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Deaf Culture in Mombasa and HIV/AIDS Education

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Deaf Culture in Mombasa and HIV/AIDS Education

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Kenya Coastal Cultures Program
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My study simply could not have been completed without the welcome and the support of the deaf community. I may have “truly loved the deaf” because I sat for hours conversing people in the Coast Deaf VCT and in front of the General Post Office by Abdalla Kitisao’s business, but I never would have learned anything if it hadn’t been for the graciousness of the deaf community and their willingness to accept a white, American, hearing woman who initially did not know any Kenyan Sign Language and teach her a thing or two about the way the deaf live in Mombasa. Thank you especially to the staff of the Coast Deaf VCT: Ruth Akinyi, Joseph Barasa, Henry Maina, Lillian Nalobo, Elizabeth Mwamburi, and Benedict Tsuma. Thank you also Truphosa Atieno, Abadalla Kitisao, Eliakim Olunga, and everyone else who spent time sharing their lives with me in front of the Posta and at various associations and club meetings. Megan Youngs and Linda Lubin, as American Peace Corps Volunteers, were able to offer helpful insights into and a bridge between American and Kenyan deaf culture. Finally, I am in debt to my advisor Dr. Donna Pido for giving me the courage and drive to first enter the VCT and begin a project in a language I did not speak, and to Athman Lali Omar and Jamal Omar for their constant support and guidance throughout this program.

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Abstract

Ten years ago a crisis was recognized by the Kenyan deaf community when it was realized that the country's roughly 1 million deaf citizens had received little or no education about the HIV/AIDS pandemic. In Kenya, as elsewhere, the deaf population has formed a community characterized by a common, shared language and experience as a disabled population. The intricacies of this unique culture affect their interactions with the majority hearing community as they have their own customs and ways of interacting with one another that are distinct from the hearing majority. In 2004, the first VCT (Voluntary Counseling and Testing) center for the deaf staffed by mostly deaf employees was opened in Nairobi. My study analyzes the newly conceived efforts towards HIV/AIDS education within the context of the deaf community of Mombasa.

Introduction

There are “[t]hree million Kenyans [who] are disabled in one way or the other. ... about 31% have a hearing impairment.” There were between 930,000 and 1 million deaf people living in Kenya as of 2004. In the Coast Province, there are roughly 116,000 deaf adults, 44% of which are between the ages of 20 and 40 (Omondi, 2004). The members of this community mostly speak Kenyan Sign Language (KSL), which provides them a unique opportunity to come together as a community, particularly in cities where the deaf population has a chance to interact in a single locale despite diverse and varied backgrounds and experiences. Their shared language has encouraged the Kenyan deaf population to form a community of shared language and experience. “A person is said have a hearing disability or (Deaf) if *‘he/she could not hear at all or could only hear loud sounds or could only hear shouted words or could only hear when the speaker was sitting in front of them, or would usually ask to repeat words spoken, or would like to see the face of the speaker* (Omondi, 2004, italics in the original).” The communication barrier that exists between the deaf and the hearing helps to separate this unique population from the majority. This has unfortunately meant that the majority of the deaf population missed the wealth of communications over the last ten years about the HIV/AIDS pandemic. My study first describes and examines the deaf community in Mombasa, focusing on dividing factors within the deaf community such as level of education, employment, gender, religion, politics, and corruption. I then examine two HIV/AIDS education efforts, including their effectiveness, successes, and challenges, within the context of this deaf culture.

There are two groups working towards the education of the deaf population in Mombasa about HIV/AIDS. KNAD made a plea to the media the 29 of August, 2002 that the deaf population was roughly ten years behind the hearing population in their knowledge of HIV/AIDS

(“Shocking Revelations”). This is because most hearing people in Mombasa get their news and other information from the radio, television, and newspaper. They have been able to hear and understand media campaigns to educate the general public about HIV/AIDS from the very beginning. The deaf population are hard pressed to obtain information from these sources. The radio is not an option for deaf adults for obvious reasons. While deaf adults do watch the television, it is difficult to obtain any real information from it because, unlike in the US, there is no closed captioning of television programs in Kenya. Several staff members of the deaf VCT enjoy watching action videos partially because no language is needed to follow the plot. One of the Kenyan news networks used to show the week’s news would be reported in KSL once a week, but they have since cut the program (Maina, 19/4/05). Finally, the newspaper is an option for some deaf adults but the high rate of illiteracy in the deaf population makes this a poorly utilized option. Due to the nature of the deaf community, communication with the hearing majority is naturally difficult and so most deaf adults were (many still are) fairly ignorant about the AIDS pandemic. People slowly began to realize how crucial it was to educate the deaf about HIV/AIDS and promote behavior change.

Setting

There are three VCT (Voluntary Counselling and Testing) centers for the deaf in Kenya located in Kisumu, Mombasa, and Nairobi. The deaf population in Mombasa is distinct from deaf communities located up-country. Mombasa is the largest city in the Coast Province and is home to a large mix of Kenyans from all over the country. Up-country Christians intermingle with the substantial local Muslim population creating a uniquely coastal dynamic that affects relationships and tensions in the deaf community as well as the broader hearing community. The

members of the relatively small and concentrated deaf community have more frequent, consistent contact with one another than the population as a whole which in turn magnifies so issues of contention within the community, such as religion.

In Mombasa, deaf community gatherings take place either at the Mombasa General Post Office (GPO) or Ziwani Primary School for the Deaf. In front of the GPO there are several small businesses vending mainly candy and cigarettes to passers-by. Abdalla Kitisao and Eliakim Olunga began the first business of this sort roughly seven years ago and have, overtime, built up a sizeable clientele used to interacting with deaf vendors (Olunga, 15/4/05). Many deaf people stop by periodically throughout the day to rest and chat inbetween their various activities in the considerable amount of time I spent conversing there, rarely were there fewer than three or four people there. This area has become, over the years, a hotbed of deaf political activity and one of the centers of activity in the deaf community. Conveniently (or perhaps deliberately?) the deaf VCT is located within the GPO building itself.

Methodology

Most of my information was gathered through informal interviews and participant observation. I spent hours sitting and conversing with members of the deaf community, primarily with the men selling candy and cigarettes in front of the GPO or at the Coast Deaf VCT center on the third floor of the GPO. I visited several deaf associations and participated in other activities including the Deaf Youth Congress, Deaf Youth Sports Club soccer practice and a game, Mombasa Deaf Youth Drama Group, P.C.E.A. (Presbyterian Church East Africa) Makupa Church Sunday service for the deaf, Pwani Deaf Association, United Coast Deaf Women's Group, and a peer education workshop hosted by Family Health International (FHI). I also

visited the Bombolulu workshop and the Shanzu Transitional Workshop for Disabled Girls sponsored by the Kenya Girl Guides. I conducted formal interviews with the chairman of the Care and Support Group, at the Coast General Hospital, at Family Health International, and with the sitting headmistress of the Cerebral Palsy Foundation. Wherever possible throughout this paper I have included the date on which I learned information that I cited.

Limitations

Due to the nature of the deaf community in Mombasa, the fact that I am a white, American, hearing woman severely limited the depth of my study. The deaf community as a whole is generally distrustful of those who can hear. This bias can be understood within the context of the hearing community's long history of discriminating against the disabled. For example, members of the deaf community are consistently refused employment for a variety of jobs despite their education level, training, or capabilities. Members of the hearing community have also consistently taken advantage of the deaf community, exploiting their inability to communicate easily with the majority of the population. Sexual abuse of deaf women and monetary corruption are two of the most frequent ways the hearing take advantage of the deaf. As a result, the deaf community is generally distrustful of even well-meaning hearing people, believing that they are better able to help themselves than outsiders.

My whiteness and hearing status combined with my lack of proficiency in KSL has kept me on the surface level of deaf culture due to people's distrust of me as an outsider. I began to scratch below the surface towards the end of my study by forming trusting friendships with a few members of the deaf community. There simply was not enough time, however, to form the types of necessary bonds to prove myself as trustworthy and honest to the majority of the deaf

community. Because I am an outsider to Mombasa deaf culture, the information people shared with me was rarely straightforward and always had their own benefit in mind. People responded to me differently depending on, for example, whether they viewed me as a sympathetic student (read, poor) or a wealthy American. I am well aware that some people intentionally misinformed me, consciously contributing their own biases and desires to their communications with me, largely because of my hearing status. Other people did so unintentionally and unconsciously. Some of the information I received directly contradicted information I gleaned from others. To counteract this, I tried to ask the same questions to several different people in different settings to obtain a more complete and accurate picture of deaf culture. In this paper, I have tried my best to tread the delicate line between truth and fiction and to be as honest and fair as possible in my reporting of my experiences.

Although I am conversant in American Sign Language (ASL), I was unable to master KSL in such a short time. I did learn enough vocabulary and grammar to be able to understand most conversations and to make myself understood, but rarely were interactions were easy or fluid. My prior signing ability was definitely helpful, enabling me to learn as much KSL as I did and helping me form friendships with deaf adults. My knowledge of ASL helped demonstrate that my dedication to and interest in the deaf people is an ongoing part of my life and not simply a superficial whim. I was able to learn enough KSL to facilitate useful and informative conversations, but I also recognize that any further, more in-depth study of the deaf community would require a mastery of KSL and formal language training.

Biases and Assumptions

I began learning ASL when I was nine years old through mainstreamed deaf friends in

my public elementary school. When I was a junior and senior in high school, I completed six quarters of ASL at a local community college. Through this opportunity, I became acquainted with and knowledgeable about the deaf community in western Washington. These interactions have strongly colored how I view the American deaf community and deafness in general. For example, I believe that sign language (as opposed to signed code such as Signed Exact English (SEE) or the oral method of voicing and lipreading) is the best and easiest mode of communication for most deaf individuals. I also began my ISP expecting to find a deaf community that was linguistically and culturally distinct from the hearing majority. I, of course, view deaf adults as equal in every manner to their hearing counterparts, but the American deaf community has given me the further insight that deafness does not always have to be a disability. Many American adults who consider themselves not just physically, but culturally deaf view their deafness not as a disability, but the impetus for communicating in a different language and participating in a rich and unique culture.

The majority of the deaf people I interacted with in Mombasa were relatively well-educated adults with secure, reasonably well-paying jobs. This is partially because I centered much of my research at the Liverpool VCT which tended to employ better educated deaf persons. Another reason for this, however, is that communication with well-educated deaf adults was much easier for me as these people usually had a good knowledge of written and spoken English and often knew a fair amount of ASL signs. Because I did not know KSL when I began my research, my early communications consisted mainly of written English and a signed conglomeration of KSL and ASL. As my research progressed, I began to pick up more KSL signs and was better able to communicate with people who spoke only KSL, but communication remained easiest with those members of the deaf community who could write or fingerspell

words or phrases that I did not understand. Because of the contention between educated and uneducated members of the community (which I will discuss later in this paper), my predilection towards interactions with more educated deaf adults definitely biased my research and the type of information I received.

Hearing and Deaf Interactions

Interactions between the hearing and the deaf communities rarely run smoothly. There is a good deal of mutual distrust between the two groups making it difficult for even well-meaning hearing persons to successfully penetrate the deaf community as agents of positive change. The majority of the hearing people I have interacted with know relatively little about the deaf, rarely recognizing that sign language is not universal and that KSL is separate and distinct from ASL or British Sign Language (BSL). The population at large is relatively ignorant about the various causes and results of deafness. Many people wrongly assume that deafness goes hand in hand with mental retardation, mental illness, or both. These beliefs exist in the US as well as in Kenya, but blatant discrimination against disabled person is more socially accepted in Kenya than in the US.

Discrimination against the deaf and other disabled persons is inherent even in the Kiswahili words used to describe deafness. *Bubu* is a word used to describe people who are unable to speak and is frequently used to refer to a deaf person. It is in the *ji/ma* noun class, not in the *m/wa* noun class used to describe humans and animals and therefore the use of *bubu* is dehumanizing. Most deaf people consider this word to be quite pejorative and are insulted when other people use it (Maina, 27/4/05). Another word used to describe the deaf is *kiziwi*, in the *ki/vi* noun class. The *ki/vi* noun class is used to describe diminutive, non-human objects. Some people

argue that *kiziwi* is not an insulting adjective as long as one uses the linking articles and other descriptors from the m/wa noun class. Despite this fact, however, many deaf people still consider *kiziwi* to be a derogatory adjective, although admittedly not as abrasive as *bubu*. Given the choice, many deaf would prefer to be referred to as *asiye sikia*, or a person without hearing (Maina, 27/4/05). This terminology is slow to catch on, however, and I did not once hear a hearing or deaf person use this phrase. More frequently, I heard sensitive members of the hearing community insert the English word *deaf* into their Kiswahili conversations to avoid using either *kiziwi* or *bubu*. I attempted to use *asiye sikia* in my conversations when speaking in Kiswahili, but frequently found that I was not understood and so either used *deaf* or *kiziwi* (although sparingly) when there seemed to be no other option.

In addition to the problems inherent in the language, the behavior of hearing people is often problematic when they encounter deaf individuals. In the US, it is customary to ignore people with disabilities, averting ones eyes so as to not draw attention to the affected individual. This action in and of itself is degrading and dehumanizing, but I was completely unprepared for the reaction of hearing people to the deaf signers in Mombasa. When I engaged in signed conversation on the streets, people walking by would often stop and stare. Sometimes, this was simply a matter of a lingering gaze as they walked past. Frequently, however, people would stop dead in their tracks, craning their necks around for a better view as they stood for minutes on end watching my conversations. I am sure that this was in part because they did not expect to see a white woman signing, but this behavior still occurred when I was not obviously a part of the signed conversation. Some people went as far as to mimic signing as they walked past, pretending to participate in the conversation while they were obviously rudely poking fun at the signers they aped.

I asked people whether they minded being stared at on the streets when they signed. Some people claimed that they did not mind the stares because they were proud to be deaf and to use their preferred mode of communication. Others stated that they tried to limit their signing while in public, preferring to pass as hearing as much as possible to avoid problems (27/4/05). What really upsets people, however, is when hearing people place their thumbs in their ears and waggle their fingers, sometimes calling out “bubu.” There is no mistaking this action as intentionally insulting and degrading. Physical violence is seen as the desired, if not always appropriate, response to the gesture (Barasa, 27/4/05; Kitisao, 28/4/05).

There were several occasions where Kenyans assumed that I was deaf myself simply because I was conversing in sign. Many times, once people decided that I was deaf, no amount of verbal discussion on my part could convince them otherwise. It was an interesting and illuminating experience to have people ignore my spoken language and continue to communicate with me through pointed fingers and indecipherable facial expressions. Hearing non-signers attempting to communicate with the deaf through “sign language” are very difficult to understand and make every day interactions in restaurants or on *matatu* challenging. While I could tolerate these relatively benign miscommunications, there were several times that people on the street called out deliberately insulting words, perhaps to find out whether or not I was really deaf. There was more than one instance that I was called a “*bubu mzungu*” as I walked down the street signing. On these occasions, I simply ignored the comments and allowed them to continue to think that I was deaf. Through these interactions, I began to get a sense of the difficulty of any attempt to change public attitudes and actions about deafness.

Because deafness makes communication with the hearing majority especially difficult, it has been relatively easy for the hearing to take advantage of the deaf in a variety of ways. Rape

of deaf women by hearing men is common enough that it came up organically in several conversations. Abuses of the deaf community of this sort by the hearing community occur partially because the hearing perpetrator believes (and this belief is not unfounded) that the deaf victim will be unable to effectively communicate about the crime and therefore the perpetrator has less risk of being caught. The legal system is not set up to assist the deaf and any interaction with the court system is an ordeal for the deaf who often have to go to some difficulty to find a competent interpreter if they wish to communicate at all.

As a rule, police officers in Kenya leave the deaf alone. While this is not true in every case, oftentimes if the police approach a deaf person all she needs to do is identify herself as deaf and the officer will move on his way. If covering her ears and shaking her head “no” does not do the trick, she can always pull out her KNAD identification card that states, for example, that, “Krystel Viehmann is a deaf Kenyan.” At this point, the police officer will apologize, and move on his way. I experienced this one night while chatting with a deaf friend past sunset. A police officer approached us, telling us sternly that we needed to move from where we were seated. When he asked me why my friend did not respond verbally to his request, I explained that he was deaf and attempted to translate the officer’s spoken English into KSL. The officer immediately apologized and explained that he would like us to move out of the dark to a well-lighted area for our own safety. We complied and the officer moved on. As we were walking away, my companion explained that I should not be worried because in Kenya the “police never bother the deaf (Maina, 21/4/05).” The deaf community seems to think that the police leave them alone because it is easier for them to ignore the deaf than to try to communicate with them.

Interpreters

Interpreters are often well-meaning members of the hearing community who have begun learning sign language for their own sense of self gratification. A typical story I was told by hearing signers to explain their interest in signing was that they came across a deaf person or a group of deaf people signing in church and desired to be able to communicate with them. These enterprising individuals usually then proceeded to ask a deaf individual to teach them how to sign. Sometimes hearing signers have participated in make-shift, informal KSL classes. This is often the extent of a hearing signer's progress with KSL. I have met several hearing signers who desired nothing more than to be able to communicate intermittently with the deaf community, feeling self-gratification when they had been successful at communication. Usually, their signing level is very basic and communication halting. The deaf response to these hearing signers is generally genial, they are happy to oblige the hearing person with a miniature sign language lesson as long as the communication is short and non-invasive.

It is rare that a hearing signer has been given formal language training in a classroom setting. This is partly due to a general scarcity of KSL courses as well as the informal nature of most hearing signer's interest in KSL. People who do take formal courses or who continue on to master the language often act as interpreters. Indeed, even hearing signers who have not mastered KSL act as interpreters at informal gatherings such as meetings or church services. There is currently no formal interpreter training or certification program for KSL in Kenya, therefore any hearing person who knows enough sign to be hired as an interpreter in a hospital or court has learned KSL of their own volition.

Deaf people recognize interpreters as an aid to most communications with hearing individuals, but many deaf people are unhappy and discontent with using interpreters. The majority of the complaints I observed about interpreters centered on their lack of skill and

inability to properly translate KSL into English. Many people complained that interpreters often misinterpret a deaf person's signs, simply making up a message when they did not understand a statement in KSL instead of asking for clarification. The deaf claimed to lip-read the interpreter's statements and repeatedly noticed that the words the interpreter was speaking were different than the message they signed. Besides misinterpretation, the deaf accused interpreters of being corrupt and taking advantage of the deaf through their influence with the hearing, often through deliberate misinterpretation as well as incorrectly acting as the educated voice of the deaf community without the permission of the deaf community.

This does not mean that all interpreters in Kenya are bad, the good ones are just few and far between. The Jehovah's Witnesses, for example, have trained several fairly decent KSL interpreters because of their dedication to spreading the word of God through as many languages as possible (*Awake!*). Their interpreters attend formal language training, unlike most interpreters in Kenya. A downside to this is that it can add a strong religious bias to interactions with the interpreter and is potentially alienating to deaf members of the community who are not Jehovah's Witnesses.

Given the option, most deaf adults would choose not to have to use interpreters and instead to be able to communicate directly with the party of their choice. This would eliminate all of the problems that accompany interpreting such as misinterpretation, misrepresentation, corruption, and power imbalances. Because these problems are inherent in any system where there is no formal licensure of interpreters, many Kenyan deaf adults tend to be wary of all interpreters. They feel that most interpreters are just hearing people out to take advantage of a neglected, disabled group of people. What most deaf people in Kenya fail to take into account, however, is the capacity that the hearing have to help the deaf in more than simply monetary

ways. To facilitate communication, it is vitally important to use the services of a well-trained, capable interpreter. Instead of rejecting all interpreters, it would be far better to rally behind the few skilled interpreters, thus creating a legitimate demand for competent interpreters.

The quality of life of deaf Kenyans would be drastically improved by having available, qualified interpreters to ease interactions with the hearing majority. This simple action would grant the deaf community access to all of the crucial basic services, including hospitals, courts, governmental offices, education, etc. It would facilitate an exchange of ideas and thoughts currently exclusive to the hearing community in regards to a wide range of important social issues including HIV/AIDS, thus broadening the abilities of the deaf to respond to these issues. In short, access to well-trained, well-qualified interpreters would open up countless doors for the deaf community.

Deaf Politics and Corruption

The Mombasa deaf population interacts as a community primarily because all of its members speak the same language. Beyond a shared language and disability, it is rare that deaf Kenyans consider themselves a united group, even as a deaf community. Within the deaf community there are many divisions and deaf politics are usually quite heated despite outward appearances of geniality. Deaf politics encompasses a wide variety of activities, which can either unite or divide the deaf community. Some organizations openly admit that they are political organizations such as the Mombasa Deaf Youth Group. The status of others is more difficult to determine. Groups like KNAD and the Pwani Deaf Association are officially non-political associations although some people refuse to join these groups specifically because they view them as political organizations. Although all deaf political actions stem from the desire to be

equal and active members of society, corruption and other problems have marred its image and driven members of the deaf community away from participating in anything seen to be linked with politics.

Deaf politics most often occur when members of the deaf community feel wronged in some way. This includes seeking funds for HIV/AIDS education or awareness activities to rectify the fact that the deaf population had been left in the dark for so many years. It can also include rallying to unite behind or against an outside individual or group (both hearing and deaf) who has helped or hindered members of the community (Barasa, 2/5/05). These are both examples of deaf politicking that have the rare ability to unite members of the deaf community under a shared identity of deafness.

Deaf politics are often a dividing force when used against other deaf individuals and groups. When two separate deaf organizations are competing for the same funds, for example, things can become rather intense. This is a problem especially in cases involving funds for something like HIV/AIDS education that affect deaf individuals across the board, regardless of group membership. In an ideal situation, two deaf organizations could unite and combine their intellectual and other non-financial resources to most effectively utilize the funds provided. Unfortunately, corruption is one of the main driving force encouraging deaf groups strive for individual funds. As is true with many areas of Kenyan society, both deaf individuals and groups jump at opportunities to “eat money” and corruption is one of the most pernicious problems facing deaf adults today. It is important to note, though, that deaf Kenyans are no more or less corrupt than the population as a whole and they are affected by the same forces that drive hearing Kenyans to be corrupt.

Another dividing force within the deaf community regarding politics is the belief that

some deaf people to “oppress” other deaf people (Maina, 12/5/05; Olunga 24/4/05). When one deaf person does well for himself and strives to get ahead in life, other deaf people can become jealous and work to keep him from moving ahead. This can take the form of malicious gossip that hinders job prospects or a general form of politicking to encourage other deaf adults not to support the individual. As I will discuss in more detail later, one of the main dividing factors of the deaf community is level of education because it plays such a strong factor in job opportunity and therefore level of payment. The deaf community has the ability to make or break enterprising deaf individuals, depending on their status within the deaf community and how their motives are perceived.

Education and Employment

Level of education is a major bone of contention within the deaf community. Since independence, political and monetary power in Kenya has been concentrated up-country, directly affecting the level of development of the Coast Province. This is apparent in the educational facilities along the coast, especially in the absence of a university. Similarly, there are only three secondary schools for the deaf in Kenya, none of which are located within the Coast Province. This severely limits the educational potential of all deaf children attending school or residing in the Coast Province, separating those who were educated in the coast from those who were educated upcountry. Rural areas on the coast such as Taita Taveta and the Tana River District face further challenges because schools with the facilities to teach deaf students are few and far between and so there is an even further divide between deaf adults with formal education and those without (Tozzolo, 1999). Religion is another important factor to consider when considering level of education, affecting where, how, and by whom a deaf child is educated.

The majority of deaf adults in Kenya cannot read or write either English or Kiswahili. In rural areas, most deaf children receive no education at all; they are often kept in the home because there are no educational facilities available for deaf children. Even when there are schools for the deaf or hearing schools with deaf units, parents are not always aware that their deaf children can be and should be educated in a school setting. Children who do not attend school do not usually learn KSL and therefore most of their communication consists of the basic necessities for daily life. They learn new skills through demonstration and mime. Communication about food, toilet functions, chores, and other basic concepts does not constitute a language and limits the communicators from discussing in depth topics such as emotions, desires, wishes for the future, and other abstract concepts. Thus, many deaf people in rural areas are prevented from leading the active, fulfilling, functional lives that people with access to language, be it spoken or signed, are privy to (Tozzolo, 1999).

Language

Deafness is often divided into two categories, depending on whether or not an individual was deafened prior to or after learning spoken language: prelingual deafness and postlingual deafness. As a general rule, those who were deafened prelingually rely primarily on signed language for communication as it is their first language, whereas those deafened postlingually have access to at least one spoken language (Committee). In Kenya, it is also important to distinguish which languages were available to a person prior to the onset of deafness and whether they know their mother tongue, Kiswahili, or English.

When I asked deaf adults about how they became deaf, many people reported becoming deaf in late childhood as a result of diseases like meningitis, malaria, or mumps. Fewer reported

being born deaf or becoming deaf at an early age from disease, witchcraft, or a loud noise. While my informal inquiries by no means result in statistically significant information, what I was told is illuminating. From what I observed generally, Kenyans who were deafened later in life, after full language acquisition were more economically successful. As with many deaf people, they were often able to use their voices for communication with hearing people and their lipreading skills were significantly better (Committee). Most of those deafened prior to language acquisition are forced to rely on crude signs or miming to communicate with the hearing as illiteracy prevents many people from utilizing written language. Those with better spoken language skills are generally able to obtain more satisfying, better paid jobs than those who have a more difficult time communicating with the hearing population. Furthermore, because even those who were deafened postlingually were deafened at a young age and then taught primarily in English, many deaf adults have no knowledge of Kiswahili or their mother tongue. This makes communicating with family members and people in a rural setting especially difficult. Literacy and knowledge of Kiswahili, both of which are contingent upon education level, are two dividing factors when it comes to the employment successes and failures of deaf adults.

Primary School

If deaf children are given the opportunity to attend school, they rarely attend past primary school. The limited primary schools for the deaf in Kenya are taught mainly in KSL. Most of these schools are boarding that accept deaf students from the surrounding areas. In the Coast Province, there are five primary schools for the deaf located in Mombasa, Kilifi, Kwale, Hola Tana River, and Taita Taveta. Teachers at primary schools for the deaf in Kenya are taught KSL and expected to teach in KSL, but because many have limited contact with the adult deaf

community, their signing ability is necessarily limited. Without this sort of interaction with adult speakers of a language, it is extremely difficult to truly master it. This, in turn, limits the teaching ability of the educators and therefore the learning ability of their students. Beyond language skills, it is difficult to teach children when you are unfamiliar with the members of the cultural group they belong to. One deaf alum of Ziwani described how after becoming deaf at the age of nine, he attended classes at the hearing school next door to Ziwani because he was frustrated that the Ziwani curriculum was so far behind that of the hearing schools (Barasa, 27/4/05). Needless to say, primary education for deaf children is lacking in a country where all primary schools are currently facing severe difficulties (Machuka, 2005).

Education at a government primary school for the deaf is not the only option for deaf children in Kenya. In some rural areas where there are not enough deaf children to form an entire school, there are units of deaf children within larger hearing primary schools. These units often combine all of the local deaf children into one classroom, irrespective of age or ability. On 19 February, I visited one such unit at the Mokowe Arid Zone Primary School in Lamu district, and was able to interview the head teacher, Dr. Bakari Siba Mohamed. The school was designed as a boarding school for nomadic families whose children would not otherwise receive an education due to their non-stationary status. Standards one through four were taught in this deaf unit, after which any child desiring to continue primary school must transfer to the nearest primary school for the deaf in Kilifi. The nineteen students in this unit are taught by two full time teachers who are trained in special education, but not necessarily specializing in deaf education or KSL (Mohamed, 19/2/05). While schools like this one serve a need that otherwise would go unmet, they clearly do not provide the best educational environment for deaf children.

For deaf children from wealthy families, there are schools like the Cerebral Palsy

Foundation. I visited this school several times, but on 9 May, I was able to interview the acting headmistress, Stella Machogu, whose speciality is teaching the hearing impaired. This is a school located in Mombasa that specializes in teaching disabled children. They have thirty six full-time students, four of which are deaf. The Cerebral Palsy Foundation chooses to educate their deaf students using total communication, a combination KSL signs (which is distinct from actual KSL) and spoken English simultaneously. The classes that I observed went choppily with the students understanding the teacher only with difficulty. The teacher's signing was unsurprisingly poor considering that she only utilizes her signing skills to aid her spoken language. Machogu noted that most students communicated with each other using sign when outside of a formal classroom setting. Their students attend speech therapy and are taught how to lipread and speak English and Kiswahili.

Parents choose to send their deaf children to schools like the Cerebral Palsy Foundation when they want their children to learn spoken English instead of sign language. These parents believe that the best education for their children is one in which they are mainstreamed in the same classroom as other hearing children so that they learn how to interact with the "normal" population. Although some of these parents believe that pure oralism (teaching children to lipread and speak without the use of sign language) is the best method, Machogu readily admits that some concepts are impossible to teach without the aid of sign language (Machogu, 9/5/05). In the US, many people who consider themselves to be culturally deaf balk at the idea of oralism and total communication because they believe it hinders the full acquisition of sign language which is necessary for fully integrated participation in the adult deaf cultural community. Considering, however, the lack of opportunity for deaf people in general and the added educational opportunities afforded to children from wealthy families and deaf adults who speak

English, total communication may in fact be a very good option in Kenya.

Secondary School

There are only three secondary schools for the deaf in Kenya, all of which are in western or central Kenya: Kuja Secondary School for the Deaf, Reverend Muhoro Secondary School for the Deaf, and Mumias Secondary School for the Deaf. Three secondary schools are simply not enough to meet the demand of deaf children who can afford education at a secondary school level, let alone those who are capable and deserving of one. Notably, there is not a single secondary school in the Coast Province, making education more difficult for deaf persons living on the coast. I met relatively few deaf adults who had gotten the opportunity to attend secondary school. Of those I met, several had attended hearing secondary schools. When I asked how they managed to learn in a hearing classroom without an interpreter, I was told that it was important to find a hearing friend who would allow one to copy their notes.

Religion

The first schools for disabled persons in Kenya were opened by well-meaning missionaries. Prior to this time one can only assume that most disabled children received little or no formal education. There is still a sense that missionary schools are the most available option for the education of disabled children (R. Atieno, 8/5/05). This fact has had a sizeable impact on who gets educated by whom on the coast. Historically, Muslim families have been loathe to send their children to be educated by missionaries, worrying that their children would be converted and not receive a proper religious education in Islam. Currently in Kenya there many options for typical children to be educated at a variety of schools, both missionary and non-missionary.

However, there are fewer non-religious options when it comes to educating the disabled and so the result is oftentimes that disabled Muslim children are not educated at the same rates that disabled Christian children are. In the Coast Province, this dynamic adds even more tension to the already politically charged issue of education as many, better-educated up-country Christians move to Mombasa in search of a job in a city that is safer and friendlier than Nairobi. I have yet to meet a deaf adult who received a secondary school education or beyond who was not originally a Christian from up-country.

Employment

One Saturday morning, I attended a “prize giving ceremony” at a Total gas station near Mtwapa (16/4/05). The ceremony was part of a program sponsored by Total Oil designed to demonstrate their support of persons with disabilities. Their support came in the form of soccer balls, umbrellas, and t-shirts and so was more symbolic than anything else. The Deaf Youth Congress, the group receiving the gifts, seized on this opportunity of proffered goodwill and suggested that Total Oil could really support the deaf community by offering jobs to deaf people at this gas station. After the ceremony, I spoke with one man employed by Total as a district manager about his thoughts and feelings about hiring a deaf person. He was mainly concerned with communication and whether hearing motorists would feel comfortable interacting with a deaf gas pump attendant. At the beginning of our conversation he seemed quite against the idea of hiring deaf employees. As we continued our discussion, however, he began to see positions that he felt that deaf employees were capable of working, particularly accounting or mechanic positions that require little communication with the general public. It was quite apparent that he had never considered hiring deaf employees as a valid option before and therefore had never

examined whether or not this was a feasible possibility.

The type of employment generally available to the deaf is limited and insufficient largely due to low levels of education on the part of the deaf and intense and blatant discrimination on the part of the hearing. Because the majority of deaf adults have not completed primary school, illiteracy is prevalent. The most widespread option available to deaf individuals in Kenya is vocational training that centers on a few specific trades that do not require much communication. The jobs available to individuals with this type of vocational training are often unfulfilling and do not have the possibility of advancement.

With more education, it is possible to obtain a better job, but the main obstacle is that of discrimination by the hearing community. Many hearing people flat out refuse to hire deaf employees, regardless of their training, experience, and qualifications. Oftentimes, this is due to either an inability or lack of desire to devise creative solutions to the problem of communication. Many jobs require little or no regular communication with the general public and still hearing employers are unwilling to hire deaf adults. This is a result of general discrimination against the disabled as well as the latent belief that the deaf are also mentally or intellectually impaired. The reality is that most deaf adults only lack the ability to hear and are in every other way fully competent, capable human beings. This means that they are able to perform any work that a hearing person could perform, be it physical or intellectual. A little bit of creativity and flexibility is needed for communication, but in most cases a combination of lipreading, voicing, and paper and pencil allows for sufficient exchange of information.

Gender adds another interesting dynamic to this already dismal picture. There are few enough jobs as it is for the deaf, and it is nearly impossible for women to find employment outside of vocational workshop settings. If people are unwilling to hire deaf adults, they are even

more unwilling to hire deaf women. I met a few well-educated deaf women with white-collar jobs serving the deaf population and several working in the workshops, but most other women claimed to be unemployed. Prostitution is unfortunately an option that is utilized all too frequently, either on a regular basis with mostly hearing customers or when women need favors (i.e. money, food, or employment) from other deaf men (T. Atieno, 8/5/05).

After I attended the Total Oil prize giving ceremony, I was able to sit in on a more formal meeting of the Deaf Youth Congress and was informed that Total Oil had agreed to hire a few deaf men, but they refused at this time to hire women (24/4/05). The problem in Kenya is not that deaf adults are unemployable or unable to perform a wide range of job activities. The problem is one of active discrimination on the part of the hearing community out of ignorance and misguided beliefs. As was evidenced with the employee of Total Oil I spoke with, once hearing people start to honestly evaluate the possibilities of hiring a deaf employee, a whole world of opportunity opens up as they begin to realize that, with only minor changes in the workplace, employment is a valid option.

Vocational Training and Labor

Since most deaf Kenyans are unable to attend secondary school, many attend vocational training programs. Boys are often trained in welding, mechanics, carpentry, and farming whereas girls are trained in knitting, home science, and sewing. The majority of the deaf adults I spoke with who attended vocational training were still participating in these activities well after completion of their vocational training program. As one might conclude by the skills offered in these training programs, there are far more opportunities for deaf men than deaf women to obtain gainful, *paid* employment.

A fair number deaf people work in factory settings making clothes or through workshops set up specifically to employ people with disabilities such as the Bombolulu Workshop or the Shanzu Transitional Workshop for Disabled Girls sponsored by the Kenyan Girl Guides. This is an interesting arrangement because, unlike other persons with physical disabilities, most deaf adults are completely able-bodied. Their main disability revolves around communication which, unlike other types of disability, does not physically render them incapable of performing manual labor. Most deaf people I talked to described both of these projects as positive opportunities for employment, despite their shortcomings. For women especially, these projects offer a chance for employment and self-empowerment in an environment where jobs are particularly difficult to come by.

I visited the Girl Guide project in Shanzu on 21 April. The relatively small project recruits women with various disabilities mostly from surrounding rural areas. For a relatively small tuition fee, these women are able to live at the site, learning skills such as sewing and typing for two years. They cook and clean for themselves and work to create commodities for sale in their gift shop and export to countries like the US (Rudd, 21/4/05). I was able to meet with the approximately five deaf women who worked to sew handbags from kikoi. These women are originally from Mtwapa, Bombolulu and surrounding rural areas. Most, although not all, are currently living at the project. Generally, they seemed very pleased with their lives and jobs with the Girl Guides. This project works specifically to employ women who otherwise would have no form of employment; many of whom would simply be sitting idly at home. It also offers useful education to women who may otherwise have been restricted from learning opportunities.

The other workshop I visited was located in Bombolulu and is much larger and employs many more people. This workshop is for both men and women with a wide variety of disabilities.

Employees of the workshop worked at disability-specific tasks to create objects for sale in their gift shop and for export (“About Us”). For example, deaf men usually work in a machine shop doing metal work to make the hand-powered vehicles used by those afflicted with polio to maneuver around Mombasa. Deaf women work to sew garments and other objects for sale. Employees of the workshop are allowed to live on site if they choose in free housing. They must only pay for their water and electricity, making on-site housing an affordable option. The deaf employees of Bombolulu who lived on-site reported that this was an agreeable arrangement, but they would rather be able to afford to live off-site and have greater independence. People were generally in agreement that the Bombolulu Workshop filled an important niche of employing a population that would not otherwise find employment easily. However, people also expressed dissatisfaction with the set-up, feeling that perhaps the owner of the workshop exploited the workers by keeping an unfair portion of the profits generated instead of returning it to the workers. An ideal situation, I was told, would be one in which a workshop like Bombolulu was run by the workers themselves therefore guaranteeing that all of the profits returned to them (Olunga, 25/4/05).

Higher Education

Very few deaf Kenyans are able to attend any sort of education past secondary school. I have been told that only three deaf Kenyans possess a PhD (Mwaburi, 19/4/05). Those deaf Kenyans who have completed a secondary education are a privileged few, let alone those who continue past secondary school. While the job prospects for these individuals are still not easy, the jobs they can and do obtain far surpass the jobs available to their less-educated peers both in quality and salary. Many deaf Kenyans I spoke with desire a university education abroad,

especially at Gallaudet University (a university specifically for the deaf located in Washington D.C.), because of the ease with which they would be able to secure employment after graduation.

I spoke with one man who had attended a Red Cross College (Barasa, 27/4/05), and a woman who had attended a nursing training program (T. Atieno, 8/5/05). Neither of these people were working in the jobs they had trained for, primarily because of job discrimination by would-be hearing employers. Many hearing people believe that deaf people cannot be employed in most professions because communication is difficult. All of the hospitals Atieno approached for employment turned her down because, despite the fact that she was the head of her class and has good spoken English, Kiswahili and lipreading skills, hospitals believed it would be impossible to employ a deaf nurse. White collar jobs are at times more difficult to come by than blue collar jobs because white collar workers often interact directly with the general where communication is seen as a crucial aspect of the job.

HIV/AIDS Education

Coast Deaf VCT

There are currently three VCT centers for the deaf in Kenya funded by the CDC in partnership with Liverpool VCT (LVCT) and Care Kenya. The first deaf VCT was opened in Nairobi on February 14, 2004 (Omondi, 2004). In July of 2004 there was another VCT opened in Mombasa and there is currently also one in Kisumu. Initially, the deaf VCTs operated in conjunction with the Kenya National Deaf HIV/AIDS Education Programme (KNDAEP) which was funded by the National AIDS Control Council (NACC), but KNDAEP has since closed due to misuse of funding (Maina, 15/4/05). If one looks carefully in Mombasa, one can still see stickers and posters depicting HIV/AIDS educational messages in pictorial sign language left

from this project, and a good many deaf adults still wear the bright yellow KNDAEP t-shirts. There were high hopes as the project started that it would expand into more areas of Kenya and eventually become financially self-sustainable. There are also plans in the works to start one or more mobile deaf VCTs that would be able to access deaf people living in rural areas outside of the three large urban centers currently with deaf VCTs (Omondi, 2004).

The driving idea behind forming a deaf VCT is that the deaf are trained to serve deaf clients (Maina, 14/5/05). In this way, it is possible to educate and inform the deaf about HIV/AIDS while simultaneously overcoming the language and cultural barriers that exist for hearing educators of the deaf. It was hoped that the deaf would feel more comfortable coming for counselling and testing from a deaf counselor than they would a hearing counselor, especially considering that introducing an interpreter into a counselling session violates the crucial aspect of confidentiality. Furthermore, it was assumed that the deaf would be better able to educate their deaf peers because they possess knowledge about deaf culture and community that hearing people are not privy to.

For roughly two weeks, I visited the Coast Deaf VCT (which I will simply refer to as the VCT) for several hours every day that it was open, and I spent at least some time visiting nearly every day for over three weeks. It is located on the third floor of the GPO and consists of one reception area with a desk and chairs and two rooms that are generally used for private testing and counselling. There are five paid staff members at the VCT and one volunteer: Henry Maina and Benedict Tsuma work as counselors, Elizabeth Mwamburi is the only hearing staff member and works as an interpreter and counselor, Lillian Nalobo and Ruth Akinyi are both peer educators, and Joseph Barasa is a quality assurance volunteer although he is also trained as a peer educator. The basic job description of a counselor is to test clients who come in to find out

their status and then counsel them about the results they receive, both positive and negative. Counselors are responsible for imparting knowledge to their clients about such topics as HIV/AIDS, behavior change, safer sex practices, and risk factors. Peer educators conduct trainings on a wide variety of topics ranging from proper nutrition to STIs (Sexually Transmitted Infections) to reasons for abstaining from sex (Maina, 12/4/05). Finally, Barasa, as part of quality assurance, interviews clients after their counseling session to help Liverpool find ways to improve its service.

Challenges

The VCT employs an interpreter to help the deaf staff communicate with any members of the general public that enter the VCT, such as their supervisors. Because the VCT accepts any client that comes for testing, both hearing and deaf, it is helpful to have a hearing counselor on staff to ease client/counselor relations. The deaf counselors are fully capable of counselling hearing clients and frequently do so as long as the hearing client has no objections to such an arrangement. I observed significantly more hearing clients enter the VCT for testing than deaf clients. Although I cannot verify this information without more research, I would surmise that so many hearing clients use the deaf VCT because they feel they are ensured greater anonymity and confidentiality precisely because of the communication barrier that deaf people experience.

On the other side of this coin, some deaf people are unwilling to come to the VCT for testing because they worry about whether or not the staff members will honor their bonds to confidentiality because of the nature of the deaf community. Deaf politics being what it is and the fact that many members of the deaf community are in frequent contact, this is perhaps a valid concern on the part of would-be deaf clients. Another factor to consider is that in any small

community where people know each other well, the choices one has made in the past always factor into the present situation. Regardless of whether or not a prospective client believes that her confidentiality will be respected, she may be unwilling to interact with a staff member with whom she may have had awkward or otherwise undesirable experiences with in the past (T. Atieno, 8/5/05). For the same reasons that some hearing clients may opt to utilize a deaf VCT, deaf clients may choose to be tested at a hearing VCT: to ensure their anonymity and confidentiality. This is particularly unfortunate because the communication barrier is so great between the hearing and the deaf, especially in a counselling situation where it is crucial that the client understand and provide important information. As has been previously mentioned, writing is not always an option in the deaf community. Without either sign or writing, communication of any sort (let alone effective communication) is all but impossible. Furthermore, hearing counselors, even if they know KSL, simply do not have access to the cultural knowledge that deaf counselors have access to.

Another challenge to the deaf VCT is that the current facilities at the VCT only allow for HIV testing and counselling. If a deaf client requires any further treatment or counseling, such as nutrition counselling, TB testing, or ART (Antiretroviral Therapy), they must be referred to another facility, usually either Coast General Hospital or the Port Reitz Hospital. It is already difficult for the deaf to use medical facilities in Kenya because of the lack of an interpreter, and communication about such sensitive topics as HIV/AIDS is made all the more difficult by this lack. I spoke with Sister Mwangemi who works in the Comprehensive Care Center in the Coast General Hospital on 11 May, and she informed me that they refer the deaf clients they receive to the deaf VCT unless they need other services. She describes communication with deaf clients as difficult at best. While she herself does not yet know sign language, she has been identified as

someone who is sympathetic to the deaf cause and is planning on taking sign language courses in the near future.

A possible solution to this challenge would be to train deaf staff for placement in a variety of settings around Mombasa instead of solely in the VCT in the GPO (T. Atieno, 8/5/05). While two of the benefits of having a single VCT for the deaf are convenience and notoriety, these can also have negative consequences. Placing deaf staff in various VCT settings would solve a number of issues currently faced by having only one deaf VCT. If, for example, the current VCT lost its funding in the future, the entire deaf community would be bereft. Placing deaf adults in different locales ensures that this scenario would never come to pass, but it also gives the deaf community different options for treatment. It is an understatement to say that having a deaf employee in the Comprehensive Care Center in Coast General Hospital would be convenient and useful. It would give the entire deaf community access to a wide range of necessary services beyond HIV testing and counseling. Furthermore, by giving the deaf the option of several different VCTs to visit, they would be able to choose one that is conveniently located and employs a deaf adult they feel comfortable with without worrying about seeing someone with whom they would rather not share their HIV status. This could encourage far more deaf people to actually utilize HIV testing and counseling services instead of using the current deaf VCT as a meeting spot and a way to pass the time, conversing with friends.

Family Health International

Family Health International (FHI), is an international nonprofit organization that has been working in Kenya since the 1980s with funding from USAID (“Reproductive Health: Kenya”). A few years ago, they were approached by Tsuma and Mwamburi as representatives of the Pwani

Deaf Association, asking for funds to help educate the deaf population about HIV/AIDS, explaining the significant gap in knowledge between the hearing and deaf communities. FHI, through PATH (the Program for Appropriate Technology in Health), officially began funding the Pwani Deaf Association in June 2004 with monies from a rapid response fund. This relatively small fund is intended to last six months and are to be used to provide immediate relief in particularly desperate situations. FHI attempted to use these monies to find out which areas the deaf population most needed assistance with and discovered that they needed general, basic knowledge about HIV/AIDS. They began a program to train nineteen peer educators from the Pwani Deaf Association, focusing on non-technical training about basic concepts of HIV/AIDS (Kagosha, 11/5/05).

The meager monies of the rapid response fund were only intended to last for six months, and as funding for the peer education project dwindled so did the volunteers. At this time, Kagosha reports only five to eight active peer educators as it is difficult to keep the interest of the deaf community (Kagosha, 11/5/05). Because of the employment situation of most deaf adults, money is hard to come by and it is notoriously difficult to convince the deaf to volunteer for worthwhile causes without definite personal benefits. Deaf politics and infighting amongst the deaf community have also been challenges for FHI, who are finding it increasingly difficult to unite the deaf population in an effort to educate their fellow community members for the good of the whole. Finding other incentives that motivate the deaf community besides personal monetary gain has been particularly difficult (Kagosha, 11/5/05).

Conclusion

One of the main challenges to educating the deaf population about HIV/AIDS is that the

majority of the deaf community lacks foundational knowledge about their own health and the inner workings of their own bodies (T. Atieno, 8/5/05; Lubin 12/5/05). These are areas of knowledge that have been long neglected in the deaf community and the problem is compounded by the fact that they have been largely unable to glean this information from typical media sources due to the nature of their disability. It is difficult to educate someone about behavior change when they are ignorant about basic care for their newborn babies, just as it is difficult to fully grasp the concept behind the HIV/AIDS viruses when one does not know what an immune system is. Workshops for the deaf are necessarily slow and cumbersome because of the basic or nonexistent level of most deaf people's knowledge about HIV/AIDS. This makes it exceedingly difficult to educate the deaf population with other groups of disabled people because their level of education is so radically different (Mwamburi, 19/4/05).

Another challenge facing all educators of the deaf is the need to develop materials specifically for the deaf population. In order to do this, it is vitally important to take the intricacies of deaf culture into account. Kagosha reported successfully using visual materials to explain even sensitive material despite the potentially graphic nature of the undertaking (Kagosha, 11/5/05). It is impossible to use already developed written materials in either Kiswahili or English in a community with such a high illiteracy rate. Another important aspect of the deaf community is that in order for them to believe material, it is helpful to have visuals such as movies. Despite the fact that there are no subtitle or closed captions, this option still helps to drive home the message of the reality and importance of HIV/AIDS and reinforce what the educator is presenting (Barasa, 9/5/05). Finally, because of the close-knit basis of the deaf community, people are loathe to reveal their HIV status afterwards. Meeting hearing people living with HIV/AIDS and seeing their drive to survive and to educate others about their fate would help to change

misconceptions that HIV positive individuals must live their lives in secrecy (T. Atieno, 8/5/05).

Because of the unique status of the deaf community, they offer their own challenges and problems when it comes to HIV/AIDS education. It is crucial to understand the deaf community in order to effectively educate them about HIV/AIDS and that means that it is important to understand their educational situation, job prospects, gender and religious challenges, and political actions as well. HIV/AIDS education efforts for the deaf are taking on a heroic and commendable task that, because of the culture and history of the deaf community, has some inherent shortcomings that, without a much broader, educational climate change, will prove difficult to overcome. Finding a way to unite the deaf community behind the common cause of HIV/AIDS education and impassioning the deaf to educate the deaf would be a significant first step towards positive and concrete educational and behavioral change within the deaf community.

Reccomendations for Further Research

Any one of the topic areas that I focused on in my study would yield a wealth of illuminating information about the deaf community. Education offers a particularly interesting topic and it would be fascinating and extremely helpful to examine levels of adult education and ways in which the adults participate or desire to participate in continuing education and whether that would have any effect on their job prospects. It would be particularly interesting to conduct a project attempting to create self-sustainable workshops and finding ways to empower and interest the deaf in educating themselves on a variety of topics, including HIV/AIDS regardless monetary gain.

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Appendix A

List of Acronyms Used

ART – Antiretroviral Therapy

ARV - Antiretroviral

ASL – American Sign Language

BSL – British Sign Language

FHI – Family Health International

GPO – General Post Office

KNDAEP - Kenya National Deaf HIV/AIDS Education Program

KSL – Kenyan Sign Language

NACC - National AIDS Control Council

PATH - Program for Appropriate Technology in Health

STI – Sexually Transmitted Infection

VCT – Voluntary Counseling and Testing

Appendix B

Incomplete List of Informants

This list is necessarily incomplete because the majority of my information was gathered through informal interviews and it was impossible to record the name of every person I spoke with. Furthermore, because people in the deaf community go by individual name signs, there were times when I was unable to learn a person's given name but knew their name sign.

Ruth Akinyi	Stella Machogu
Rose Aluso	Bakari Siba Mohamed
Rael Atieno	Ibrahim Mohamed
Truphosa Atieno	Elizabeth Mwaburi
Paul Aseka	Sister Mwangemi
Grace Aveba	Diana Mwasya
Prince Bahati	Kalume Mweri
Joseph Barasa	Lillian Nalobo
Joshua Kadhengi Chengu	Reuben Ngozi
Fatuma Khaufani Hassani	Benson Omandi Nundu
Kevin Henderson	Jacob Odhiembo
Mboya Juma	Kenneth Odhiembo
Wanjiko Kabebie	Tom Ogando
Lorina Kagosha	Eliakim Olunga
Abdalla Kitisao	Joanes Owino
Mary Kitwa	Cheryl Rudd
Linda Lubin	Joshua Saidi
Martin Magua	Mwachia Saidi
Henry Maina	Benedict Tsuma
Mganga Jacob Mataza	
Megan Youngs	