

**UNIVERSITY OF NAIROBI  
DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK**

---

**A STUDY ON THE ATTITUDE OF THE HEARING IMPAIRED  
TOWARDS THE HEARING PERSONS. A CASE STUDY IN PCEA  
ST. ANDREWS CHURCH, NAIROBI COUNTY.**

**BY  
NG`ANG`A ASHTON KINYANJUI  
C50/75908/2012**

**RESEARCH PROJECT SUBMITTED IN PARTIAL  
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD  
OF THE DEGREE OF MASTER OF ARTS IN SOCIOLOGY  
(COUNSELLING), UNIVERSITY OF NAIROBI.**

**MAY 2017  
DECLARATION**

I hereby declare that this research project is my original work and has not been presented for an award of a degree to any other Institution or University.

**Signature.....  
Ng`ang`a Ashton Kinyanjui  
C50/75908/2012**

**Date.....**

This research project has been submitted for examination with my approval as the University Supervisor.

**Signature.....**  
**Professor Edward K. Mburugu**

**Date.....**

## **DEDICATION**

This project is dedicated to the hearing-impaired congregation of PCEA St Andrews Church Nairobi County and my hearing-impaired cousin, who has achieved so much despite living his entire life with deafness. Dedication also goes to my best friend and wife Fridah Nyanchama Kinyanjui and Two daughters Zawadi and Rehema who gave the required amount of moral support to achieve my dreams of completing this project.

## **ACKNOWLEDGEMENTS**

I acknowledge the works here in are mine. However this project is a product of many minds, much as it is my original works it has the efforts of other people who assisted me in putting it together.

I therefore thank the people who have helped me grow this project from infancy to maturity. I want to acknowledge my supervisor, Prof. E.K Mburugu, for not giving up on me and nudging me to keep on trying to finish this project. His patience and encouragement to stay positive when I was down about this project, and always providing constructive feedback in a caring manner, meant the world to me.

## TABLE OF CONTENTS

<b>DECLARATION</b>	<b>ii</b>
<b>DEDICATION</b>	<b>iii</b>
<b>ACKNOWLEDGEMENTS</b>	<b>iv</b>
<b>LIST OF TABLES</b>	<b>viii</b>
<b>LIST OF FIGURES</b>	<b>ix</b>
<b>ABBREVIATIONS</b>	<b>x</b>
<b>ABSTRACT</b>	<b>xi</b>
<b>CHAPTER ONE: INTRODUCTION</b>	<b>1</b>
1.1 Background of study	1
1.2 Statement of the Problem	3
1.3 Research Questions	5
1.4 Objectives of the Study	5
1.4.1 General Objectives	5
1.4.2 Specific Objectives	6
1.5 Justification of the Study	6
1.6 Scope and Limitation of the Study	6
1.7 Definition of Significant Terms	7
<b>CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK</b>	<b>8</b>
2.1 Introduction	8
2.2 History of the Deaf	8
2.3 Models of Deafness	10
2.3.1 Medical Model	10
2.3.2 Social Model	11
2.3.3 Cultural Model	12
2.4 Characteristics of Deaf Culture	13
2.4.1 Sign Languages	13
2.4.2 Values, Beliefs and Behavioral Norms	14
2.4.3 Reliance on Technology	14
2.4.4 Shared Institutions	16
2.4.5 Deaf Religious Institutions	17
2.5 Myths on Deafness	17
2.5.1 People who are Deaf Cannot Hear Anything	18
2.5.2 Hearing Aids enable the Deaf to Hear Speech	19
2.5.3 All People who are Deaf Want to Hear	19
2.5.4 People who are Deaf Use the Same Sign Language	19
2.5.5 Deaf People have More Emotional Problems	20
2.5.6 Deaf People Cannot Work are not Intelligent as the Hearing People	20
2.5.7 Deaf people cannot Drive and Fly Planes	21
2.5.8 Deaf People cannot use a Phone	21
2.5.9 All Deaf people can Lip Read	22
2.6 Deaf Culture versus Hearing Culture	22
2.6.1 Communication Barriers	23
2.6.2 Within Family Setups	24
2.6.3 Within Peers and in the Community	26
2.6.4 Within the Workplace	26
2.6.5 Within the Healthcare	28

2.7 Theoretical Review	29
2.7.1 Social Learning Theory	29
2.7.2 Classical Conditioning Theory	31
2.7.3 Theory of Collective Decision	32
2.8 Summary	33
2.9 Conceptual Framework	35
<b>CHAPTER THREE: RESEARCH METHODOLOGY</b>	<b>36</b>
3.1 Introduction	36
3.2 Site Description	36
3.3 Research Design	36
3.4 Target Population	37
3.5 Unit of analysis and Units of Observation	37
3.6 Sampling Design and Procedure	37
3.7 Methods of Data Collection	38
3.7.1 Collection of Quantitative Data	38
3.7.2 Collection of Qualitative Data	39
3.8 Ethical Considerations	39
3.9 Data Analysis	39
<b>CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION</b>	<b>40</b>
4.1 Introduction	40
4.2 Questionnaire Response Rate	40
4.3 Social and Demographic Characteristics of Respondents	40
4.3.1 Gender Distribution	40
4.3.2 Age Distribution	41
4.3.3 Marital Status	42
4.3.4 Degree of Hearing Impairment	42
4.3.5 Level of Education	43
4.4 The Social World of the Hearing Impaired	43
4.4.1 Types of close relationships and interactions with the hearing people	43
4.4.2. Attitude of the hearing-impaired persons towards the hearing persons	46
4.4.3 Factors that influence the attitude of the hearing impaired persons towards the hearing persons	49
<b>CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS</b>	<b>52</b>
5.1 Introductions	52
5.2 Summary of Findings	52
5.2.1 Social demographic characteristics of the Hearing impaired	52
5.2.2 Types of close relationship and interactions between the hearing impaired and the hearing persons	53
5.2.3 Factors influencing perception of the hearing impaired	53
5.3 Conclusion	53
5.4 Recommendations	54
<b>REFERENCES</b>	<b>55</b>
<b>APPENDICES</b>	<b>60</b>
<b>Appendix I: Introductory Letter</b>	<b>60</b>

**Appendix II: Questionnaire**  
**Appendix III: Key Informant Schedule**

**61**  
**66**

## LIST OF TABLES

Table 4.1: Ages of Respondents	42
Table 4.2: Marital Status	43
Table 4.3: Level of Education	44
Table 4.4: Relationships between the hearing impaired and the hearing persons	45
Table 4.5: Interaction between the hearing impaired and the hearing	48
Table 4.6: Factors influencing the perceptions of the hearing impaired towards the hearing people	51

## LIST OF FIGURES

Figure 2.1: Conceptual Framework	36
Figure 4.1 Distribution by gender (N=66)	42
Figure 4. 2: Degree of hearing impairment ( N=66)	43

## **ABBREVIATIONS**

ADA	American Disability Act
ASL	American Sign Language
DPA	Deaf Pilots Association
GOK	Government of Kenya
KISE	Kenya Institute of Special Education
KNBS	Kenya National Bureau of Statistics
NGO	Non-Governmental Organizations
PWD	Persons Living with Disability
TTY	Teletype
WHO	World Health Organization

## **ABSTRACT**

The main purpose of this research was to study the attitude of the hearing impaired towards those who can hear. The study comprised of the members of the hearing-impaired congregation of PCEA St Andrews church in Nairobi County.

The objective of this study was to identify the factors that influence how the hearing-impaired people view the hearing and, to examine the factors that influence the attitude of the hearing impaired towards the hearing. The study was also to establish how the attitude of the hearing-impaired persons towards the hearing people shapes their behavior.

The methodology used was a survey research design where both quantitative and qualitative data was collected and analyzed. This was done by administering a questionnaire to each of the 66 hearing impaired respondents. Qualitative data was by conducting in-depth interviews to four purposively selected key informants.

From the findings, all of the respondents indicated to know deafness as a culture and they fully identified with the culture. The respondents also gave a general view of what makes them form certain attitudes towards the hearing persons. There was an indication that hearing people do not take time to understand their way of life; hence, they would rather operate their lives in Isolation. Some also felt the hearing persons consider them disabled and associate deafness with certain myths.

This study showed the need for integration, mainstreaming and inclusion of the Hearing impaired communities in the dialogue about their culture. This would ensure they are provided with the ability to have authentic input in studies about them. This would provide the possibility of new wealth of knowledge with benefits going to the current and future hearing impaired persons, religious bodies, schools, and policymakers involved in the deaf culture.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of study

Disability is a phenomenon and a construct so wide that there is lack of consensus on its exact definition. The elaboration of this disharmony is by variation in meanings found in two closely related government documents within the Kenyan context. While part one of the persons living with Disability Act, constitution of Kenya (G.O.K, 2003:284) defines disability as physical, sensory, mental or other impairment, including any visual, hearing, learning or physical incapability, impacting adversely on one's social economic or environmental participation. The National Youth policy (2007) only cites summarily and broadly the physical and mental aspects of Disability.

Handicap and disability are permanent conditions in limitation of the ability to perform essential tasks. These maybe congenital or the onset may be gradual or sudden, by disease, accident or war. Persons with disability have frequently been viewed with fear, threat or awkwardness, because they have been named by their disability (i.e. the blind, the deaf, the lame, the dumb etc), rather than their personhood. They have constantly been viewed as objects or recipients of care. Such attitudes can make disability worse as they lead to exclusion, invisibility or being viewed solely as recipients of services provided by others (Hunter, 1975).

The terms "deaf" and "hearing impairment" may be used interchangeably to describe the health condition of hearing. This means, Hearing impairment or Deafness is a hearing disability, which makes an individual to have a hearing loss (Quigley, 1999). This in one way or another does affect the development of an individual. Kirk and Gallagher (1983) classified hearing loss in four categories. The mild have 26-54 decibels, the moderate have 55-69 decibels, the severe have 70-89 decibels and the profound have 90 decibels and above. The type and severity categorizes hearing impairments and the age of onset, before or after language is acquired. This may exist in only one ear unilateral or in both ears bilateral (Quigley, 1999).

The causes and explanations abound from the mystical, to the empirical researched complex happenings that only genetics can provide. In Africa, Mugo (2010) states that traditional and spiritual beliefs play an important role in framing up comprehensions of Disability. Some communities may attribute disability to witchcraft, curses or conditions afflicted by bad omen and spirits resulting effect, being that of fear and pity towards People living with Disability (PWD) leading to their isolation and discrimination.

Carol Padden is one of the earliest pioneers in the study of the Deaf culture. She has defined the Deaf culture in slightly different ways over the years. People who share a history, ideas, values, practices, rules of behavior, traditions, and language. Therefore, language is one part, and all of the other factors are the second part. She argues, before you look at the Deaf people, and their culture, you have to first separate Deaf people from deaf people. Those who are Deaf commonly called *big D* are quite different from those who became deaf later in life. They are called the late deaf *small d* or hard of hearing. They tend to use speech as their preferred form of communication, and may experience being deaf as a medical disability that needs to be treated (Andrews, 2004; Padden and Humphries, 2005).

The Deaf community consists of most of them living in a microcosm of like-minded people sharing a common sign language and culture. In many cases, this community has a positive attitude towards being deaf. Deafness is considered a strong

part of linguistic and cultural identity. They tend to have a culture and lifestyle in common. They usually experience similar struggles and accomplishments, enjoy and share similar pastimes, and are usually a part of the same social network (Padden and Humphries, 2005).

According to Lana and Rosnow (1972), it has been reasoned that attitudes are comprised of three separate dimensions or components-the cognitive, affective and conative. The cognitive refers to the person's beliefs and the way he or she sees things. The affective component refers to the way a person evaluates things; how he or she feels about them. The conative component is concerned whether or not a person will be moved to act. Callan and Clark (1983) argues that attitudes are a tendency to act in some manner towards a person, structure or idea. They are cultural in nature as a rule and formulated through the socialization process. Hence, attitude is seen as a learnt predisposition to a consistently favorable or unfavorable manner, especially when it concerns groups of people. The cognitive components are the same as the stereotypes, thus having evaluative aspects (Archer, 2002). Therefore; this study aims, to study the attitudes of the hearing-impaired persons towards the hearing people. In addition, it aims to determine, what factors have influenced these attitudes.

## **1.2 Statement of the Problem**

The number of people living with disability has been increasing with time and there is a growing need of understanding how to foster their coexistence with people that have no disability. The global prevalence is higher than previous W.H.O. estimates that date from the 1970s. The global estimate for disability is on the rise due to ageing population and the rapid spread of chronic diseases, as well as improvements in the methodologies used to measure disability (WHO, 2013). There is growing integration of people living with disabilities in mainstream activities of the society but there are bottlenecks that hinder closer working between the two groups. Attitudinal problems have been pointed out as some of the bottlenecks. The World Health Organization records Over 5% of the world's population or about 360 million people worldwide have disabling hearing loss (WHO, 2013). And, According to the census statistics of 2009, the population of people with disabilities in Kenya is about 1.3 million, accounting for 3.5 percent of the total population, and about 11 percent of Kenyans have some type of hearing impairment translating to about 143,000 Deaf or hearing impaired Kenyans (KNBS, 2010).

Deaf people have concerns that a hearing society may have little knowledge or experience of their rich culture and language. The hearing-impaired share a mutual language, but there is a lot more than communicating with Signs. This brings to attention that, dealing with the hearing impaired and their situations require a lot of patience. This in many cases can be intolerable to the hearing. Leading to most of them having limited involvement in the world of the hearing people, and often it is by choice. Getting along amongst the hearing people can be challenging in some instances. Meaning some would also most likely be clueless about the hearing impaired World and not interested in learning to Sign more than a few words. Therefore making the hearing-impaired persons appear as a chronic outsiders to the hearing people (Padden and Humphries, 2005).

The general view, as with most cultures, there is considerable pressure amongst the Hearing impaired community to only associate with their own. Thus Hearing impaired persons being with each other is just easier and more natural since we also seek those with whom we are compatible in the hearing world. Healthy people, given the option, will generally choose the path of least resistance and

challenges. The hearing-impaired persons live one way, and the hearing people live another way, finding things that hearing do dull, inappropriate, foreign, strange, uncomfortable and the vice versa (Padden and Humphries, 2005).

Therefore, in response to this problem, this research proposes to study the attitude of the hearing-impaired persons towards the hearing people. According to a study done by Furnham and Lane (1984) in establishing the attitude of the deaf people towards the hearing people towards deafness, the study showed deaf people perceived and believed hearing people to be more negative on deafness. However when the same was done on the hearing people, the results showed that deaf people had more negative attitudes towards deafness.

Andrews (2004) argues there is a lingering and often times blatant reluctance of the hearing society to accommodate to the needs of deaf people, or even in some situations, the tendency to ignore deaf people. Hence, the task of defining how hearing-deaf biculturalism can be implemented in a sociologically healthy manner continues unabated. The reason the study seeks not just to find the attitude towards deafness by the deaf and hearing persons as was done Furnham and Lane (1984), but the attitude of the hearing impaired towards the hearing persons.

### **1.3 Research Questions**

- i. How does deafness affect the hearing-impaired persons to view the hearing persons?
- ii. Why is the attitude of the hearing-impaired persons towards the hearing projected in a particular way?
- iii. What are the factors that influence the attitudes of the hearing-impaired persons towards the hearing persons?

### **1.4 Objectives of the Study**

#### **1.4.1 General Objectives**

The general objective of this study will be to Study the attitude of the Deaf people towards the hearing people.

#### **1.4.2 Specific Objectives**

The specific objectives of this study are:

- i. To identify the factors that influence how the hearing-impaired persons view the hearing people.
- ii. To examine the factors that influence the attitude of the hearing impaired towards the hearing.
- iii. To establish how the attitude of the hearing impaired persons towards the hearing people shapes the behavior of the hearing impaired.

### **1.5 Justification of the Study**

The disabled community and to be specifically the hearing impaired have been a marginalized group in the society, thus the findings of this study can be of value to the academia in contributing to the knowledge bank on the area of hearing impairment. The church and other religious bodies can use the study for understanding persons living with disability and specifically the deaf. This can be useful in to formulating and establishing of improved counseling methods. Non-Governmental organizations (NGOs) and other organizations supporting the cause of

the hearing impaired can use the study findings for sensitization purposes especially to the hearing community.

### **1.6 Scope and Limitation of the Study**

The study will be focusing on the attitude of the Hearing impaired persons towards the hearing people under the umbrella of PCEA St Andrews church Parish in Westlands Sub County, Nairobi County. The Study was done in an urban area; hence, the findings cannot be generalized to other hearing-impaired persons in Kenya because factors may vary from one part of the country to another. The study in some instances required interpreters who were, hearing persons to ease the communication with the hearing-impaired person. This brought in the challenge of getting the exact verbatim by the hearing-impaired persons to the researcher.

### **1.7 Definition of Significant Terms**

**Deaf-** The term *deaf* is used to identify individuals who experience hearing loss so severe that speech cannot be understood through the ear alone, with or without hearing aids (Scheetz, 2012).

**Decibels-** Refers to a unit of measurement that expresses the intensity of sound when establishing the amount of hearing Loss.

**Disability** – “Impairment in body function or structure...” as per WHO (2013) definition.

**Hard of hearing-** Audiologists use the term *hard of hearing* to identify those individuals who exhibit a slight to moderate hearing loss (Scheetz, 2012).

**Hearing Loss-** Within the Medical Profession, those who experience difficulty receiving stimuli through auditory channel have been referred as to having a *hearing loss* (Scheetz, 2012).

**Sign language** – This is a visual language made up of specific gestures (signs), hand shapes, and facial expressions that contain their own unique grammatical rules and sentence structures.

**Kenyan Sign language-** It is a non-oral method of communication and a language that has been structured to be used by the hearing-impaired persons in Kenya.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1 Introduction

This Chapter presents a review of literature related to the factors that relate to hearing impaired persons and their attitude towards the hearing people. The chapter is divided into six sections. Section one is devoted to the history of the hearing-impaired which captures mostly on attitude formation .Section two is devoted to models associated with deafness and the myths surrounding hearing impairment. This embarks on why the hearing-impaired persons have a particular attitude projection towards the hearing persons. The other part is the view of the deaf versus the hearing and the challenges, hence the factors that influence certain attitude towards the hearing. The final part is dedicated to the summary and conceptual framework.

#### 2.2 History of the Deaf

The deaf culture is an ethnocentric culture that is centered on sign languages and relationships among one another. Unlike other cultures, the Deaf culture is not associated with any native land as it is a global culture. Although some may view deafness as a disability, many in the Deaf-World see themselves as a language minority instead of a disabled group. This means like most people in other language minorities, some hearing people are born into it. Deaf people who sign are intensely proud of their history. However, throughout history, deaf people have faced a perceptions and attitudes that have influenced how people view them (Marschark and Spencer, 2011).

The history of the deaf people and their culture make up deaf history. According to (Marschark and Spencer,(2011) the earliest records from classical and ancient civilizations provide scant information on roles of signs, gestures, and spoken language in the daily Lives. In The fifth century, B.C., Herodotus authored a history of the Greco-Persian wars, a work for which he earned the title “father of history”. He is seeking guidance with regard to his deaf son. In Plato`s *craytlus* (360 B.C), Socrates poses a rhetorical question related to the use of signs used by deaf people in this period of History. Aristotle also mentions the deaf briefly in his works. He had a

theory, which discriminated against people who were deaf where he thought that the only way a person could be educated or could ever learn anything was through words that were spoken.

In the First Century A.D we find in Pliny the elder's writing natural history. The report of an influential Father seeking an educational opportunity for his deaf Child. This was because Deaf, people were seen as having a handicap, were thought of as being incapable of learning. The Greeks and the Roman encouraged infanticide to remove children who were mentally and physically unable to contribute to a strong citizen state. Marschark and Spencer, (2011) alludes to this fact, in quoting, (Winzer 1993, p.13) Aristotle wrote, "As to the exposure and rearing of Children, let there be a law that no deformed child shall live."

Communicating effectively and language is important to all cultures. However, deaf people were thought of as not being psychologically or mentally capable of learning or communicating unless they could hear people speaking to them. Their language and culture was not respected. Even the law did not recognize deaf people as equal. According to Jay, (2011) the law had them labeled as "non-persons". They were criticized and belittled for not being able to hear or speak.

The Renaissance period is generally credited as a time of major changes, the world of creative thinking. And in this period, More complex views of the deaf people and deaf education are found in the writings of Dutch Humanist Rudolphus Agricola and an Italian Mathematician and Physician Girolamo Cardano In the 16<sup>th</sup> Century. The Spanish authority forbade deaf persons without speech to inherit titles and land. However, generations of inbreeding had resulted in the spread of hereditary deafness among noble families. This led to the need to start teaching speech. After Spain, the next country to become interested in the issues of teaching speech to the deaf was

England. By 1760s, under the guidance of Abbe Charles Michel de L'Epee, France had established the first government-sponsored school for the deaf. Epee saw sign language as a natural way for deaf people to communicate, hence, the use of sign language is central to deaf identity, and attempts to limit its use are viewed as an attack. Where they were once put down, called names, and degraded they are now seen as having their own culture that is known as the deaf culture (Marschark and Spencer, 2011).

### **2.3 Models of Deafness**

Models of deafness or hearing impairment are rooted either in the social or the biological sciences. These are the medical or infirmity model, the social model, and the cultural model. The model used can affect how deaf persons are treated and their identity. The medical model views deafness as an undesirable condition in need of treatment to be treated. Within the social model, the design of the deaf person's environment is viewed as the major disabling factor. The cultural models, the Deaf are viewed to belong to a culture in which they are neither infirm nor disabled (Andrews, 2004).

#### **2.3.1 Medical Model**

The medical model of deafness has its views originating from medical, social welfare and majority cultural notions. The view that hearing loss or absence of the ability to hear as being an illness or a physical disability. "Deaf" individuals often label physicians and scientists as adherents of the medical model. It stems from a more comprehensive and far-reaching medical model of disability. People the deaf (small d) who experience hearing loss after acquiring a mastery of spoken language usually identify with this model. In addition, people who describe themselves as "hard-of-hearing" are likely to identify with it (Padden and Humphries, 1988).

The medical model encompasses the idea that an individual affected by hearing impairment may be admired for their accommodation of the “infirmity” (i.e., illness), or their courage in struggling with a condition seen as undesirable. Deafness is therefore conceptualized from a personal tragedy stance, with implicit questions arising naturally. What criteria and by whom is the impairment construed as an infirmity; how did the infirmity arise; what are the risks and benefits of the available treatment, if any; what can be done to minimize the disabling effects of the infirmity? Therefore, the medical model from the Deaf person’s perspective is important for it is concerned with the overall health, since the focus is primarily on medical and audiological intervention (Andrews, 2004).

### **2.3.2 Social Model**

The social model of deafness is a part of a more comprehensive and far-reaching social model of disability whose advocates seek to distinguish and distance from the medical model. The concept of social disability arose in large part from deaf and disabled people themselves, their families, friends, and associated social and political networks. Invoked here are professionals in the human services fields and the social sciences instead of physicians and the physical sciences. In defining disability, proponents of this model make two assertions concerning the view of disability as oppression. The first being that the concept of disability is in part a historical product of social forces, not merely a biological necessity. Secondly, that the disabled mode of living has value in its own right, even as the conditions that gave rise to the disability are condemned (Thomas, 2007).

Disabled people affirm that the design of the environment often disables them. In better-designed environments, they are disabled less, or not at all. This affirmation arises in part from the understanding that while medical intervention can improve the health issues inherent in certain forms of disability, it does not address societal issues that prevail regardless of the extent or success of medical intervention. In conjunction with this view of changing the environment from a disabling to an enabling atmosphere, advocates of the social model persevere in the de-institutionalization of disabled persons by encouraging maximum integration with non-disabled peers, especially, but not exclusively, in the school environment (Thomas, 2007).

### **2.3.3 Cultural Model**

Padden and Humphries (1988) argues that for many deaf persons, etiology, type and degree of hearing loss and even age of onset make little difference to them in the ways they function as adults. Thus being deaf has more to do with one's identity as a whole person. The cultural model of deafness arises from, but is not limited to, deaf people themselves; especially congenitally, deaf people whose primary language is the sign language. It also involves their nation or community, as well as their children, families, friends and other members of their social networks. Invoked also are people within the social science professions which seek to identify, define and conceptualize the very essence of what constitutes a culture or cultural model of human experience.

Also included are professionals in mediating roles between cultures, notably persons engaged in activities of simultaneous interpretation, and schools. This cultural model of deafness represents the natural evolution of the social networks of a minority language group. In this view, the conceptualization of deafness is seen from a "community asset" stance. From the conceptual framework of the cultural model, come implicit questions, such as: How does the physical and social environment in which it is embedded influence deafness. What are the interdependent values, mores, art forms, traditions, organizations, and language that characterize this culture? This places, both the medical model and the social model to be seen, at the least, to be in conflict with, and at the most, inapplicable to deafness when viewed from the cultural model of deafness (Andrews, 2004).

## **2.4 Characteristics of Deaf Culture**

Deafness or hearing impairment identity is constructed around specific beliefs and values. The below outlined are some of the key characteristics of the deaf culture.

### **2.4.1 Sign Languages**

The use of a sign language is central to deaf cultural identity. Hence, Members of deaf cultures communicate via sign languages. Culturally, deaf people value the use of natural sign languages that exhibit their own grammatical conventions. There are over 200 distinct sign languages in the world. These include 114 sign languages listed in the Ethnologue database and 157 more sign languages, systems, and dialects (Meir, 2010). While the United Kingdom and the United States are both predominantly English speaking, the predominant signed languages used in these countries differ markedly. Due to the origins of deaf education in the United States, American Sign Language is most closely related to French Sign Language. Sign language is just one part of deaf culture (Andrews, 2004).

## **2.4.2 Values, Beliefs and Behavioral Norms**

Hearing impairment is regarded with a positive attitude by many with deafness. They do not consider it a condition that needs to be fixed in typical deaf cultural groups. These communities strongly oppose discrimination against them. Thus culturally deaf people have rules of etiquette for getting attention, walking through signed conversations, leave-taking, and otherwise politely negotiating a signing environment (Padden and Ramsey, 1993).

The hearing impaired persons have a great tendency to keep each other informed of what is going on in their environment. It is common courtesy to provide detailed information when leaving early or arriving late; withholding such information may be considered rude. They may be more direct or blunt than their hearing counterparts. When introducing each other giving, deaf people typically try to find common ground; since the deaf community is relatively small, deaf people usually know some other deaf people in common. Deaf people may also consider time differently. Showing up early to large-scale events such as lectures is typical. The motivation may be by the need to get a seat that provides the best visual clarity for the deaf person (Padden and Humphries, 2005).

## **2.4.3 Reliance on Technology**

According to (Keating and Mirus, 2003), in some deaf cultures, we have Deaf individuals who rely significantly on technology for communication. In the United States, video relay services and an array of freestanding and software driven video phones are often used by deaf people to conduct telephonic communication with hearing and deaf business, family and friends. Devices such as the teletype also known as a TTY, an electronic device used for communication over a telephone line they have become less common, although still used by some deaf people who are without access to high-speed Internet or prefer these methods for their telephonic communication (Scheetz, 2012).

The lack of understanding about technological accessibility for the deaf causes conflict and injustice for the deaf community. However, a significant amount of deaf individual meets a hearing person who does not know sign language, they often communicate via the notepad on their cell phones. Here, technology takes the place of a human sense, allowing deaf individuals to successfully communicate with different cultures (Meir, 2010)

Social media tends to be of great importance to deaf individuals. Networking sites allow the deaf to find each other and to remain in contact. Many deaf people have deaf friends throughout the entire country that they met or maintain contact with through online communities. Because the deaf community is so small, for many deaf people, the stigma of meeting others online does not exist (Power, 2007).

Closed Captioning must be available on a television in order for a deaf person to fully appreciate the audio portion of the broadcast. Conflicts arise when establishments such as restaurants, airlines, or fitness centers fail to accommodate deaf people by turning off Closed Captioning. Movie theaters are increasingly compliant with providing visual access to first run movies through stand-alone devices, glasses and open caption technology that allow deaf people to attend movies as they are released (Scheetz, 2012).

Alert systems such as fire alarms and alarm clocks must appeal to different senses in order for a deaf individual to notice the alert. Objects such as vibrating pillows and flashing lights often take the place of the noise-based alarms. Architecture that is conducive to signed communication minimizes visual obstructions and may

include such things as automatic sliding doors to free up the hands for continuous conversation. Use of technology in Religious work among the deaf is also very vital, this includes the Deaf Bible App with contains the American Sign Language translation of the New Testament and portions of the Old Testament( Scheetz,2012)

#### **2.4.4 Shared Institutions**

According to Schlesinger and Namir (1978), most Deaf persons are attached to one or several deaf organizations. Historically deaf persons have valued a place of their own where a language/culture for years. The desire to preserve deaf culture and the residential schools is perhaps the reasoning behind the position of some educators against inclusion of students who are Deaf or hard of hearing.

Deaf culture revolves around such institutions as residential schools for deaf students, universities for deaf students including Gallaudet University, South West Collegiate Institute for the Deaf, and the National Technical Institute for the Deaf, deaf clubs, deaf athletic leagues, communal homes such as The Home for Aged and Infirm Deaf-Mutes in New York City, deaf social organizations such as the Deaf Professional Happy Hour, deaf religious groups, deaf theaters, and an array of conferences and festivals, such as the Deaf Way II Conference and Festival and the World Federation of the Deaf conferences ( Padden, 2007).

However, Scheetz (2012) argues that with the shrinking enrollments at schools for the deaf in the developed world .And in the 1960s, deaf clubs began their quick and drastic decline. This sudden decline is often attributed to the rise of technology like the TTY and closed captioning for personal TVs. With other options available for entertainment and communication, the need for deaf clubs grew smaller. It was no longer the only option for getting in touch with other members of the deaf community. Today, deaf clubs are rare, but deaf advocacy centers and other deaf organizations have become widespread and popular in the whole world.

#### **2.4.5 Deaf Religious Institutions**

The churches have always had a special relationship with the handicapped, and not the least with the deaf. Though in the initial stages and for a long time it was negative (Schlesinger and Namir, 1978). Deaf synagogues, deaf Jewish community centers, and the Hebrew Seminary of the Deaf in Illinois

In Kenya, we have various Deaf religious institutions that are coming up and others have been established for a longer period. However the Kenya movement started formal education in 1958, when the units were established. The earliest were the Agha Khan Units in Nairobi and Mombasa respectively. Later on in the early 1960s, special schools were established in Mumias Western province and Nyangomo in Nyanza province. Most of these activities were carried out by Charitable and church organizations (KISE, 1993) .Hence the birth of Deaf church services like, the PCEA St Andrews Church Nairobi which has a fully-fledged service for the deaf and managed by the deaf.

## **2.5 Myths on Deafness**

Thomas (2007), quoting Iris Marion Young, a US political theorist about oppression, which many disabled people suffer experience. “ In an extended structural sense oppression refers to the vast and deep injustices some groups suffer as a consequence of often unconscious assumptions and reactions of well-meaning people in ordinary interactions, media and cultural stereotypes, and structural features of bureaucratic hierarchies and market mechanisms –in short the normal processes of everyday life. We cannot eliminate this structural oppression by getting rid of the rulers or making some new laws, because oppressions are systematically reproduced in major economic, political, and cultural institutions (Young, 1990:41).”

Thus the socially excluded people like hearing impaired are people who, through no inherent failing do not access to rights or resources taken for granted by

the majority. Therefore to be excluded is to be treated unequally and thus disadvantaged, in restaurants , park stations ,clubs, sports and many other places that the majority take normal and for granted. Much as it is well documented, that hearing impairment is a low incidence disability. Although many individuals are familiar with someone who has lost hearing due to the aging process, it is not uncommon for those who can hear to arrive at adulthood never having encountered a culturally deaf person (Scheetz, 2012).

Therefore, skewed perceptions of the Deaf community and Deaf individuals are formed by what hearing people have told them and what they have observed. The general okay or hearing public forms some myths regarding the hearing impaired. This is through a series of misunderstandings and misinterpretations, erroneous information is perpetuated, and stereotypes as well as faulty perceptions are commonly formed, shared, spread, and believed by those outside the Deaf community as outlined below (Scheetz, 2012).

### **2.5.1 People who are Deaf Cannot Hear Anything**

It is common for the members of the lay community of the hearing; upon encountering an individual who is deaf for the first time assume that they cannot hear anything. Hence the term *hearing loss* is broad, encompassing those hard of hearing and others are profoundly deaf on one end. Therefore, hearing impairment compromises individuals whose hearing losses differ, the sounds they are able to hear are diverse, and they vary in their abilities to capitalize on residual hearing (Scheetz, 2012).

### **2.5.2 Hearing Aids enable the Deaf to Hear Speech**

A common misconception surrounding deafness lies in the area of amplification. Hearing aids are frequently purchased with preconceived notion that

they will restore normal hearing. Hearing Aids serve the purpose of amplifying sounds. Speech sounds, become loud enough that they are within the range of individuals hearing. Therefore, the type of loss experienced will determine how beneficial the aid will be (Scheetz, 2012).

### **2.5.3 All People who are Deaf Want to Hear**

Those who are hearing in many instances may perceive the world of the Deaf as bleak, empty and dismal. They hearing people make assumptions that all people who are deaf want desperately to hear. Scheetz in quoting (Becker, 1980) argues that the Deaf community is comprised of dynamic, cheerful and well-balanced people who continue with their daily activities like ordinary hearing individuals.

The Deaf are commonly posed with questions regarding procedures to cure their hearing loss. The answers are usually varied. Younger members may respond with an affirmative. Older members usually may have no desire to hear, especially if they have spent their entire lives with deafness (Scheetz, 2012).

### **2.5.4 People who are Deaf Use the Same Sign Language**

According to (Padden and Humphries) 2005 Sign languages in each country are natural languages of the Deaf people. It is commonly misunderstood that sign language is universal, especially the American Sign Language (ASL) though in reality, sign languages vary from country to country just as spoken languages do. Each natural sign language that is being used by the Deaf community is part of the country's cultural, social, historical and religious heritage. In order to preserve the full heritage of each country, it is necessary to respect sign languages. Recognition of sign language(s) is also a way to enhance and give respect to the overall linguistic and cultural heritage of each country and of humankind (Scheetz, 2012).

### **2.5.5 Deaf People have More Emotional Problems**

Some people who are deaf suffer serious emotional disturbances. However, Scheetz in quoting research done by Pollard (1994). The indication is that, for the most part of these individuals reflection of the diagnostic rates for adjustments disorders, mood disorders, organic disorder, anxiety disorders and personality disorders are as those reflected in hearing individuals.

Thus, members of the hearing community may periodically observe behaviors exhibited by people who are deaf and make assumptions they are either abnormal or socially unacceptable. They may even make conclusions to the idea that some psychological deficiency is inherently characteristic in the person who is deaf (Scheetz, 2012).

### **2.5.6 Deaf People Cannot Work are not Intelligent as the Hearing People**

According to Scheetz (2012), Research findings indicate that individuals who are deaf perform at the same levels of intellectual functioning as their peers who can hear. Studies conducted by Braden concluded that the average IQ score on the performance part of WISC-R was 96.89, only slightly lower than hearing children norm of 100 ( Braden,1985,p.499) Because speech and language are often confused with thinking, deaf individuals are perceived as being intellectually inferior. However, one's ability to speak and content of what one has to say are two entirely separate processes.

Deafness is regarded a low incidence disability and many employees may never encounter a deaf worker. However, the public may be unaware of the employment possibilities available to this population. Historically both in the developed world and developing countries like Kenya, the deaf have been employed as factory workers. However, with the increasing number of individuals who are deaf

entering post secondary education settings. They have been joining other professional sectors, although unemployment and underemployment still plague this population today. However individuals who are deaf and hard of hearing can be comparably trained and equally capable of working in a comparative field (Scheetz, 2012).

### **2.5.7 Deaf people cannot Drive and Fly Planes**

It is universally acknowledged People who can hear incorporate the use of their eyes and ears when they are driving, thus alerting them to their surroundings. Hence, the hearing individuals may assume because they rely heavily on hearing and vision to drive defensively. Then if one is hearing impaired, one's ability to drive is also impaired. Deaf people may use special devices to alert them to sirens or other noises, or panoramic mirrors to enable improved visibility. (Scheetz 2012) Many countries allow deaf people to drive, although at least 26 countries do not allow deaf citizens to hold a driver's license.

(Moore and Levitan,2003) argues that approximately 50 individuals hold membership in the Deaf Pilots Association (DPA).Founded in 1994,the association members represent approximately one fourth to one half of the pilots who are deaf in America.

### **2.5.8 Deaf People cannot use a Phone**

The paradox of the invention of the telephone by Alexander Graham Bell was for the deaf people. This is an aspect of history that is rarely acknowledged or reflected upon in a world where history is predominantly written using non disabled means .Hence the assumption deaf People cannot use a phone is a myth that assumes typical use of a telephone, yet, there are many types of phones (Goggin and Newell, 2003).

Currently Deaf people have available a range of ways in which they can communicate with others Deaf or hearing at a distance. Deaf people communicate using teletypewriters, video phones, and cell phone text messages. A hearing person may use an ordinary telephone and a Telecommunications Relay Service to communicate with a deaf person. Some people with moderate hearing loss may have enough hearing to use amplified telephones, even if they are culturally Deaf and depend primarily on sign language to communicate (Power, 2007).

### **2.5.9 All Deaf people can Lip Read**

Lip reading has been used to denote the process that individuals who are deaf engage in while attempting to comprehend what the speaker is saying. Bevan (1988) argues that upon closer examination the term lip reading was changed to speechreading. Speechreading unlike lip-reading includes not only lip movements but also facial expressions, eye movements and body gestures.

A good example is that, only about 30% of spoken English is visible on the lips Lip reading requires not only good lighting, but also a good understanding of the oral language in question and may depend on contextual knowledge about what is being said. Hearing individuals outside the field of deaf education have the assumption that all deaf people, can speechread and fully comprehend what they are saying when they are communicating with them (Scheetz, 2012).

## **2.6 Deaf Culture versus Hearing Culture**

This part gives a glimpse of the challenges between the deaf culture and the hearing culture .the construction of one`s identity has been studied by Psychologists, sociologist, and social psychologists (Scheetz, 2012). Thus viewed from a developmental and an environmental angle, the formation of self-concept has been determined to be an integral component when individuals describe their satisfaction with life, it portrays a particular attitude. The question is therefore how do individuals who are deaf mediate between the hearing and deaf cultures while maintaining their personal sense of identity in a world with a hearing majority.

According to (Crocker and Quinn,2000) about 2 to 3 out 1000 infants born in united states enter this world with varying degree of deafness, from mild to profound. Some children are born with a hearing loss, and others will lose their hearing at various stages of development. As they enter this world and became part of the family unit, less than 10% of them will be raised by one hearing and one deaf parent, and even fewer by two deaf parents. The majority will be raised by and nurtured by parents who can hear or hard of hearing. This defining characteristic coupled with their family's ethnic, racial, and cultural backgrounds will all be instrumental in contributing to the initial perceptions of who they are, how they will communicate, and what the term deafness implies. Through these interactions, young children become engaged in observing and responding to others, and it is through these interactions that the social construction of self begins to emerge (Crocker and Quinn, 2000).

### **2.6.1 Communication Barriers**

The term communication can be defined as a process in which two entities enter into exchange of information to transmit thoughts, messages, or ideas. Conveyed in various ways, it may take form speech, texts, signs symbols or gestures. Described as an interactive process, it requires a sender who formulates or encodes a message and a receiver who comprehends or decodes the message (Owen, 1990) Deaf people may have a variety of different beliefs, experiences, and methods of communication. However many deaf persons, etiology, type and degree of hearing loss and age of onset make little difference in the way they function as adults in the community (Andrews ,2004) .

However most predominant forms of communication barriers originate from one's personal self and they are directly as a result of the hearing loss condition. These barriers are associated specifically with speech and language. In terms of speech, hearing loss has an effect on speech sound production, for example distortion caused by the omission of various letters from words. The pitch of their voice may sound too high or low and their volume may be louder or quieter than is intended. This in some instances represents the patterns of stress and rhythm in the voice, thus becoming irregular. Because of such changes to speech, the receiver during a conversation is likely to deem the communicator's speech unintelligible. The placement of improper stresses on syllables makes it more difficult for the receiver to clearly perceive and hear the intended words (Andrews, 2004).

Three major problems in terms of language are present for those with hearing loss. First, there are problems with language formation, where individuals may overuse nouns and verbs and they may improperly place words within a sentence. Second, the actual content of the language is troubling, for example the interpretation of synonyms and antonyms. This results in a limited vocabulary. The third major problem is associated with pragmatics, which includes the inability of individuals to recognize that a message has been delivered to them, therefore resulting in inappropriate questions being asked. All of these speech and language barriers make it difficult for those with hearing loss to control their own speech and understand what others have to say, therefore making it quite hard to hold a conversation altogether ( Marschark and Spencer, 2011).

### **2.6.2 Within Family Setups**

When infants who are deaf are born into hearing families they frequently enter environment inhabited by caregivers who had no previous exposure to children who are deaf. The communication limitations between people who are deaf and their hearing family members can often cause difficulties in family relationships, and affect the strength of relationships among individual family members. It was found that most people who are deaf have hearing parents, which means that the channel that the child and parents communicate through can be very different, often affecting their relationship in a negative way( Scheetz,2012).

Therefore, deaf children of hearing parents will generally be exposed to spoken language, since this is the language used within the home. Although sign language may also be used, deaf children within hearing families rarely have early or optimal exposure to sign language since many hearing parents and professionals have poorly developed sign language skills if a parent communicates best verbally, and their child communicates best using sign language, this could result in ineffective communication between parents and children. Though in some instances, individuals in the family may make an effort to learn deaf communication techniques such as sign language, a deaf family member will feel excluded at times. This can cause a deaf individual to become frustrated and take part in less family conversations (Ballantyne, 1997).

This communication barrier can have a particularly negative effect on relationships with extended family members as well. Communication between a deaf individual and their extended family members can be very difficult due to the gap in verbal and non-verbal communication. This can cause the individuals to feel frustrated and unwilling to put effort into communicating effectively. The lack of

effort put into communicating can result in anger, miscommunication, and unwillingness to build a strong relationship (Schlesinger and Namir, 1978).

### **2.6.3 Within Peers and in the Community**

People who have hearing loss can often experience many difficulties because of communication barriers among them, and other hearing individuals in the community. Some major areas like education, involvement in extracurricular activities and social relationships can be impacted significantly. Most of the Deaf people do not get any education in developing countries and approximately 80 % of the world's 70 million Deaf people do not have any access to education. Only about 1-2 % of the Deaf get education in sign language. In addition, it has been observed that those who get an opportunity to be educated are quite disadvantaged in the classroom especially when their teachers are unaware of their strengths and weaknesses (Andrews, 2004).

For the young people, extracurricular activities are vehicles for physical, emotional, social, and intellectual development. However, communication barrier may occur, between people who are deaf and their hearing peers, coaches and club advisors limit them from getting involved. These makes it difficult for someone with hearing loss to understand directions, take advice, collaborate, and form bonding relationships with other classmates, team or club members. As a result, a lack of community involvement may arise limiting the individual's social network. However, Patience and motivation to overcome such communication barriers is required by both the hearing impaired and hearing individuals in order to establish and maintain good friendships (Padden and Humphries, 2005).

### **2.6.4 Within the Workplace**

Deaf people have often highlighted situations where they have encountered negative and paternalistic attitudes from professionals. In most instances people who are deaf find themselves working with hearing colleagues, where they can often be cut off from the communication going on around them. Interpreters can be provided for meetings and workshops, though seldom provided for everyday work interactions (Andrews, 2004).

In an interpersonal Communication situation, everything a person says and does can be regarded as an element of communication. The process consists of a wide range of signals emitted from bodies of persons involved as from the total situation. Important information needed for jobs typically comes in the form of written or verbal summaries, which do not convey subtle meanings such as tone of voice, side conversations during group discussions, and body language (Schlesinger and Namir, 1978).

This can result in confusion and misunderstanding for the worker who is deaf, therefore making it harder to do their job effectively. Additionally, deaf workers can be unintentionally left out of professional networks, informal gatherings, and casual conversations among their colleagues. Information about informal rules and organizational culture in the workplace is often communicated through these types of interactions, which puts the worker who is deaf at a professional and personal disadvantage. Consequently, this affects their career development (Padden and Humphries, 2005).

To avoid these situations in the workplace, individuals can take full-time or part-time sign language courses. Such courses teach the sign language, this way, they can communicate better with the hearing impaired. Sign language is a visual language made up of specific gestures, signs, hand shapes, and facial expressions that contain their own unique grammatical rules and sentence structures. This ensures that hearing impaired individuals feel a part of the workplace and have the ability to communicate with their co-workers and employer in the same manner-hearing employees do (Schlesinger and Namir, 1978).

### **2.6.5 Within the Healthcare**

Communication barriers between the deaf and hearing people do not only affect family relationships, work, and school, but also have a very significant effect on a deaf individual's health care. Poor communication between health care professionals and hearing-impaired patients can result to misdiagnosis. Deaf patients may report that they are not properly informed about their disease and prognosis. Poor communication could also lead to other issues such as poor assessments, mistreatment, and even possibly harm to patients (Horne and Pennington, 2010)

Poor communication in this setting is often the result of health care providers having the misconception that all people who are hearing impaired have the same type of hearing loss, and require the same type of communication methods. In reality, there are many different types and range of hearing loss, and in order to communicate effectively a health care provider needs to understand that each individual with hearing loss has unique needs. This affects how individuals have been educated to communicate, as some communication methods work better depending on an individual's severity of hearing loss (Horne and Pennington, 2010). For example, assuming every hearing impaired patient knows a Sign Language would be incorrect because there are different types of sign languages, each varying in signs and meanings. A patient could have been educated to use cued speech, which is entirely different from their specific sign language. Therefore, in order to communicate effectively, a health care provider needs to understand that each individual has unique needs when communicating (Garza, 1996).

Acts in countries such as the American with Disabilities Act (ADA) state that all health care providers are required to provide reasonable communication accommodations when caring for patients who are deaf. These accommodations could include qualified sign language interpreters, and technology such as mobile phones

services in developing countries such as Kenya. A qualified sign language interpreter will enhance communication between a deaf individual and a health care professional by interpreting not only a health professional's verbal communication, but also their non-verbal expressions, perceptions, and body language. A sign language interpreter will transform what the health care professional communicates into basic, simple language (Barnett and Franks, 2002).

Besides utilizing interpreters, healthcare professionals can improve their communication with hearing-impaired patients by educating themselves on common misconceptions and proper practices depending on the patient's needs. The healthcare professional should know how to use body language and facial expressions to properly communicate different feelings (Barnett and Franks, 2002).

## **2.7 Theoretical Review**

A theory is a set of explanations or statements that specify how and why several concepts are related in the explanations of social realities and phenomena (Giddens, 1997). The Study used three theories; Social learning, Classical conditioning and Collective decision theory.

### **2.7.1 Social Learning Theory**

According to Bandura (1977) Learning is a cognitive process is a cognitive that takes place in a Social context, just like the one we are looking at in the deaf culture. He says this can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. Therefore, human Behavior is learned; precisely that behavior, which is widely felt to characterize man as a rational being, or as a member of a particular nation or social class, is acquired rather than innate (Miller and Dollard, 1941). Since no one individual can survive and thrive from infancy to adulthood without other members of the community even the individuals with hearing impairment.

Deaf children born to Deaf parents form an early Deaf identity and develop an affiliation with the Deaf community, advocating for the social, linguistic, and cultural attitudes of what it means to be deaf. For others, this identity will be a slow process, developing as the child matures from childhood to adulthood. Some will continue to experience life while maintaining a hearing identity and placing a high premium on spoken language, communication and socialization within the larger hearing community. Others will develop a bicultural identity, hence being able to navigate between the deaf and hearing with some relative ease (Dimoski, 2013).

Since communication lies at heart of human existence and it is fundamental for overall development. From a very young age, children who are deaf as well as children who can hear begin to form relationships with others. However, those with

hearing loss are constantly faced with socialization challenges. Communication barriers frequently impose these challenges (Scheetz, 2012).

This can lead to social isolation for reasons such as, a child experiences delayed social development that is in large part tied to delay in acquisition of language. This is also directly tied to their inability to pick up auditory social cues. Moreover, as one develops into adulthood, this can result in a deaf person becoming generally feeling isolated. This leads to the Deaf forming a particular attitude towards the hearing. Eagly and Chaiken, (1993) argues that social attitudes are specific resultants of experiences of, and personal needs, which influence the individual perception of experience of and response to communities. Attitude being built around a single or general idea can lead to a specific verbal or behavioral action.

### **2.7.2 Classical Conditioning Theory**

Ivan Pavlov, a Russian psychologist, is credited with having developed a learning theory known as classical conditioning. It was further developed by John Watson, it involves learning to associate an unconditioned stimulus that already brings about a particular response (i.e. a reflex) with a new (conditioned) stimulus, so that the new stimulus brings about the same response (Staats and Staats, 1958). The word classical means of the first type. Classical conditioning is based on the fact that it has bearing on how a new behavior is formed. The fact of association with another is both important to the deaf and to the society. Thus in classical conditioning theory the primary concern is with responses elicited by stimuli, which are both specific and identifiable (Mwanamwenda, 1995).

Since, Classical conditioning theory involves learning a new behavior via the process of association. In simple terms two stimuli are linked together to produce a new learned response in a person or animal. There are three stages of classical conditioning. At each stage the stimuli and responses are given special scientific terms, the unconditioned stimulus produces an unconditioned response in an organism. This means that a stimulus in the environment has produced a behavior, which is unlearned. Hence a natural response which has not been taught. In this respect, no new behavior has been learned yet. Then we have the conditioning process of the unlearned behavior and the behavior that is elicited after being conditioned to particular stimuli (Mwanamwenda, 1995).

Therefore for the Deaf individuals, choice and effectiveness of coping strategy are influenced by personal resources and environmental constraints, as well as by beliefs about personal control or supernatural control, commitments and motivation,

social skills and problem-solving skills and social support .Leading to a particular attitude being emitted by the deaf persons regarding how they view their hearing counterparts.

### **2.7.3 Theory of Collective Decision**

Collective behavior is the field of sociology that focuses on the sequences and patterns of inter-action that emerge in problematic situations .the phenomena studied range from responses to disaster, the disorderly street mob, or the radical social upheaval to the peaceful and comparatively trivial shifts in orientations of individuals and small groups occurring en masse, can produce major changes in taste, fashion or public opinion (Sills, 1968).

A collective decision is focused on human activities. Meaning that all social conduct rests on the fabric of common meanings, on imagery shared relevant persons, thus presenting the collective definition of a situation. Therefore, the processes by which such a definition arises or changes to support new and disjunctive behavior are best observed in situations that are inherently unstable, where the presence of choice, novelty, crisis, attrition, competitiveness or conflicts creates the problems. According to Napier and Gershenfeld (1993, p. 324) “For every potential decision there are two penitential sources of tension and conflict. First, whenever the decision involves a choice between alternatives, the loss and gain factor must be weighed.” This is to allude that everything that a human being does involves decisions.

Moreover, the collective definitions that develop out of these situations tend to be highly dependent upon what participants themselves feel and directly experience at the given moment. Hence, collective decision theory is concerned with goal-directed behavior in the presence of options. Thus, if everyone in a group has interests in common, then they will act collectively to achieve them. Hence, most studies in collective decision theory concern voting, bargaining and other methods for combining individual preferences or choices into collective decisions.

Language being the master key in unlocking the doors to socialization, education and communication. Hence, with the deaf communities, especially those born deaf begin the world in a linguistically altered environment. Therefore, from the onset they are faced with the challenge of developing language and acquiring background knowledge through their visual domain. Scheetz, in quoting Gannon, (1981) so poignantly stated, “The ear, more than the eye, is the unique window of the soul, and no less. Each can give insight about a living human person in his world.”(Scheetz, 2012, p.116).Thus the deaf can collectively have a particular range of attitudes towards the hearing, based on their various experiences with them as a group.

From the above theories, one tends to understand how human behavior and character formation happens and the tendency varies from weak to strong. This shapes people's worldview, perception and attitudes towards others, and in this case, the deaf. Thus making one want to act and because of that has been configured in one's mind. This can be through social learning, choice or collective decision. Meaning one can decide to refute what has been offered by view of perception and interpreting the whole idea either negatively or positively depending on individuals own imagination.

## **2.8 Summary**

Reviewed literature presents; The exact structure and composition of an attitude can best be guessed by what a person says and does, and from what one knows of the past experiences and future expectations. Nzuve (1989) argues that, there are three related factors that make up an attitude. First is the behavioral factor, which consists of person's tendency to behave towards the object in a certain way. Second is the emotional factor dealing with a person's feelings about an object; likes or dislikes. Finally, there is the cognitive factor that is made of the beliefs and interactions a person has about an object. On these three components, an observer can only perceive the behavioral element of another person's attitude.

Hence, from these components, an observer can only perceive the behavioral element of another person's feelings, likes or dislikes, but can only directly infer them from behavior such as facial expressions, conversational approach or avoidance. One cannot also directly observe another's cognitions but can only infer them from behavior such as verbal discussions or sign expressions (Lana and Rosnow, 1972).

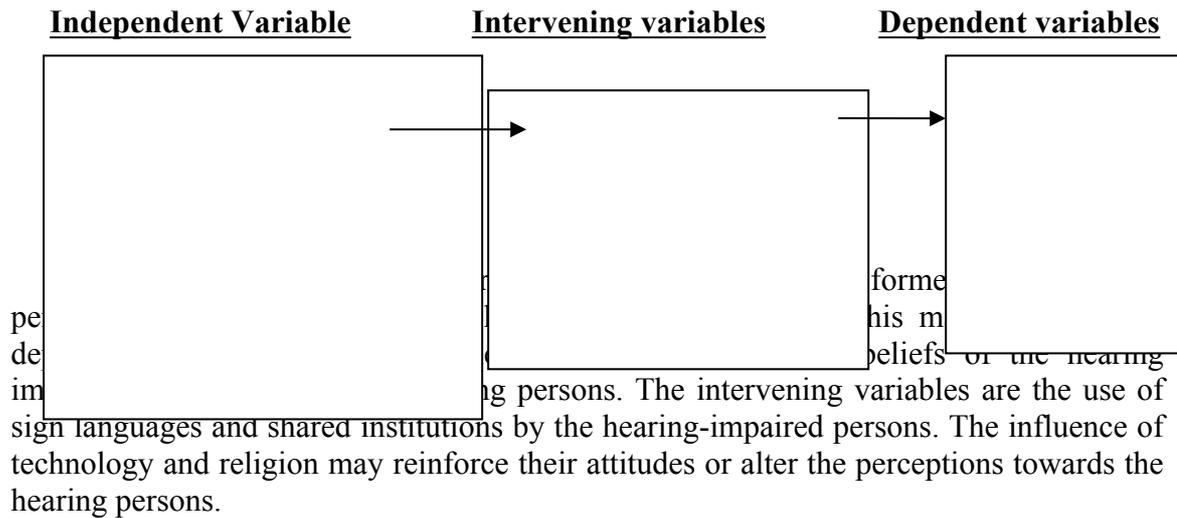
Hence, there are differences in the way language is used in different cultures because culture affects communication behaviors. You cannot have one without the other. People who are deaf have their own set of values, morals, and beliefs just as people who can hear and speak have within their culture. Deaf cultures should not be discriminated against just as it is immoral and unlawful to discriminate a person's culture, religion, race, creed, color, or gender. Discrimination goes against the law, principles of ethical conduct, the value of equality, and can destroy relationships, as well as a person's self-worth (Hybels and Weaver, 2007).

People that are deaf have learned to communicate in sign language, which is different from other languages, thus a language of its own. Their communication skills, values, morals, behaviors and attitudes came from the culture they live in. In addition, the differences of our attitudes through communication of the hearing cultures and deaf cultures are to be respected which will help in social interactions to avoid negative assertions; such as biased opinions, criticisms, and judgments( Padden and Ramsey, 1993).

## 2.9 Conceptual Framework

A conceptual framework usually consists of concepts and variable relationships proposed in the study. The literature review done earlier on ;thus has led to the development of a conceptual framework in trying to establish/explain the factors the influence the attitude of the deaf towards the hearing. Figure 2.1 below shows how this study is designed and analyzed.

**Figure 2.1: Conceptual Framework**



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter sets out the various stages and phases that were followed in completing the study. It involves collection, measurement and analysis of data. The chapter presents details of the research design, target population, census collection, description of research instruments, validity and reliability of instruments, data collection procedures, data analysis techniques and ethical considerations while conducting the study.

#### **3.2 Site Description**

This study was carried out in Nairobi City County and specifically at the PCEA St Andrews Church, which is within Westlands sub-county. The St Andrews Church, was started in 1908, by Dr. Henry Scott a Scottish missionary. Therefore, as growth continued in her mission, Mr. and Mrs. Moon who were Korean missionaries started the deaf program in 1992. Initially the sole purpose was to minister to the people living with disabilities, but specifically to the hearing impaired. The membership then was about fifty persons. However, over the years the membership has grown to about one hundred and ten caring for two congregations, one at St Andrews and the other at Kitengela Township.

#### **3.3 Research Design**

According to Ogula (2005), a research design is a plan, structure and strategy of investigation to obtain answers to research questions and control variance. Therefore, a study design is the plan of action the researcher adopts for answering the research questions and it sets up the framework for study or is the blueprint of the researcher (Kerlinger, 1973). The study adopted a survey research design. This design as defined by Orodho (2003) is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals. The main feature of survey research design is to describe specific characteristics of a large group of persons, objects or institutions, through questionnaires (Jaeger, 1988). Besides, the design was used because of its descriptive nature in order to assist the researcher in collecting data from members of the sample for the purpose of estimating the population parameters.

#### **3.4 Target Population**

According to Ogula, (2005), a population refers to any group of institutions, people or objects that have common characteristics. The target population for this study constituted of all the individuals of the Hearing Impaired congregation of PCEA St Andrews Church, Nairobi.

#### **3.5 Unit of analysis and Units of Observation**

Mugenda and Mugenda (2003:14) state that the units of analysis are the individual units about which or whom descriptive or explanatory statements are to be made. In this study, the units of analysis are the hearing impaired persons.

Mugenda and Mugenda (2003:15) describes unit of observation as the subject, item or entity from which a researcher measures the characteristics or obtains data

required in the researchers study. In this study, the units of observation were the hearing-impaired individuals from PCEA St Andrews, Church Nairobi. This also included the key informants such as the Parish Minister, Evangelist and the two deaf congregation coordinators. Who provided insights on experiences and conditions of the life of the hearing impaired.

### **3.6 Sampling Design and Procedure**

Non-probability method of sampling (purposive sampling) was used to select the key informant for in-depth interviews. This included the Parish Minister in charge of the deaf congregation, the Evangelist for the deaf congregation and the two coordinators for the deaf congregation. This was used because these were the most appropriate persons in terms of experience, knowledge, authority and expertise.

According to (Mugenda and Mugenda, 1999) a census method refers to a total enumeration of the universe. This universe may constitute of a group of people in certain place or specific locality, which we need to collect data. In our case, we collected the data of the whole 110 membership of the hearing-impaired congregation of PCEA St Andrews Church, Nairobi.

### **3.7 Methods of Data Collection**

Various methods of data collection were used in this study. Both qualitative and quantitative approaches were employed. Questionnaires were administered to the respondents. These were supplemented by qualitative method where in depth interviews of key informants were conducted.

The research instruments used were questionnaires for the hearing impaired individuals and interview schedule for the Parish minister, Deaf Evangelist and Deaf congregation coordinators. Data generated by questionnaires, was analyzed using descriptive statistics, diagrams and tabulation of statistical data, frequency distribution and percentages. Qualitative data was coded and content analyzed.

#### **3.7.1 Collection of Quantitative Data**

One of the objectives of this study was to establish the attitude of the hearing-impaired persons towards the hearing persons. This could only be reached if data was statistically analyzed. The questionnaire addressed this. There were no biases since the respondents were directed by the interpreter how to the questionnaires without the influence of the researcher. The questionnaires were administered to the Hearing impaired congregation of the PCEA St Andrews Parish.

#### **3.7.2 Collection of Qualitative Data**

The collection of qualitative data brings out perception and dynamism of issues that a questionnaire fails to address due to flexibility of questionnaire structure. Hence, qualitative techniques provide a close interaction between the respondent and researcher. This qualitative data was collected from the Hearing Impaired congregation overseers, which included the Parish Minister, Evangelist and Coordinators.

### **3.8 Ethical Considerations**

Ethical considerations were observed by seeking and obtaining informed consent from the respondents. The respondents were informed that Participation in the research was voluntary and they had a right to refuse to divulge certain information

about themselves. Participants were also assured that the information they disclosed will be kept confidential and used only for the purpose of the research. In addition, the respondents were asked to supply data without writing their identities on the instruments if they do not feel obliged to.

### **3.9 Data Analysis**

Both quantitative and qualitative approaches were used for data analysis. Quantitative data from the questionnaire will be coded and entered into the computer for computation of descriptive statistics. The Statistical Package for Social Sciences (SPSS version 11.5) was used to run descriptive statistics such as frequency and percentages to present the quantitative data in form of tables and graphs based on the major research questions. The qualitative data generated from open ended questions was categorized in themes in accordance with research objectives and reported in narrative form along with quantitative presentation. The qualitative data was used to reinforce the quantitative data.

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

#### **4.1 Introduction**

This chapter presents the results of data analysis and presentation and the findings. Data was collected from the members of the hearing-impaired congregation of PCEA St Andrew's church, Nairobi.

#### **4.2 Questionnaire Response Rate**

The researcher administered One hundred and ten (110) questionnaires to all the members of the deaf congregation. Four interviews were conducted with the hearing-impaired congregation overseers. The response rate achieved was returning of sixty six (66) questionnaires fully answered the rest of the congregants declined to fill for various reasons, thus this translated to 60% response rate.

#### **4.3 Social and Demographic Characteristics of Respondents**

The demographic characteristics of the hearing-impaired persons are important in describing background information of responds as outlined in the various paragraphs of the findings.

##### **4.3.1 Gender Distribution**

The gender of those interviewed was 42.4% male and 57.6% female.

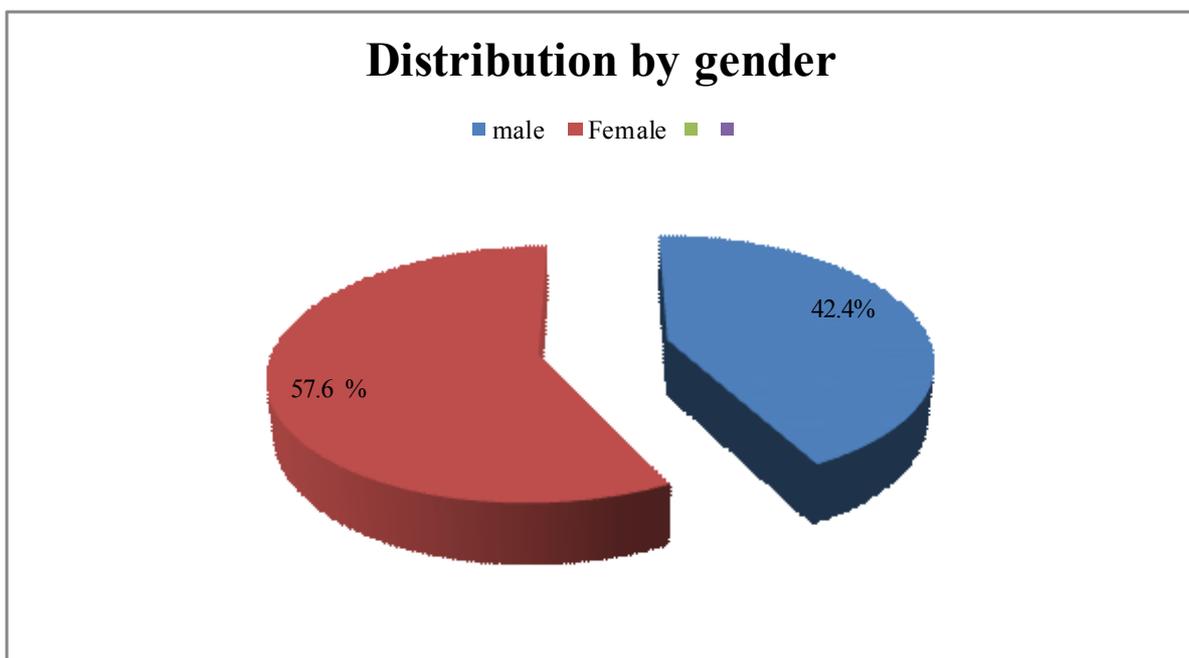


Figure 4.1 Distribution by gender (N=66)

#### 4.3.2 Age Distribution

Those between the ages of 15-20 were 6% and those between the ages of 21-26 were 27.3%. The respondents between the ages of 27-33 were 34.8% and the ones between the ages 33-38 were 15.2% of the number interviewed. In addition, the final two groups of between the ages of 39-44 were 10.6% and those above 44 years were 4.5% of the total of those interviewed. Quite notable is the population between the ages of 21 to 38 years constituted majority of those who were interviewed, i.e. 77.3% persons who are more than half the population of those interviewed.

**Table 4.1: Ages of Respondents**

Ages	Frequency	Percent%
15 – 20	5	7.6
21 – 26	18	27.3
27 – 32	23	34.8
33 – 38	10	15.2
39 – 44	7	10.6
Above 44	3	4.5
<b>Total</b>	<b>66</b>	<b>100</b>

#### 4.3.3 Marital Status

The marital status of those interviewed were 54.5% married. The single constituted 39.4%, and those separated or divorced were 6.1%. Quite notable as explained by one of the key informants is that majority of the Hearing impaired persons are born to hearing parents. However, of the 54.5% who were married none was married to a hearing person. This further affirms the attitude of the hearing impaired choosing to live together in a microcosm despite being brought up in a family of hearing parents.

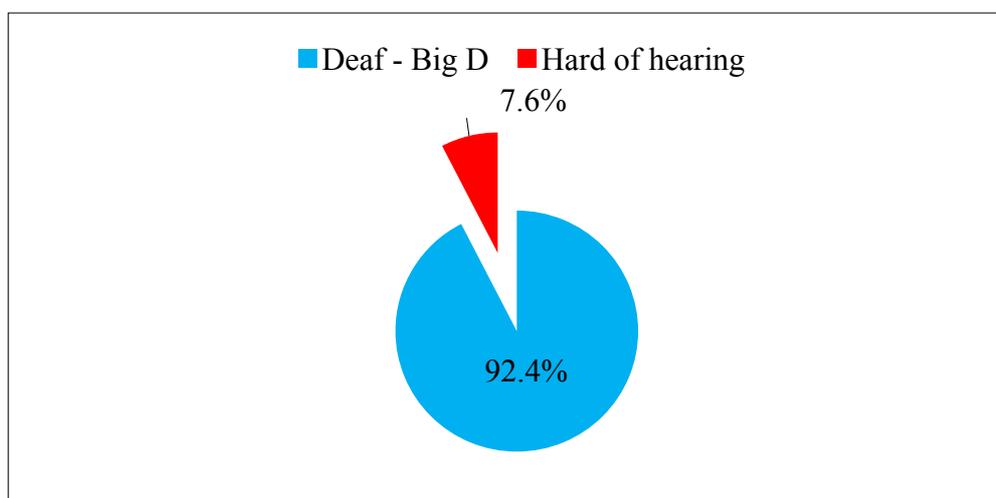
**Table 4.2: Marital Status**

Marital status	Frequency	Percent %
Single	26	39.4
Married	36	54.5
Divorced/separated	4	6.1
<b>Total</b>	<b>66</b>	<b>100</b>

#### 4.3.4 Degree of Hearing Impairment

The degree of hearing impairment of those interviewed constituted 92.4% of the Deaf-(Big D) and Hard of hearing 7.6%. Hence affirming what was captured in the literature review of the deaf people choosing to live together as their culture of language minority. Notable, 7.6% of hard of hearing were younger and they said they preferred being with the rest of hearing impaired despite them suffering from hearing loss in childhood.

**Figure 4. 2: Degree of hearing impairment ( N=66)**



**4.3.5  
Level  
of**

#### Education

The Study came up with the finding that 47% persons of those interviewed had completed high school education thus; they had clear understanding on how to respond in answering their questionnaires. We had 10.6% of the respondents not having completed primary school, and 42.4% having not completed high school.

**Table 4.3: Level of Education**

Level of education	Frequency	Percent%
Primary school not completed	7	10.6
P Primary school completed	20	30.3
H High school not completed	8	12.1
High school completed	15	22.7
C College not completed	4	6.1
C College completed	11	16.7
Graduate	1	1.5
Post graduate	0	0
<b>Total</b>	<b>66</b>	<b>100.0</b>

#### 4.4 The Social World of the Hearing Impaired

The social world of the deaf or the Hearing impaired is quite unique in nature because they believe they have their own culture which they identify with as a language minority. In regard to that, the study aimed at establishing how deafness affects the hearing-impaired persons' view of the hearing persons.

##### 4.4.1 Types of close relationships and interactions with the hearing people

According to (Mackie, 2007) in a close relationship, people have a connection involving strong and frequent cognitive, behavioral, and affective interdependence. Many things change when transforming to a close relationship; the nature of exchange rewards and the type of rewards change, differences between the self and the other is erased, and feelings of closeness change the sense of intimacy and the level of commitment to the relationship. People can have different orientations in relation to the self and others in an intimate relationship: secure, dismissing, preoccupied, or fearful.

The hearing-impaired people are not devoid of having close relationships in their interactions with both the hearing impaired and the hearing persons. Outlined below are outcomes on surveyed responses to various questions on their relationships with the hearing persons.

**Table 4.4: Relationships between the hearing impaired and the hearing persons**

Statement	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Tt Totals	
						Percent	N
I consider the deaf more closer than my biological family	6.1	0	18.2	33.3	42.4	100	66
I easily and often interact with the hearing	12.1	18.2	37.9	19.7	12.1	100	66
I do not mind being in a social gathering with the hearing people as long as I have an interpreter	6.1	9.1	31.8	18.2	34.8	100	66
I like having hearing friends	0	18.2	45.4	18.2	18.2	100	66
I consider the hearing more capable and advantaged than I am	18.2	21.2	30.3	18.2	12.1	100	66

##### 4.4.1.1 Relationships with family members

The findings show that more of the hearing-impaired, 42.4% strongly agree that they considered a deaf friend closer in comparison to their biological hearing family, with 33.3% agreeing with the statement, and 6.1% strongly disagreeing with the statement. However, 18.1% neither agreed nor disagreed with the statement. In addition, the Parish Minister who was one of the key informants reinforced this

information. He argued that about 99% of the members of the deaf congregants have hearing parents. However, most of the hearing-impaired persons have chosen to intermarry amongst themselves, much as all the respondents get hearing children. Therefore, communication limitations between people who are deaf and their hearing family members can often cause difficulties in family relationships, and affect the strength of relationships among individual family members.

#### **4.4.1.2 Relationships with Friends**

Further, the study found that 36.2% of the respondents either agreed or strongly agreed that they liked having hearing friends while 18.1% disagreed on liking hearing friends. Furthermore, a higher percentage (45.5%) of the respondents was undecided as they could neither agree nor disagree. This was elaborated by one of the key informants that since their daily interaction involves also the hearing world, hence the reason why some may not be very sure. The percentage of respondents that consider the hearing more capable and advantaged than the deaf was 18-21% while 30.3% could neither agree nor disagree, 18.1% agreed while 12.1% strongly agreed. One of the key informants had the argument that in most unskilled factory jobs, the deaf are more considered against their hearing counterparts. She further said that the hearing people are more advantaged but not necessarily capable than them.

#### **4.4.1.3 Places to interact with hearing people**

The places of interaction by the respondents were listed as: - work places, schools, churches, family set up, social gatherings, supermarkets, hospitals and public transport. However, there were indications that the interaction does not necessarily lead to good relationships due to language limitation in communication.

#### 4.4.1.4 Subject matter of interaction and sustainability of the relationship with hearing people

The findings were that 87.9% have close interaction with hearing persons and 12.1% of the respondents did not have close interaction with the hearing persons. This was attributed to the fact they must interact with the hearing in some of their daily activities.

Those who had good relationship with the hearing were 45.5 % and 42.4% had ambivalent relationship with the hearing persons. However, 12.1% respondents indicated not having good relationship with the hearing. This could be attributed to the way the hearing-impaired have been treated previously by the hearing people. A case scenario as quoted by one of the key informants is when a mobile phone of a hearing church member was stolen. All the deaf congregants were subjected to an inhumane security search and no apologies were given even after it was found that none of them had the said stolen mobile phone. In another instance, a certain family sub divided their land, gave a very small portion to one of the Hearing impaired persons, and further denied him access to common electricity connection used by other family members.

#### 4.4.2. Attitude of the hearing-impaired persons towards the hearing persons

According to (Lana and Rosnow 1972), the nature of the exact structure of an attitude can be best guessed by what a person says and does, and from what one knows of persons past experiences and future expectations. Therefore, in response to the various questions posed through interviewing the respondents, below are the findings in response to the attitude of hearing impaired persons towards the hearing persons.

**Table 4.5: Interaction between the hearing impaired and the hearing**

Statement	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	TOTALS	
						Percent	N N
It is very easy to understand a deaf communicating with me as compared to signing from hearing persons	0	6.1	13.6	10.6	69.7	1 100	6 66
I normally feel isolated in a group of hearing people, despite them using sign language	0	15.2	0	24.2	60.6	1 100	66
I think all people should be able to use sign language	0	15.2	22.7	30.3	31.8	1 100	66
I think attitude projection is a matter of personal	0	6.1	71.2	10.6%	12.1	1 100	6 66

perception							
I feel the hearing people stereotype the hearing impaired	6.1	0.0	13.6	56.1	24.2	1 100	6 66

In regards to the questions asked on attitude projection, the study found that 80.3 % of the respondents found that it was easy to understand a deaf communicating with them as compared to sign language interpretations from hearing person. According to one of the key informants, this is expected because the Hearing impaired persons being with each other is just easier and more natural. However, 6.1% disagreed. The information added by the key informant is that the reason could be that some of them were hard of hearing, thus they have a glimpse of the hearing world. Therefore, they can sign and speech read the hearing people and speech reading is not common among the Deaf (Big D). However, 13.6% did not agree nor disagree.

The study findings in regards to isolation with the hearing despite use of sign language are that 15.2% of them disagreed while 24.2% of them agreed and 60.6% strongly agreed. This was well expressed by the key informant that sometimes when the hearing are signing in an integrated group setting. Usually the deaf do not get the common jokes of the hearing persons or some information that is being transmitted through signing.

In the study, the deaf were asked whether all people ought to learn sign language .The finding is that 15.2% of the respondents disagreed while 62.1% agreed. However, 22.7% did not agree nor disagree. The study also aimed at demonstrating whether attitude projection is a matter of personal perception where 6.1% disagreed, 22.7% agreed and a majority of them, 71.2%, did not agree or disagree. One of the key informants had indicated that the likeability from deaf persons was dependent on how they perceived one is handling them from the hearing world. The findings also demonstrated that 6.1% of the correspondents strongly disagreed that the hearing people stereotype the hearing impaired while 80.3% of the correspondents agreed. However, 13.6% neither agreed nor disagreed.

#### **4.4.2.1 Models of hearing impairment**

This area of models of deafness identified only one person who was aware of any models of deafness, thus representing 1.5% of the total number of respondents. This respondent indentified with the medical model because she was born hearing and later became deaf through a bilateral ear infection.

#### **4.4.2.2 The use of technology by the hearing impaired**

All the respondents interviewed indicated the knowledge of use of technology to communicate effectively with hearing persons. They mentioned the use of mobile phone as their main technology tool. All the respondents indicated use of short messaging service (sms). Those who indicated use social media platforms constituted of 13.9% of the total number of respondents.

#### **4.4.3 Factors that influence the attitude of the hearing impaired persons towards the hearing persons**

The study on the findings whether the ability to communicate using sign language has alienated the respondents indicated that 10.6% strongly disagreed while 57.6% strongly agreed with 31.8% neither agreeing nor disagreeing. Horne and Pennington (2010), argue that this maybe because of the misconception that all deaf people understand the various sign languages.

The study also sought to find out whether the hearing people considered the respondents handicapped. The findings showed that 12.1 % of them disagreed while 45.5% of them agreed. This may be due to some of the hearing-impaired persons being in gainful employment with the hearing persons as echoed by one of the key informants. However, 42.4% did not agree nor disagree. The study also sought to find out whether the respondents found themselves handicapped, where 45.4% of them disagreed. They thought themselves not to be handicapped while 27.3% agreed to have thought themselves as handicapped. This affirms Hunter et al's (1975) view that the deaf have constantly been viewed as objects or recipients of care.

The findings from whether the respondents considered the myths by the hearing persons regarding the hearing-impaired people showed that 16.7% of those surveyed disagreed while 72.7% of them agreed. On the other hand, 10.6% neither agreed nor disagreed. The study also found that in regards to socialization having an influence on their attitude towards the hearing persons, 16.7% of them disagreed with 72.7% agreeing. However, 10.6% of them did not agree nor disagree. The findings on whether the hearing persons do not understand the deaf culture showed that 6.1% of them disagreed while 53% agreed. However, 40.9% neither agreed nor disagreed.

**Table 4.6: Factors influencing the perceptions of the hearing impaired towards the hearing people**

Statement	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	TTOTALS	
						Percent	N
A Ability to communicate using sign language has alienated me from the hearing people.	10.6	0	31.8	0.0	57.6	100	66
I feel the hearing people consider me as disabled and handicapped.	0	12.1	42.4	19.7	25.8	100	66
I do not consider myself as disabled or handicapped	10.6	34.8	27.3	6.1	21.2	100	66
I I consider they are many myths by the hearing regarding the hearing impaired.	7.6	9.1	10.6	10.6	62.1	100	66
I consider my socialization has affected my attitude	10.6	6.1	10.6	21.2	51.5	100	66
The hearing people do not understand our deaf culture	6.1	0	40.9	0.0	53.0	100	66

#### 4.4.3.1 Sign languages

The respondents indicated knowledge of two sign languages that is, the Kenya Sign Language (KSL) and Sign Exact English (SEE), with 100% acknowledgement. However most them preferred KSL, which they said is easier for communication. One

respondent indicated to be aware of the American Sign Language although she indicated she does not know how to sign using it.

#### **4.4.3.2 Myths associated with hearing impairment**

The 100% of the respondents said they are in knowledge of certain myths associated with deafness. The results were, 81.1% and 68.2% named curses and witchcraft respectively as some of the most common myths associated with deafness, while 39.4% of the respondents named illness as a myth. Worth noting is that most of the myths captured in the literature review were not given as responses. For example, there exists a perception that deaf people cannot drive vehicles as one of the respondents said that they were denied a chance to take a driving test exam despite having enrolled to a driving school and trained. This was further reinforced by one of the key informants, who mentioned the same issue.

#### **4.4.3.3 Deafness as culture**

From the findings, all of the respondents indicated to know deafness as a culture and they fully identified with it. The respondents also gave a general view of what makes them form certain attitudes towards the hearing persons. There was an indication that hearing people do not take time to understand their way of life. Some also felt the hearing persons consider them as disabled instead of a language minority.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introductions

This chapter presents the summary of the study findings, conclusions and recommendations. The objective of the study was to study the attitude of the hearing impaired towards the hearing persons.

#### 5.2 Summary of Findings

The study found out that the majority of the respondents indicated to know deafness as a culture and they fully identified with that culture. The respondents also gave a general view of what makes them form, certain attitudes towards the hearing persons. There was an indication that hearing people do not take time to understand their way of life. Some also felt the hearing persons consider them as disabled rather than as a language minority. Based on the information reinforced by the key informants the deaf or the hearing impaired persons feel there is a high level of isolation by the hearing persons and there is no deliberate efforts to integrate them especially having common church services as many times as possible.

##### 5.2.1 Social demographic characteristics of the Hearing impaired

The number of those surveyed was 66 persons representing 42.4% male and 57.6% female. The marital status of those interviewed were 54.5% married. The single constituted 39.4%, and those separated or divorced were 6.1%. The distribution of the degree of hearing impairment constituted 92.4% of the Deaf-(Big D) and Hard of hearing 7.6%. The population of the ones who had completed high school education was 47% of those surveyed. Those between the ages of 21-38 years constituted the largest group of the respondents with 77.3% representation.

##### 5.2.2 Types of close relationship and interactions between the hearing impaired and the hearing persons

The findings came up with the hearing-impaired persons having daily interactions with the hearing persons. These interactions are mostly in public places like supermarkets, public transport, schools, churches and social gatherings, which were at a level of 87.9%. However, there was an expression that being interactive situation with the hearing persons does not necessarily mean having close relationships, with 45.5% acknowledgement. Thus indicating that it is a matter of necessity for the smooth flow of life activities hence, the interactions. The use of technology received a 100% rating by the respondents with all of them acknowledging the use of short messaging service (sms) as key interaction and communication tool.

##### 5.2.3 Factors influencing perception of the hearing impaired

The findings came with factors that may influence the attitude of the hearing-impaired ranging from stereotyping to myths that are commonly linked with deafness. Therefore, the reason why some of the hearing impaired persons had the perception they view themselves as handicapped. All respondent indicated knowledge of some form of sign language, with the preferred language being K.S.L. In addition, some of the respondents 57.6% expressed using sign has alienated them from the hearing persons. All the surveyed respondents identified with the deaf culture and there was a general feeling that the hearing persons do not really know much about it.

### **5.3 Conclusion**

Too often, research in deaf culture is performed without seeking authentic input from those participants in the deaf community being researched. As a result, the hearing impaired like those in this study are not usually sought after or are missing altogether in research related to them. However, there is hope that the trend of missing input from non-mainstreamed populations like the deaf will change in future researches. As an alternative to the usual approach taken by researchers in the deaf community, researchers will come to realize the value of including the deaf community in the conversation on understanding their attitudes formations towards the hearing populace.

### **5.4 Recommendations**

The Study recommends:

- i. The Hearing impaired communities should be involved in the dialogue about their culture, and ensuring they are provided with authentic opportunities in studies about them. This will help to enhance positive attitudes towards the hearing persons.
- ii. The hearing impaired should be provided with all information about them for the sake of expanding their present body of knowledge and perpetuation of future generations of their kind.
- iii. The policy makers like, the religious bodies, the government, learning institutions and NGOs should deliberately integrate the Hearing Impaired persons in the mainstream society. This will create a possibility for a whole new wealth of knowledge coming to fruition with the possibility of benefiting the current and future hearing impaired and hearing persons.

## REFERENCES

- Andrews, J., 2004 *Deaf People; Evolving Perspectives from Psychology, Education, and Sociology*. Boston: Pearson.
- Archer, J 2002. *Sex and Gender* second edition. Cambridge: Cambridge University Press.
- Ballantyne, J.,1997 *Deafness*. New York: Longman
- Bandura, A., 1977 *Social Learning Theory*. England; Oxford University Press.
- Barnett, S. and Franks, P., 2002. Health care utilization and adults who are deaf: relationship with age at onset of deafness. *HEALTH SERVICES RESEARCH-CHICAGO-*, 37(1), pp.105-120.
- Borg, W. R., & Gall, M. D. (2003). *Educational Research: An Introduction* (Fifth ed.).New York: Longman.
- Burns, N. & Grove, S.K. 2003. *Understanding nursing research*. 3rd ed. Philadelphia: Saunders Company.
- Corina, D. and Singleton, J., 2009. Developmental social cognitive neuroscience: Insights from deafness. *Child development*, 80(4), pp.952-967.
- Crocker, J., and Quinn, D.M., 2000. Social stigma and the self: Meanings, situations, and self-esteem. In T.F. Heatherton, R.E. Kleck, M.R. Jekl, & J.G. Hull (Eds.), *Stigma: Social psychological perspectives*. New York: Guilford.
- Dimoski, S., Eminović, F., Stojković, I. and Stanimirović, D., 2013. Contact with Persons with Hearing Impairments as a Correlate of Children's and Adults' Attitudes towards These Persons. *Hrvatski časopis za odgoj i obrazovanje*, 15(3), pp.611-628.
- Duve, A., 2015. "How Can They Believe in the One of Whom They Have Not Heard? And How Can They Hear without Someone Preaching to Them?" *Evangelizing the Deaf Community by Overcoming the Obstacle of the Spoken Word* (Doctoral dissertation).
- Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes*. San Diego: Harcourt Brace Jovanovich College Publishers.
- Furnham, A. and Lane, S.,1984. Actual and perceived attitudes towards deafness. *Psychological medicine*, 14(02), pp.417-423.
- Garza, M. A., 1996. Listening to Deaf Medics. *Journal of Emergency Medical Services-JEMS*, 21(7), 50-52.

- Giddens, A., 1997. *Sociology*. (3rd Ed.) Cambridge: Polity Press.
- Goggin, G. and Newell, C., 2003. *Digital disability: The social construction of disability in new media*. Rowman & Littlefield.
- Government of Kenya, GoK 2007 a. *Ministry of Youth Affairs, Kenya National Youth Policy 2007*. Nairobi: Government Printer.
- Government of Kenya, GoK 2008. *Kenya National Survey for Persons with Disabilities*. March, 2008. Nairobi: Government Printer.
- Government of Kenya, GoK, 2010. *Constitution of the Republic of Kenya* published August 2010. Nairobi: Government Printer.
- Horne, N. and Pennington, J., 2010. The role of the Nurse Specialist in the highly specialized field of Mental Health and Deafness. *Journal of psychiatric and mental health nursing*, 17(4), pp.355-358.
- Hunter, R.J. et al., 1990. *Dictionary of Pastoral Care and Counseling*. Nashville: Abingdon Press.
- Hybels, S and Weaver, R., 2007. *Communicating Effectively*. (8th ed.). New York: McGraw-Hill.
- I. M. Schlesinger & Lila Namir (eds), (1978) *Sign language of the deaf*. New York: Academic Press.
- Jaeger, R. M., 1988. *Survey Methods in Educational Research*. Washington D.C. Brooking Institution Press.
- Jay, M., 2011. Start American Sign Language: ASL American sign language. Article retrieved July 7, 2015 from <http://www.start-american-sign-language.com/history-of-sign-language.html>.
- Keating, E. and Mirus, G., 2003. American Sign Language in virtual space: Interactions between deaf users of computer-mediated video communication and the impact of technology on language practices. *Language in Society*, 32(5), pp.693-714.
- Kenya National Bureau of Statistics (KNBS), 2010. *Kenya Population and Housing Census, 2009*. Nairobi: Government Printer.
- Kerlinger, F. N., 1973. *Foundation of behavioral science*. New York: Holt, Rinehart and Winston.
- Kirk and Gallagher, 1983. *Exceptional Children*. London: Houghton Press.

- KISE (1993) Hearing Impaired Children. Special Education in Service Course for Teachers, Distance Education Programme. Nairobi: KISE Printing Press.
- Lebuffe, F. P., & Lebuffe, L. A., 1979. Psychiatric aspects of deafness. *Primary care*, 6(2), 295-310. <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=med1&NEWS=N&AN=258813> <http://wfdeaf.org/human-rights>. Retrieved August 4, 2015.
- Levy, N., 2002. Deafness, culture, and choice. *J Med Ethics*, 28(5), 284–285. <http://doi.org/10.1136/jme.28.5.284>
- Marschark M., and Spencer P., 2011. The history of Language and Communication Issues in Deaf Education. In Donald. F(Ed) *The Oxford Handbook of Deaf Studies, language, and education*. New York: Oxford University Press, pp17-29.
- Meadow, K.P., 2005. Early manual communication in relation to the deaf child's intellectual, social, and communicative functioning. *Journal of Deaf Studies and Deaf Education*, 10(4), pp.321-329.
- Meir, I., Sandler, W., Padden, C. and Aronoff, M., 2010. Emerging sign languages. *Oxford handbook of deaf studies, language, and education*, 2, pp.267-280.
- Miller, N.J and Dollard, J., 1941. *Social Learning and Imitation*. New Haven: Yale University Press.
- Mugenda ,O.M and Mugenda, A.G., 1999. *Research Methods Quantitative and Qualitative Approaches*. Nairobi: Act Press.
- Mugo, K.J. et al., 2010. “Testing Youth Transitions in Kenya; Are young people with disabilities falling through the cracks? Working Paper No. 34 of the Consortium on Educational Outcomes and Poverty, 2005–10.
- Mwanamwenda, T. S., 1995. *Educational Psychology: An African Perspective*. Durban: Heinemann.
- Nachmias, F., 1996. *Research Methods in the Social Sciences* Oaks: Sage publications
- Napier, R.W. Gershenfeld, M.K., 1993. *Groups, Theory and Experience*, (Fifth Edition). Boston: Houghton Mifflin Company.
- Ogula, P. A., 2005. *Research Methods*. Nairobi: CUEA Publications.
- Olson, Mancur .,1971. *The Logic of Collective Action: Public Goods and the Theory of Groups* (Revised edition Ed.). London: Harvard University Press.

- Orodho, A. J. ,2003. *Essentials of Educational and Social Sciences Research Method*. Masola Publishers, Nairobi.
- Padden C.A., & Humphries T., 2005. *Inside deaf culture* .Cambridge, MA: Harvard University Press.
- Padden C.A., Humphries T.,1988.Deaf in America: voices from a culture. Cambridge, MA: Harvard University Press.
- Padden, C. ,2007 .*The decline of Deaf clubs in the US: A treatise on the problem of place*. In D. Bauman (Ed.) *Sightings: Explorations in Deaf Studies*. Minneapolis: University of Minnesota Press.
- Padden, C. and Ramsey, C., 1993. Deaf culture and literacy. *American Annals of the deaf*, 138(2), pp.96-99.
- Power, M.R., Power, D. and Horstmanshof, L., 2007. Deaf people communicating via SMS, TTY, relay service, fax, and computers in Australia. *Journal of deaf studies and deaf education*, 12(1), pp.80-92.
- Quigley, S. and Krestchener, 1999. *The education of deaf children*. London: Edward Arnold Publishers.
- Robert E. Lana and Dalph L. Rosnow., 1972. *An Introduction to Contemporary Psychology*. Holt, Rinehart and Winston Inc: New York.
- Scheetz, A N. (2012) *Deaf education in the 21<sup>st</sup> Century*. Boston: Pearson.
- Sills, E. ,1968. *International encyclopedia of the social sciences*, (vol 2). The Macmillan Company and the free press, Cromwell collier and Macmillan, Inc, USA.
- Staats, A.W. and Staats, C.K., 1958. Attitudes established by classical conditioning. *The Journal of Abnormal and Social Psychology*, 57(1), p.37.
- Stephen N, Nzuve.,1989. *Elements of Organizational Behavior*. Nairobi University Press: Nairobi.
- Talcott parsons and Edward Sills, eds., 1967.*Towards a general theory of action*, Cambridge, mass& London: Harvard university press, London.
- The National Coordinating Agency for Population and Development and the Kenya National Bureau of Statistics. 2008. *Kenya National Survey for Persons with Disabilities*. Nairobi, Kenya.
- Thomas, Carol. ,2007. *Sociologies of disability and Illness*. New York: Palgrave MacMillan

- Winzer, M. A., 1998. A tale often told: The early progression of special education. *Remedial and Special Education*, 19(4), 212-218.
- Woodward, J. & Allen, T., 1993. Models of Deafness Compared: A Sociolinguistic Study of Deaf & Hard of Hearing Teachers. *Sign Language Studies* 79(1), 113-126. Gallaudet University Press. Retrieved March 13, 2016, from Project MUSE database.
- Woolsey, M. L., Harrison, T. J., & Gardner III, R. (2004). A preliminary examination of instructional arrangements, teaching behaviors, levels of academic responding of deaf middle school students in three different educational settings. *Education and Treatment of Children*, 27(3), 263-279.
- World Health Organization. *Prevention of Deafness and Hearing Impairment. Factsheet: Deafness and Hearing Impairment*. Retrieved August 4, 2015. From: <http://www.who.int/mediacentre/factsheets/fs300/en/index.html>
- Wrigley, O., 1997. *The Politics of Deafness*. Washington: Gallaudet University Press. Retrieved March 31, 2016, from Project MUSE database.
- Zanna, M, P, Kiesler, C.A and Piconis, D.A., 1970. "Positive and Negative attitudinal effect established by Classical Conditioning." *Journal of Personality and Social Psychology* 14:321-328

## APPENDICES

### Appendix I: Introductory Letter

Dear Sir/Madam

I am a Masters student in the department of Sociology and Social Work at the University of Nairobi. As part of the requirements for the award of the degree. I am undertaking a study on “**A STUDY OF THE ATTITUDE OF THE HEARING IMPAIRED TOWARDS THE HEARING.CASE STUDY IN P.C.E.A ST ANDREWS CHURCH, NAIROBI.**” I am therefore seeking your assistance to fill the questionnaires attached.

Your co-operation will be highly appreciated.

Yours faithfully,

Ashton Kinyanjui Ng`ang`a

### Appendix II: Questionnaire

This questionnaire is to be administered to the members of the hearing impaired community in PCEA St Andrews church, Nairobi.

Questionnaire Serial number.....

Date of Interview.....

#### Section A: Socio- Demographics characteristics

1. Name of the respondent (Optional).....

2. Gender.....Male..... Female.....

3. Age

(a) 15- 20 [ ]

(b) 21- 26 [ ]

(c) 27- 32 [ ]

(d) 33- 38 [ ]

(e) 39- 44 [ ]

(f) Above 44 years [ ]

4. Marital Status

- (a) Married [ ]
- (b) Single [ ]
- (c) Separated /divorced [ ]

5. Degree of Hearing Impairment

- (a) Deaf-Big D [ ]
- (b) Hard of hearing [ ]

6. Level of education.

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| (a) Primary school not completed [ ] | (b) Primary School completed [ ] |
| (c) High school not completed [ ]    | (d) High school completed [ ]    |
| (e) College not completed [ ]        | (f) College completed [ ]        |
| (g) Graduate [ ]                     | (h) Post graduate [ ]            |

**SECTION B**

**7. Does deafness affect the hearing impaired to view the hearing persons?** Use a scale of 1 to 5 where 1 = strongly disagree, 2 = disagree, 3= neither agree nor disagree, 4 = Agree, 5 = Strongly Agree

Statement	1	2	3	4	5
a. I consider a deaf friend as more close compared to my biological hearing family.					
b .I easily and often interact with the hearing people.					
c. I do not mind being in a social gathering with the hearing people as long as I have an interpreter.					
d. I like having hearing friends.					
e. I consider the hearing more capable and advantaged than I am.					

8. Do you have any close hearing friends and family members? Yes/No. Please explain.....  
 .....

9. How would you say is your relationship with the hearing people? Please explain.....  
 .....

10. Kindly list the places you often interact with hearing persons.

- i. ....
- ii. ....
- iii. ....
- iv. ....
- v. ....
- vi. ....

11. What would you say was your experience in the above-mentioned interaction? Please explain.

.....  
 .....  
 .....

**SECTION C**

**12. Why is the attitude of the hearing-impaired persons towards the hearing persons projected in a particular way according to the following statements?**

Use a scale of 1 to 5 where 1 = strongly disagree, 2 = disagree, 3= neither agree nor disagree, 4 = Agree, 5 = Strongly Agree

Statement	1	2	3	4	5
a. It is very easy to understand a deaf communicating with me as compared to sign language interpretations from hearing persons.					
b. I normally feel isolated in a group of hearing people, despite them using sign language					
c. I think all people should be should be able to use sign language.					
d. I think attitude projection is a matter of personal perception.					
e. I feel the hearing people stereotype the hearing impaired					

13. Do you know of any models of hearing impairment or deafness? Yes/No. If yes Name and explain

.....  
 .....

14. Do you consider yourself to fit in any of the above models that you have mentioned? Yes/No. If yes or no, say why.

.....  
 .....

15. Do you know of any form technology that helps hearing impaired communicate effectively both with hearing impaired and hearing persons? Yes/No, Explain

.....  
 .....

16. Do you rely on technology for communication? Yes/No. If yes, which one/s. explain.....  
 .....

**SECTION D**

**17. What are the factors that influence the attitudes of the hearing-impaired persons towards the hearing persons?**

Use a scale of 1 to 5 where 1 = strongly disagree, 2 = disagree, 3= neither agree nor disagree, 4 = Agree, 5 = Strongly Agree

Statement	1	2	3	4	5
a. Ability to communicate using sign language has alienated me from the hearing people.					
b. I feel the hearing people consider me as disabled or handicapped.					
c. I do not consider myself as disabled or handicapped					
d. I consider they are many myths by the hearing people regarding the hearing impaired people.					
d. I consider my socialization has influenced my attitude towards the hearing people.					
f. The hearing persons do not understand our deaf culture.					

18. Are you aware of different sign languages? Yes/no. Name them please.....

19. Do you use any of these sign languages and how did you learn it? Explain.....

20. Do you know of some of the myths associated with hearing impairment? Yes/No.

If yes kindly, list them below.

- I. ....
- II. ....
- III. ....
- IV. ....

21. Do you consider hearing impairment or deafness as your culture ? Yes/No If yes or no say why

.....  
.....  
.....

22. What aspects of being deaf do you think make it necessary for different attitudes to be formed towards the hearing persons? Explain.

.....  
.....  
.....

Thank you for responding.

### **Appendix III: Key Informant Schedule**

The key informant interview schedule to be used on key respondents at the Deaf Ministries of PCEA St Andrews Church, Nairobi in an assessment of the attitude of the hearing-impaired persons towards hearing persons.

Questions.

1. What in your opinion is the typical social demographic profile of your deaf congregation?
2. Does the attitude of the hearing impaired persons towards the hearing people shape the behaviors of the hearing impaired.
3. From your experience with interacting with the hearing impaired persons how would you say of the below factors in influencing their attitude towards the hearing persons.
  - a) Their attitude towards Deafness?
  - b) Their attitude towards the hearing persons?
  - c) Do the members of the hearing impaired congregation know of a deaf culture ?
  - d) Do they identify themselves with deaf culture and what can you say they consider as the deaf culture?
  - e) What would you say of the relationship of the hearing impaired with their families be either hearing members or hearing impaired members?
4. How would you describe the general understanding of the deaf community on how they view the hearing persons and if they do indentify with any model of deafness?
5. What would say regarding the hearing impaired interaction with the hearing persons, especially when seeking various services? Like health care, church participation, seeking education and jobs.