign language. It may assist in some instances but it is not a good interventionist strategy. According to Ogden (1996:30), total communication is less a mode of communication than a philosophical approach advocating anything that works. It is a combination of oralism, manualism, auditory training, and visual aids, including anything and everything necessary to give the child access to language. Total communication ignores the fact that it is simply impossible to use two languages simultaneously.

Ogden, 30 also observes as follows:

It is philosophically impossible for one to obtain the same amount of information
with all one’s senses at a single point in time. To presume that the deaf child will utilize his hearing, lip-reading, speech and sign all at the same time is foolish. In other words the attempt to reach the child by a number of routes, the result is not total communication but total confusion.

3.3 Bilingual / bicultural

This intervention programme is best exemplified by its use in Australia, where it focuses on education through two languages, Auslan (Australian Sign Language) and English. English is taught as a second language via reading and writing or through sign systems representing English, and speech. In many educational programmes and school settings, children who are deaf or hearing-impaired may learn about the deaf community and its history, language and culture, as well as learning about the hearing community. This is the intervention strategy we advocate for in this paper – a bilingual/bicultural approach to deaf education.

3.4 The case for early intervention

The early interventionist strategies are lent credence by the fact that most hearing parents with deaf children find it very hard to cope with the situation and thus, as mentioned earlier, they more or less “dump” their children in schools for the deaf. There is lack of proper communication at home normally since most homes offer a predominantly speaking environment for the deaf child. Because of this situation, many deaf children dread going back home during school holidays. The situation sharply contrasts with that in hearing boarding schools where children always look forward to closing school and going home. The apparently unusual behaviour of the deaf children is attributable to the fear of going back home where there is a communication vacuum, making the school environment, where they talk to other deaf children, much better for them. Early intervention programmes can help deal with this challenge.

Parents of deaf children must also be involved in the lives of their deaf children. They must make all efforts to be able to communicate with them. Hearing parents who have deaf children must be made to understand that deaf children are normal and that theirs is a communication challenge occasioned by their unique communication needs. Such parents must also be made aware that it is important that their children learn KSL.

As has happened in developed countries such as Sweden, there should be early intervention programmes which ensure that once a child is identified as deaf, the parents are mandated and given an opportunity to learn SL as early as possible. In principle, such a programme should ensure that parents of deaf children are given mandatory leave to learn KSL early enough to give the child an opportunity to grow up in a signing environment. Kenyan
legislators have a role to play here by enacting laws that ensure hearing parents of deaf children are given leave to learn KSL early. This would facilitate the acquisition of KSL as a mother tongue (MT) for deaf children.

It would also give the parents of deaf children the capacity to communicate with their children in the same way that their hearing counterparts do, thus making parenting easier for them by enabling them to have a normal relationship with their children. In more developed countries where such policies exist, doctors make use of techniques in medical science to establish if a child will be born deaf, so that parents may be given time off to go and learn the relevant SL. In this way the child has an opportunity to acquire SL naturally after birth.

The underlying principle in deaf language acquisition advanced here is early intervention or timely preventive action so as to help deal with the deaf child’s learning difficulties earlier rather than later. This can be done through partnership between the teacher and the child as well as the teacher and the parent.

4. MOTHER TONGUE (KSL) AND DEAF EDUCATION

In Kenya, MT use in schools is synonymous with the Gachathi commission report of 1976 (GOK 1976). This report was the genesis of putting MT in its rightful place in our education system. Though it has been met with stiff resistance from people who are ignorant of the importance of MT, the Gachathi report recommended that the language used in a school’s catchment area should be the medium of instruction in lower primary (class 1-3) education, and that it must be taught as a school subject. English then takes over as a medium of instruction from class 4. Prior to this report the assimilationist approaches reigned supreme (and still do in many cases), sacrificing the use of MT at the altar of a foreign language. Whatever its merit, this particular pronouncement by the Gachathi report was, in retrospect, meant for spoken languages. There is therefore no clear cut policy on the use of KSL as the MT of the deaf in Kenya.

The difference between spoken language and sign language accounts for this lack of policy. Very few hearing people (including the policy makers) are aware of how distinct each language is. Thus, statements such as “language used in the catchment area,” “English takes over as a medium of instruction from class 4” emanate from people who are in the era where language was seen as equivalent to speech. What happens to deaf people the majority of whom are born in an environment where the language of the catchment area is spoken? And what happens to them when at class 4 again a spoken language is supposed to take over? These are issues that policy makers have not been able to address in as far as the education of the deaf is concerned.

It must be reiterated that language is not synonymous with speech.
Language is a system of arbitrary symbols used by human beings for communication. In such a system of symbols we can have symbols that are sound-based, which give rise to a spoken language. An arbitrary symbol system may also consist of visual symbols, giving rise to both written language (that uses visual graphic symbols) as well as a sign language used by the deaf. Between spoken language and sign language, we are talking of two languages that use two different modes of expression. It is therefore not prudent to have policies on language based on only one form of language.

As stated above, any meaningful education for the deaf must take cognizance of the importance of their native tongue or mother tongue - i.e. Kenyan Sign Language (KSL). A realistic policy for deaf education must recognize their unique linguistic needs by giving KSL the foregrounding it requires. Such a policy must give prominence to KSL as the mother tongue for the deaf and advocate for its use in deaf education. If well entrenched, KSL as a mother tongue can provide a base for the learning of second, third and other languages as well as learning of academic subjects. In the formative school years, KSL should be used to teach the deaf children not only KSL itself as their mother tongue, but also other subjects in the curriculum. As earlier suggested in this discussion, mastery of literacy skills in the MT during the child’s formative years acts as a base for learning any other language such as English or Kiswahili.

According to a research report by Morford and Mayberry (2000, quoted in Akach 2010, 56), late first language learners (90% of deaf children who acquire scant language in early childhood) who were first exposed to ASL and written English between the ages of five and nine performed much worse than hearing second language learners of English on a grammatical processing task. The same was not true for native ASL learners. Native ASL learners who acquired ASL from birth and English as a second language in the same age brackets of five to nine performed on a grammatical processing task just like their hearing counterparts who had learnt English as a second language at the same age. This is a clear indication of how important early exposure to MT is to a child becoming bi- or multilingual.

Policy on deaf education must adopt a bilingual approach that gives positive values to both the L1 and L2 or what Hornby (1997:16) calls additive bilingualism, which uses L1 or MT as the building block for learning L2 and other languages. The current subtractive bilingualism in use, in which L2 is forced to be acquired with no or little regard to the already developed skills of L1, has had disastrous results, making deaf people unable to compete effectively with others in the real world since they are grounded neither in their MT nor in any spoken language. They are not grounded in their MT because it is hardly taught as a language and not in any spoken language because the strategy used to teach them a spoken language is speech based.

What the Gachathi report recommended (that the teaching of academic
The acquisition of Kenyan Sign Language (KSL) and its significance ... subjects should make use of two languages, MT (class 1-3) and English thereafter) is essentially a case of transitional bilingualism. While this may work for the hearing, with regard to spoken languages, it may not work for the deaf who in my opinion require what is known as late exit or developmental bilingual education, where education is conducted in the native language of the learner for an extended period of time. In this case, deaf children will have KSL as their language of learning throughout their educational life, i.e. from kindergarten to university.

In this arrangement, KSL as mother tongue for the deaf is used from kindergarten both as a subject and language of learning the same way Kiturkana, for example, would be used in areas where it is the language of the catchment area. However, when the Turkana child is switching to English in class 4, the deaf child continues with KSL both as a subject and language of learning. In this way, deaf learners first develop communication skills in their MT, which can be used as building blocks in learning other languages, such as Kiswahili and English in the Kenyan case.

The difference here between the deaf and their hearing counterparts is that the deaf learn a spoken language for purposes of reading and writing only, not for speaking. The hearing children on the other hand learn English and Kiswahili so that they can read, write and speak. Similarly, through sign language, they can also be taught all the academic subjects, including maths, chemistry, geography, and history. This however presupposes that the teachers in schools for the deaf are competent users of KSL and that at university level there will be enough well-trained interpreters to accompany deaf students to class.

5. THE ROLES OF THE TEACHER AND THE INTERPRETER

Most teachers in schools for the deaf have, for a long time, been handicapped especially in imparting knowledge. These teachers are normally individuals who have gone through university in the case of secondary school teachers or through college for primary school teachers. These are brilliant individuals who are handicapped by lack of preparation for teaching in a non-speech environment. For fresh college or university graduates posted to schools for the deaf for the first time, they are handicapped by many factors, among them:

- negative attitudes towards deaf children perpetrated by the older generation teachers;
- their speech-based training throughout their life (some may be seeing deaf children for the first time); and
- lack of KSL communication skills.

These handicapping factors were alluded to by Okombo (1992:21) 23 years
ago but there doesn’t seem to have been any meaningful change to date. Commenting on the state of deaf education in Kenya, he said:

For thirty years, our teachers have tried to speak to deaf children but they have failed. And because of this failure, our teachers have come to the conclusion that the Deaf are not meant for college and University education. The teachers feel successful if a deaf child is able to mumble some few words and can do some elementary job as a craftsman, say in a carpentry shop. This is what we call Deaf Education in Kenya.

Though there are some few changes 23 years on, most teachers for the deaf are mostly competent in their various teaching subjects but handicapped in terms of the language to use so as to pass the knowledge to the deaf children. The teachers therefore need to be equipped with KSL skills for them to be effective in their job. Language teachers specifically need to be competent signers to be able to lay the foundation that other teachers can build on in terms of teaching academic subjects since a good command of MT will enable deaf children in school to do what Anderson (1994:6) calls “conducting complicated mental operations” and thus prepare deaf children for the real world.

This challenge does not seem to be an entirely Kenyan one. Even in countries where SL has been adopted as a language of teaching, there are still issues concerning the quality of teachers. According to the proceedings of the deaf Australia national conference (2013, 50):

Although Auslan is included in the national curriculum as a LOTE, there is concern surrounding the linguistic understanding of some teachers delivering the courses.

According to Okombo et al. (2006, 35), the teacher can play this important role if and only if he or she has the following capacities:

a) Fluency in KSL as a language of communication across the curriculum and particularly as a medium of instruction.

b) Skills and knowledge of teaching KSL as a language i.e. (i) basic linguistics of KSL ... [including] KSL language skills; and (ii) methods of teaching and assessing a non-spoken language.

6. SUMMARY OF ISSUES IN DEAF EDUCATION IN KENYA

In summary, the biggest setbacks in the Kenyan deaf school environment include:
(i) The ORALISM policy - which puts emphasis on teaching deaf children to speak. This is based on the medical or audiological model of deafness.
The emphasis in this approach is misplaced since it cannot work for most profoundly deaf people.

(ii) The use of Signed Exact English (SEE) - a system adopted in Kenyan schools that uses natural sign language but strives to produce exact English sentences. It tries to give a literal representation of English. The product of this system that forces English structure on Sign language structure is a bastardized system that is neither English nor KSL. There is a lot of controversy as to whether it is beneficial to deaf children. My take is that there is no alternative to a natural language.

(iii) What Cummins (2003) calls “assimilationist policies” - which discourage children from using their mother tongue. Assimilationist policies are based on the erroneous belief (myth) that using mother tongue is not only detrimental to national integration but that it is also an inadequate tool for teaching educational concepts and knowledge.

(iv) Technically handicapped teachers - the majority of teachers in schools for the deaf in Kenya, who are mostly hearing, are handicapped in the performance of their duties by lack of knowledge of KSL. They may be well-versed in their teaching subjects but lack competent KSL communication skills to enable them to impart knowledge to the deaf learners.

(v) Lack of adequate interpreter services - apart from the teacher, another important person in deaf education is the KSL interpreter. A sign Language interpreter can be viewed as any hearing person who has learnt a sign language and acts as a mediator in the language barrier that exists between the Deaf and the hearing. A sign language interpreter therefore is required to be competent in both an audio-based symbol system and a vision-based symbol system in order to be effective. An interpreter may be required in the schools to facilitate communication between non signing members of staff and the deaf. However, of utmost importance is the role of the interpreter at college or university level. Our universities and colleges have to engage competent KSL interpreters in different fields of study - not all interpreters can interpret in every field - to facilitate learning at that level. This will provide a learning environment in which the deaf learner can get value at the tertiary level of education.

7. **DEAF EDUCATION AS A HUMAN RIGHTS ISSUE**

To reiterate our earlier point, the continued denial of the use of KSL as the mother tongue of the deaf in their education is largely to blame for the sad state of deaf education in Kenya, in which deaf Kenyans have not been given the opportunity to compete on an equal footing with their hearing counterparts in the country. This denial infringes on the deaf people’s right to education. Within the Human rights based approach (HRBA) to disability
(deafness included), deafness is viewed as a socio-political construct and like in the social model on perceptions of disability, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. This issue is both cultural and ideological, requiring individual, community, and large-scale social change.

Using the HRBA, this challenge can be addressed effectively since it is an approach (unlike other models) in the sense that persons with disabilities’ rights are entrenched in universal, local and internal legal instruments that as institutions and organizations we are bound to respect. The HRBA is a radical shift from the earlier approaches, such as the basic needs approach in which the basic requirements of a group are identified and either supported through initiatives to improve service delivery or advocated for their fulfilment. Today, the HRBA entails working towards fulfilling the rights of people, rather than the basic needs of beneficiaries.

The difference is that a need not fulfilled merely leads to dissatisfaction. In contrast, a right that is not respected leads to a violation, and its redress or reparation can be legally and legitimately claimed. Looking at the state of deaf education in Kenya as a human rights issue will give the deaf people, as rights holders, a voice and the ability to legitimately claim their rights legally. A human rights-based approach recognizes the existence of rights. It also reinforces capacities of duty bearers (usually governments) to respect, protect and guarantee these rights. The government as a duty bearer is obliged to respect and protect those guarantees.

8. CONCLUSION

From the foregoing discussion, it is clear that deaf education has had challenges in Kenya and these challenges need to be addressed. The ideal situation would be one which:
(i) recognizes KSL as the MT of the deaf, uses it as the LOL, and views this approach as a human rights issue;
(ii) adapts the current policy on MT use in schools to fit the unique needs of the deaf in view of the importance of MT in laying the foundation for learning other languages and academic subjects by incorporating the strategy of late exit or developmental bilingual education;
(iii) adopts an additive rather than subtractive bilingualism in as far as deaf education is concerned;
(iv) ensures any teacher posted to teach in a school for the deaf is competent in KSL;
(v) uses deaf role models in schools;
(vi) ensures that parents play a central role by learning KSL;
(vii) introduces early intervention programs so as to prepare parents when they get deaf children; and
(viii) ensures the government’s commitment to play its role in facilitating the implementation of all the relevant provisions in the Kenyan Constitution.

The above measures especially the one on recognizing KSL as the MT of the deaf and accepting it as a language of learning (LOL) need to be adopted. As stated in Mweri (2014:6), “[this] is important since it would ensure that the deaf develop literacy in their native language first, and then transfer these skills to learning a second, third or fourth spoken language and other academic subjects.”

Adopting such measures would help eliminate the seeming discrimination against the deaf, which has a long history, including their regular exclusion from participation in society coupled with the denial of their human rights especially their right to education. Such discrimination can take many forms including:
(i) provision of limited educational opportunities; and
(ii) segregation and isolation because of physical and social barriers.

The effects of discrimination are most clearly felt in the sphere of economic, social and cultural rights, for instance, in the fields of housing, employment, transport, cultural life and access to public services.

In order for disabled persons to freely enjoy their fundamental human rights, numerous cultural and social barriers have to be overcome; changes in values and increased understanding at all levels of society have to be promoted; and those social and cultural norms that perpetuate myths about disability have to be put to rest.

REFERENCES


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