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BILINGUALISM IN THE EDUCATION OF THE HEARING IMPAIRED IN ZIMBABWE: IS THIS THE ANSWER?

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ABSTRACT:

Education for the hearing impaired worldwide is fraught with communication philosophy controversies. Whereas the oral philosophy has dominated the education of the hearing impaired in Zimbabwe for decades, debate on use of alternative methods of communication opened up recently. This article highlights the merits and demerits of the key communication philosophies in the education of the hearing impaired in the Zimbabwean context.

It observes Sign Language as particularly important for grasping new information and for concept formation and oralism as critical for integration. It is against this background that a new philosophy of bilingualism is proposed for the education of hearing-impaired children in Zimbabwe.

introduction

The education of the hearing impaired in Zimbabwe dates back to 1947 when the first schools were established at Loreto and Pamushana Missions by the Catholic Dominican Sisters and the Dutch Reformed Churches respectively. Both schools had strong foundations in the oral communication philosophy and for many years now education for the hearing impaired in Zimbabwe has been modelled along the oral approach. Very little has been done to explore alternative communication approaches such as Total Communication, signed systems and Sign Language that are in use in schools for the hearing impaired in other countries. It is only recently that both the education authorities and the

Association of the Deaf have come together with a view to introduce Sign Language as an alternative communication method in the schools and units for the hearing impaired in the country. Debates on oralism and manualism are usually controversial and at times lose track of the essence of the education of the hearing impaired and of any communication approach. This article will review how the situation has evolved in Zimbabwe and it will suggest a possible solution to the problem.

Oralism

According to Ling (1984) "The philosophy of oral education is that hearing-impaired children should be given the opportunity to speak and understand speech, learn through spoken language in school, and later function as independent adults in a world in which people's primary mode of communication is speech". The rationale for this approach is that hearing-impaired people live among hearing communities and that education should prepare them to integrate effectively in these communities. In the oral method, children receive input through speechreading (lipreading) and amplification of sound and they express themselves through speech (Moore, 1987). Oral communication is seen as a basic need for the hearing-impaired person living among hearing people. There is great variability within the oral method. Communication approaches such as speechreading, the auditory channel and cued speech are central. Great use is made of residual hearing aided by hearing aids and other sound amplification gadgets such as auditory training units. Speechreading is in essence meant to augment audition.

The following are basic pre-requisite for the success of oralism;

(a) Early intervention

For the oral approach to succeed there is need to have a sound early intervention programme in place. Since the baby and toddler years are crucial in the development of natural speech and language, it is essential that the diagnosis of hearing impairment, the confirmation of hearing loss, the fitting of hearing aids and the beginning of parent guidance take place without delay (Ling and Ling 1978). The early intervention programme

for hearing-impaired children at the Children's Rehabilitation Unit at Harare Hospital serves very few children compared to the need. Most hearing-impaired children are diagnosed late or the parents are busy shopping for possible cures from medical doctors and traditional healers. Schools only get to see them at between four and six year of age. This limits the amount of early intervention that schools can do.

(b) Maximal Use of Hearing

One of the main teaching techniques in oralism is the auditory-oral approach. This method relies heavily on the maximal use of audition. Children should therefore be taught early in life to learn to use their residual hearing effectively. They need to learn to listen for meaning. Since 1988 every hearing-impaired child in school gets free hearing aids from the Ministry of Education and Culture. These hearing aids are for use during school time only. The child usually gets the hearing aids very late at school age and only uses them for a limited time during schooltime. Such conditions are not optimal for the development of fluent speech and language. Their "ears" are literally removed from them for most of the time.

(c) Parent Participation

Parents of the hearing impaired have an important role in developing their child's language and speech. Over 90% of parents of hearing-impaired children have normal hearing. Most of them have problems in communicating with their hearing-impaired children. It is essential for such parents to be taught how to communicate with their children. There are very few programmes at the moment in the schools and units for the hearing impaired in Zimbabwe that assist parents that way. Research findings show that deaf parents communicate with their hearing-impaired children just as effectively as hearing parents do with their hearing children (Schlesinger & Meadow, 1972; Brasel & Quigley, 1977). 72.89% of hearing-impaired children in school in Zimbabwe are in segregated boarding schools for the hearing impaired. This limits the amount of parental participation. For most of the time these children are on their

own using Sign Language to the possible detriment of oralism. Contact with hearing peers is essential. It provides the hearing-impaired child with a model for normal oral language development.

(d) The Home Language Dilemma

Profoundly, congenitally hearing-impaired children in Zimbabwe are more likely to encounter two or three languages during their formative years. At home they are spoken to in their home language such as Shona or Ndebele, at school teachers address them in English and when they are with their hearing impaired colleagues they use Sign Language. As if this dilemma was not enough, during class the hearing-impaired child is learning simultaneously the subject content and the language of communication.

Whereas all schools for the hearing impaired in Zimbabwe are oral, there appears to be major drawbacks militating against the successful implementation of oralism. It is imperative in such a situation for the system to offer alternative approaches for those who do not benefit from oralism and also to work on factors that are negatively affecting the success of the oral approach.

The hurdles that face the oral approach in Zimbabwe are typical of situations in developing countries. Sichula, B. in the East African Sign Language Seminar Report (1990) gives an identical development in Zambia. The first school for the hearing impaired in Zambia was opened by the Dutch Reformed Church in 1955 at Magwero Mission. Oralism was the major component of the curriculum and Sign Language was regarded as "an expediency of doubtful utility", regardless of the odds against the oral approach.

Akachi, P. in the East African Sign Language Report (1988) paints the same picture for Kenya. The situation repeats itself in Uganda, Tanzania and Ethiopia (East African Sign Language Seminar Reports 1988, 1990, 1992).

Sign Language

Because of the historical developments in the education of the hearing impaired in Zimbabwe many people usually confuse Sign Language, signed systems and manualism as one and the same thing. This is not so. Signed systems are literal representations of spoken languages presented through signing such as in Signed Exact English. Here it is the English Language presented in signed form. Manualism is communication using manual modalities such as signing, finger spelling, gestures, etc. Sign Language is a language in its own right. It has its own syntax, semantics and pragmatics as found in spoken languages. It is mostly presented through signing but it also has nono manual features such as facial expression, eye movement and body posture.

Although the use of Sign Language in the teaching of the hearing impaired can be traced back to 1620 when Juan Pablo Bonet of Spain published his book on the manual alphabet and to 1776 when Michael de L'Épée of France used Sign Language in his school, it was not until 1960 that linguists began to view Sign Language as a language in its own right through the works of William Stokoe. Many studies that followed demonstrated that Sign Language is like any other language. It meets the language requirements set by general linguistics (Rissanen, 1985; Schlesinger & Namir, 1978).

The following are assumptions that are usually given as factors against the use of Sign Language in the teaching-learning situations of the hearing impaired in Zimbabwe;

- (a) Sign Language is more restrictive than integrative especially in places like Zimbabwe where there is no provision for Sign Language Interpreters. It also defeats the whole purpose of integration and ignores the fact that hearing-impaired people live among hearing people who do not sign.

- (b) Sign Language has no written form of its own. The fact that it is written using words of the spoken language, makes it to be viewed as if it were the wrong form of the spoken language.
- (c) Sign Language is seen as detrimental to the acquisition of the spoken language. Hearing impaired children will resort to signing because it is easier for them.
- (d) Sign Language is too concrete for teachers to be able to teach abstract concepts effectively. It therefore retards academic pursuits in hearing impaired children.

Although there is no research evidence to support these views, they are important enough to warrant further investigations. To the Deaf community Sign Language is the answer to the many problems that hearing-impaired people face today in school, at work, in social life, at home, etc. Listed below are some of the important features of Sign Language which they highlight;

- (a) Sign Language facilitates learning by hearing-impaired children. This view is supported by a study by Moores, D. in Mann L. and Sebastiano, D. (1977). In this longitudinal study he found that on average the profoundly hearing-impaired children he was studying understood 44% of what was said to them through speech alone, 76% of the printed word alone, 75% when speech was supplemented with fingerspelling and 88% when speech, sign language and fingerspelling were combined together. In many oral classes in Zimbabwe when children fail to understand a concept teachers explain it for better understanding by the child using sign language.
- (b) Sign Language gives a sense of identity and security to hearing-impaired children. To most of them life in a hearing world is unclear. They are not sure and at times do not understand what is going on. They communicate much easier in Sign Language and that way gain confidence in their learning.

- (c) Sign Language fosters participation in group and large scale discussions where speechreading alone becomes a complicated puzzle.
- (d) Sign Language raises awareness of hearing impairment and creates positive attitudes towards the hearing impaired. It removes the invisibility of hearing impairment thereby making the public recognise the hearing impaired and their needs.

Students graduating from strictly sign language schools may find it difficult to operate in a hearing world. For instance in integration programmes the services of interpreters become necessary. The implication is that integration units should have Sign Language interpreters.

Signed Systems

Many teachers of the hearing impaired in Zimbabwe use signed systems in their communication with hearing-impaired children. Signed English is the most commonly used although it is possible to have Signed Shona or Ndebele. Signed systems are spoken languages presented through signing. For instance Signed English is an attempt to systematically represent the surface structure of English in manual form. Recent research has shown that experienced teachers are able to produce high levels of correspondence between their signed and spoken English in simultaneous communication (Mayer & Lowenbraun, 1990; Hyde & Power, 1991; Hyde, Power & Cliffe, 1991)

Bilingualism

The term *bilingualism* as used in the education of hearing-impaired children needs to be differentiated from *bimodalism*. The two are usually confused. Bilingualism is the use of two different languages such as Shona and Ndebele or English and Sign Language, while *bimodalism* is the use of two different modalities of communication such as the written and oral forms of a language.

Bilingualism for the purposes of this paper is the ability of the hearing-impaired child to use at least one spoken language and Sign Language fluently. There is need for the hearing impaired to be able to communicate orally so as to be able to function in a hearing world using spoken languages. Kretschmer & Kretschmer (1986) argue that economic, political and social upward mobility are dependent on the ability to function in the language of the dominant culture. Even though the philosophical trend in education and government accepts the concepts of a multicultural population, most programmes promote the attainment of fluency in the dominant language (Baca and Cervantes, 1984). Hearing-impaired children need spoken languages for integration and intellectual development (Silverman, 1981). However they understand concepts better using sign language (Moore in Mann & Sebastino, 1977) and it is only fair to give them the chance in school to learn concepts that way. There is therefore need for schools to actively promote the use of both oralism and sign language simultaneously.

For hearing impaired children to become actively bilingual there is need for the following;

- (a) Hearing-impaired children should be well developed in their primary languages which in this case is Sign Language. It is important therefore for both the early intervention programmes and schools to begin to teach the hearing-impaired children Sign Language early in life.
- (b) For the majority of the students the spoken language should be taught as the child's second language. The hearing impaired child's first language should be Sign Language. As in most bilingual cases knowledge of first language should assist the child to learn the spoken language.

- (c) Teachers should know both languages and actively promote their use equally. The situation where the child is taught to view one language as inferior to the other is counter productive. This is the current situation in Zimbabwe and we end up with a situation where the child leaves school without full mastery of either language.

Conclusion

One feature that has become apparent in this discussion is that the two different languages in the bilingualism of hearing-impaired people have different functions. Sign Language is the language for easier communication, clarity of concepts and expression of emotions while the spoken language is for integration, cognitive development (reading and writing) and access to the hearing world. It is however important for the education system to ensure that all the pre-requisites to the successful implementation of oralism are in place and that Sign Language is afforded equal status in school programmes. Both communication systems and languages are important enough in the lives and learning processes of hearing impaired children to deserve an equal place in the education process thereby making the hearing impaired bilingual. Further investigations are however necessary to find out the best way to implement this in Zimbabwean context.

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