

 Research Article

Documenting d/Deaf and Hard of Hearing Children's Psychosocial Experiences at a School in Harare, Zimbabwe

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Abstract

The inclusion of d/Deaf and Hard of Hearing (d/DHH) may not be complete without considering their psychosocial issues. This study documented d/DHH's psychosocial experiences in inclusive education at a mainstream school. The study employed a qualitative research approach and a narrative research design to guide the research process. The study population comprised all thirty-two mainstream teachers and all four school administrators at the school. Of the thirty-two teachers, ten were purposively sampled to make two Focus Group Discussions (FGDs) of five members each. Besides, two school administrators were also purposively sampled from the selected school to dialogue on their psychosocial experiences in educating d/DHH children. One of the major findings was that d/DHH children had language barriers to communicating with their hearing counterparts. The study also found that d/DHH children faced negative relationships with their hearing peers at the mainstream school, a form of social friction. The study further found that the d/DHH children benefited, psychosocially, from attending various activities with the hearing children. Based on these findings, the study recommended that all Teacher Education Programmes should make it mandatory that the Zimbabwe National Sign Language be an exit skill for all student teachers. The study further recommended that there be guidance and counselling programmes to enable d/DHH and hearing children to understand each other and cooperate.

Keywords: Hard of Hearing Children, Psychosocial Challenges, Mainstream School, Inclusive Education, Mainstream Teachers

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1. INTRODUCTION

The paradigm shift from institutionalisation to deinstitutionalisation, together with advanced technological developments, has seen the education of d/DHH children increasingly becoming inclusive. Nevertheless, the implementation of inclusion of d/DHH children may not have been well thought out and planned in terms of resources and teacher education to equip teachers with the requisite skills. As such, there may be a myriad of loopholes that may cause teachers' perceptions of the inclusion of d/DHH children. The education of d/DHH children in mainstream schools has been met with different sentiments by both headteachers and classroom teachers. These sentiments, as determined by the teachers' perceptions, have determined how d/DHH children are included in mainstream classes. Teachers' perceptions of the inclusion of d/DHH children may emanate from communication barriers between them and the d/DHH children. Chiefly, though, the teachers' perceptions may result from the Teacher Education they were subjected to. In a scenario where their Teacher Education left them with shortcomings in handling d/DHH children, they may develop negative perceptions, while fully equipped teachers may have positive perceptions towards including d/DHH children in mainstream classes.

1.1. Literature Review

The influence of international conventions and advanced technological developments has seen d/Deaf and Hard of Hearing (d/DHH) children increasingly being educated in mainstream schools (Thwala, 2015). A new learning environment in mainstream schools may affect the psychosocial life of d/DHH children. It is essential to consider that d/DHH children have various psychosocial experiences during learning in mainstream schools. Psychosocial experiences may vary from one learner to another. Some teachers may be handling d/DHH children for the first time, while others may have some experience dealing with them (Madisha, 2023). These differences might differently influence how these teachers may handle d/DHH children and ultimately impact their psychosocial lives. Thwala (2019) avers that due to the widespread education of teachers in Deaf studies, d/DHH children are increasingly being educated in mainstream schools. Similar findings by Musengi and Chireshe (2012) revealed that the education of d/DHH children has shifted from being practised in special schools to mainstream schools. This scenario may affect their psychosocial experiences. The education of the d/DHH children in mainstream schools ensures equality in providing education to all learners, which Mpofo et al. (2007) referred to as a paradigm shift from a separatist to an egalitarian education system.

The psychosocial experiences of d/DHH children in mainstream schools may be characterised by communication barriers due to language mode differences among mainstream teachers, d/DHH, and hearing children. While d/DHH children may use Sign language for communication purposes, the mainstream teachers may be using a spoken language. A study conducted by Madisha (2023) found that mainstream teachers indicated that Sign language was difficult and they were failing to learn it; hence, they believed that the education of d/DHH children was supposed to be characterised by bilingualism. The sentiments of the teachers may be a sign that Sign language was not seriously considered as important in the education of d/DHH children. Bilingualism may lessen communication hurdles for mainstream teachers as they may use spoken or written modes of communication during the teaching and learning of d/DHH children. Thwala (2019) reveals that teachers in mainstream schools have communication hurdles with d/DHH children to the extent that they suggest that d/DHH children in mainstream schools should have amplification devices. In light of this, it is critical to point out that not all d/DHH children may benefit from amplification.

Teaching strategies are a critical tool for teachers to be able to handle d/DHH children. Teaching strategies may be determined by the programmes set by Educational psychologists who are responsible for psychological assessments, designing academic programmes, and evaluating them (Nkoma & Hay, 2017). Nkoma (2015) reveals that Educational psychologists are responsible for coming up with educational plans for learners with diverse needs, of which the d/DHH are part. A study conducted by Mpofo & Chimhenga (2013) established that teaching strategies may influence social inclusion and develop harmony between the teacher and the learners. For instance, mixed groupings may promote social intercourse and the development of social and interpersonal skills. These interpersonal skills may spread from groupings to the teacher, thereby improving the psychosocial relationships between them. In contrast, individual work or homogeneous groupings may promote social exclusion and discrimination. Social exclusion and discrimination of the d/DHH children may impact the psychosocial relationships between the teacher and the learners. Musengi, Ndofirepi & Shumba's (2012) findings revealed that the development of psychosocial relationships in schools may be influenced by the attitudes of teachers as well as the language used in social and academic settings (UNESCO, 1994; UN-CRPD, 2006; Xie, Potmesil & Peters, 2014).

Teachers' qualifications and skills play a significant role in the psychosocial experience of teachers in mainstream schools. A study by Gudyanga et al. (2014) concluded that most teachers in regular schools do not have qualifications and experience in Deaf education and were not ready to educate d/DHH learners in their classes. This could mean that teachers lack skills to manage d/DHH children both in academic and psychosocial spheres. To this effect, teachers and school administrators feel that d/DHH children should be educated in resource rooms or institutions where they are a homogeneous group with teachers and paraprofessionals who can communicate in Sign language, the language they understand better (Mapepa & Magano, 2018; Ntinda et al., 2019). Despite promoting exclusion and discrimination, teachers and school administrators view the education of d/DHH children in special schools as a platform to foster their psychosocial development.

Teachers and headteachers do not feel comfortable educating d/DHH in mainstream schools. The teachers ostensibly exercise sympathy towards d/DHH children, but this should not be misconstrued to mean positive attitudes towards the inclusion of d/DHH children in mainstream schools (Ntinda et al., 2019). It may be interpreted as a decent way of indicating the teachers' discomfort in handling d/DHH children in inclusive setups in mainstream schools (*ibid*). However, in their study, Musengi & Chireshe (2012) found that school headteachers and mainstream school teachers accepted d/DHH and felt that they should be taught in mainstream classes to afford them the right to equal education as their hearing peers. Similarly, Makhopadhyay and Musengi (2012) found that school administrators preferred educating d/DHH in part-time inclusion rather than full-time inclusion. Literature depicts that teachers and school heads have mixed feelings regarding the education of d/DHH children in mainstream schools. Academic professionals, hearing learners, and other stakeholders view d/DHH learners' academic performance negatively because they view them as useless people who cannot provide services but require services every time (Gudyanga et al., 2014). These views influence teachers and headteachers to hold negative attitudes towards d/DHH children's academic work and inclusion. Esera's (2008) study found that positive attitudes in the inclusion of d/DHH are pivotal in promoting their psychosocial development.

The attitudes the school and the community hold towards the inclusion of the d/DHH children may influence their psychosocial development. Positive attitudes towards the inclusion of the d/DHH children may be controlled by legislation and policy. To this effect, UNESCO (1994) states that legislation should ensure that the principle of equality in educational opportunities is considered to protect d/DHH children against negative attitudes and discrimination. This suggests that legislation should protect d/DHH children from the attitudes teachers may hold toward both d/DHH children and their inclusion. Similarly, Nguyet and Ha (2010) say that inclusion of d/DHH children in mainstream schools may only be possible if legislation governs stakeholders to uphold positive attitudes towards disability and inclusion. A study by Bunch (2008) also concluded that inclusion may only be successfully implemented if all d/DHH children are embraced by the school community and all stakeholders as equal partners in learning. Negative attitudes, therefore, may hurt the psychosocial development of d/DHH children.

While other scholars report negative attitudes towards disability and inclusion, Chireshe (2013) and Khairuddin et al. (2018) found that attitudes and social acceptance have improved for children with disabilities, particularly those in inclusive settings. The improvement of social acceptance and beliefs is attributed to inclusion, the development of social skills among d/DHH children, and their improved academic performance (Chireshe, 2013). Inclusive education has reduced stereotypes, prejudices, discrimination, and stigmatisation of d/DHH children. Literature has shown that d/DHH children demonstrate more academic and social achievement than in institutions (Antia, Jones, Reed & Kreimeyer, 2009; Chireshe, 2011).

1.2. Research questions

The following research questions guided the study;

- What psychosocial services do d/DHH children have at the school?
- What psychosocial challenges do d/DHH children encounter in mainstream schools?
- What psychosocial successes do deaf children have at mainstream schools?

2. METHODOLOGY

2.1. Research Paradigm, Approach, and Design

The study employed an interpretive paradigm. Interpretivism lies in the premise that knowledge of reality is socially constructed; thus, it was prudent for the researchers and the participants to dialogue and construct reality on the psychosocial experiences of the d/DHH learners together. Interpretivism asserts that knowledge is not objective and may, thus, not be replicated. The researchers, therefore, could not construct the reality from the participants alone but had to do it together with the participants, making the interpretive paradigm an ideal philosophy for this study. The study adopted a qualitative research approach. The study aimed to talk to the participants and get subjective quality responses from them on the

psychosocial experiences of d/DHH children at the mainstream school. The data on psychosocial experiences were not suitable for quantification; hence, the qualitative approach was ideal for the study. The researchers wanted to understand the meanings and senses that the participants constructed. To complement the qualitative research approach, the study employed a narrative research design to enable the researchers to capture participants' stories through narrations. The readers would get the original stories as they were told by the participants. Researcher bias was, therefore, minimised as readers got the stories directly from the participants.

2.2. Population, Sample, and Sampling Procedure

The study population was composed of nine Educational Psychologists (EP) from the Provincial Learner Welfare Department, all thirty-one mainstream teachers, four school administrators, and eighteen d/DHH learners from the selected school. Three Educational Psychologists, two school administrators (Admin), and three d/DHH learners were purposively sampled for semi-structured interviews, while six teachers (Trs) were also purposively sampled for a Focus Group Discussion (FGD). Purposive sampling enabled the researcher to get relevant and quality data from the participants who were knowledgeable of the psychosocial experiences of the d/DHH learners, including the d/DHH learners at the selected school. The EP and school Admin we selected because they were responsible for the psychosocial welfare of the d/DHH children at the school, while Trs were sampled for their contact with the d/DHH children. The d/DHH children were selected for their psychosocial experiences in the schools. The demographic data for the participants are shown in Tables 1-4.

Table 1. Demographic for Educational Psychologists

Participants	Age	Gender	Educational level	Experience	Sign Language
EP A	55-60	F	MEd. Psychology	6	No
E P B	40-45	F	MEd. Psychology	6	No
EP C	35-40	M	Hons Psychology	7	No

Table 2. Demographic Data for School Administrators

Participants	Age	Gender	Qualifications	Experience	Sign Language
Admin 1	45-50	Male	DE, Bed. EAPP	23 years	No
Admin 2	30-35	Female	DE, BA. Eng and Comm skills	11 years	No

Table 3. Demographic Data for d/Deaf and Hard of Hearing Children

Participants	Age	Gender	Grade level	Hearing aids	Sign Language
d/DHH 1	15	M	5	No	Yes
d/DHH 2	14	F	5	No	Yes
d/DHH 3	14	F	4	No	Yes

Table 4. Demographic Data for Teachers

Participants	Age	Gender	Qualifications	Teaching Experiences	Using Sign	Teaching Grade
Tr 1	30-35	Female	DE, BEd Comp Science	10 years	No	grade 1-7
Tr 2	35-40	Female	DE, Hons Counselling	17 years	No	4
Tr 3	40-45	Male	DE, Hons SNE	16 years	Non-native	4
Tr 4	40-45	Female	DE, Hons SNE	19 years	Yes	R/U
Tr 5	50-55	Male	DE, Hons counselling	29 years	No	5
Tr 6	50-55	Male	DE, BEd Curr studies	25 years	No	6

Key: BEd-Bachelor of Education; BSc-Bachelor of Science; Curr-Curriculum; DE-Diploma in Education; Hons-Honours; R/U-Rsource Unit; SNE-Special Needs Education

2.3. Data Collection Methods

The researcher used interviews for school administrators, Educational Psychologists, and d/DHH learners. Interviews were chosen for data collection from these participants because they enabled the researchers and the participants to dialogue, ensuring that they understood each other and provided relevant and accurate data. Divergent ideas could be provided by the participants at the expense of convergent ideas. Both researchers could sign, and they interviewed the d/DHH children in Zimbabwean National Sign Language (ZNSL). Besides, the researcher used an FGD to collect data from the teachers. An FGD enabled the participants to combine their efforts on the data they provided to ensure that the researchers got rich data. Both sets of data collection methods enabled the participants and the researcher to dialogue and co-construct reality, making it consistent with the research paradigm, approach, and design.

2.4. Data Presentation and Analysis Procedure

Collected data were coded manually in different colours that were allocated to emerging themes. Data were then presented in narrative form to capture participants' stories as they told them. The researchers analysed data in Riessman's interactional model. Riessman's interaction model of data presentation and analysis is based on that data should be presented and analysed in narrative form, verbatim, stories as participants told them, to enable readers to capture them from the participants as well. Analysis was done manually. Riessman's interactional model of data presentation is compatible with the Interpretivism, qualitative research approach, and narrative research design adopted by the researchers.

2.5. Ethical Considerations

The researcher sought and was granted permission by the Ministry of Primary and Secondary Education to conduct a study in their school. The participants were informed of the aim of the study and the intention of researcher to involve them in the study as participants. The participants willingly consented to participate in the study. They were also informed that they could freely withdraw their consent to participate in the study at any stage. The participants were further assured of confidentiality. The data they were going to provide was going to be treated with confidentiality. Their identities were also going to be confidential and remain anonymous. No information in the study was going to suggest their identities.

2.6. Study Limitations

The researchers encountered some limitations during the research process. The research was a qualitative study, making it unsuitable to generalise the findings to other groups of d/DHH children due to the small sample size involved. Furthermore, qualitative research findings cannot be tested if they were statistical significance or if they were by chance; hence, generalising them to other d/DHH learners in similar learning environments may not be suitable. There may be a need to conduct another study using mixed methods to triangulate the findings. It took quite some time to complete data collection. Despite scheduling the interviews and the FGDs, the participants were either busy with their schedules or they were out of their workplaces, making the data collection process longer. The researchers met some financial constraints. The researchers needed funds to travel to the participants' workplaces and some for feeding.

2.7. Trustworthiness

Trustworthiness entails instilling the level of confidence in the data collected, data interpretation, and data collection methods adopted by the researcher to ensure that the study findings are quality. On trustworthiness, the researcher considered credibility through the use of purposive sampling to ensure that data were from participants who were knowledgeable about the psychosocial experiences of the d/DHH children at the selected school. The use of interviews and FGD also ensured that the data were rich and accurate, following probing to follow up on raised ideas. The researcher also used Riessman's interaction model to present and analyse data to come up with credible, dependable, and confirmable findings. Apart from leading to credibility, the use of interviews and FGD ensured that the findings were transferable to

similar research settings and similar research participants. Findings could be generalised to d/DHH learners in other schools.

3. RESULTS

3.1. Psychosocial Support Services

3.1.1. Psychological Assessment

The d/DHH children have to undergo assessments to determine their academic programmes. These assessments are conducted by Educational psychologists and audiologists. Two Educational Psychologists

"We do psychological assessments for d/DHH children, after which we involve the audiologist to conduct audiometric assessments to establish the hearing acuity of the learner. These assessments complement our psychological assessments. After the assessments, we confirm the enrolment of the d/DHH child at the school and recommend an academic programme suitable for that particular learner" (EP 1).

"As Educational psychologists, we deal with abuse cases for d/DHH children in our schools and we offer guidance and counselling services" (EP3).

"The school has a panel of specialists in counselling with qualifications up to Master's degrees in counselling that offer counselling services to d/DHH children" (Admin 1).

The d/DHH children had to undergo psychological as well as audiometric assessments, the results of which would help in coming up with a sound academic programme for each d/DHH child. The academic programme for each learner would ensure that the learner benefited to the maximum, psychosocially and academically. Psychological and audiometric assessments facilitated the inclusion of d/DHH children in the mainstream school. Furthermore, the assessments confirmed that the learner could be enrolled at the school or has to be moved to another school with suitable facilities. Educational psychologists still placed d/HH children even in the era of inclusion, where all learners, despite their diversity, should be enrolled at their nearest school. Apart from psychological and audiometric assessments, the Educational Psychologists, together with the school, offered the d/DHH children psychosocial services in the form of counselling in cases of psychosocial challenges like various forms of abuse. The school counselling panel was made up of the mainstream teachers who were not quite able to sign. The d/DHH children, therefore, received counselling services from suitably qualified counsellors.

3.1.2. Sport

Apart from assessments and counselling services, the school exposed the d/DHH children to sporting activities. The involvement of d/DHH children in sporting activities ensured that they interacted with both their hearing and d/DHH counterparts. On sports as psychosocial support for the d/DHH children, one of the school administrators said;

"We expose the d/DHH children to several games like the Paralympics, Danbiko games, including the school sports like soccer, netball, handball, basketball and others. Mainly for the Danbiko and Paralympics, they meet their fellows with disabilities including the d/DHH people. In sports for people with disabilities, the d/DHH children learn a lot about the world and things around them; there is a lot of information sharing. All of them attend these games to interact with their fellows with disabilities" (Admin 1).

The participants revealed that d/DHH children were exposed to a myriad of sports games to support them psychosocially. Some games were conducted out of the school and were particularly meant for the d/DHH children, while others were school-based games. These games involved the d/DHH children in social circles both with their hearing and d/DHH counterparts. The school-based sports could enable the d/DHH children to have a sense of belonging to the hearing people, while those for people with disabilities could enable them to socialise, consolidate their culture, and learn about things around them from their d/DHH significant other. Attending sports for people with disabilities would widen the d/DHH children's horizons through a wider socialisation sphere.

3.2. Psychosocial Challenges

3.2.1. Teachers, Hearing Children's Inability to Sign

The inclusion of d/DHH children in a mainstream school may bring about different communicational modes between the d/DHH and hearing people. The different communication modes may lead to communication barriers. To this effect, two participants expressed the following;

"As teachers, we can't communicate in Sign language. If conflicts arise between the hearing and d/DHH children, we encounter challenges to bring peace. We refer such cases to their teachers who specialised in teaching them (Tr 4).

"All mainstream teachers and hearing learners can't sign. I am also not able to sign" (Admin 2).

It emerged from the participants that the hearing people in the school were not able to sign, bringing about a communication barrier between them and the d/DHH children. Only the specialist teachers in Deaf Studies were able to sign. The absence of these specialist teachers meant that the d/DHH children were badly spent due to a lack of meaningful communication. In case of conflicts arising between the d/DHH and hearing children, the hearing people in the school had challenges to handle them until they referred the cases to the specialist teachers for the Deaf. The absence of these specialist teachers for one or two days would spell disaster for the psychosocial welfare of the d/DHH children.

3.2.2. Inclusion of d/DHH Children

The participants' responses demonstrated that including d/DHH children at a mainstream school could be a challenge to teachers and administrators because they cannot use sign language. The following statements could explain these.

"We can't sign to communicate with them. If their teacher are not here we just look at them and they just react in line with their hearing peers' reactions. We wish we could offer help but we can't due to communication barrier. Even during assembly time or in the classrooms the mainstream teachers can't help them. They are not quite included" (Admin 2).

"Some d/DHH children come to my classroom when their teacher is not available. They also come to my class for some practical subjects like food and nutrition. I can't give the adequate help because I can't sign, yet their teachers do not accompany them to help me because they remain with other learners, and there are many of them going to different classes. They heavily rely on observational learning" (Tr 3).

Neither the school administrators nor the mainstream teachers were able to sign. The inclusion of the d/DHH children in school activities, socially or academically, was met with challenges. The problem was worsened by the fact that the specialist teachers for the Deaf did not accompany their d/DHH children to inclusive classes owing to the number of learners going to different classes. Moreover, the specialist teachers had to man their classes; they could not accompany those who were attending other classes. It emerged from the teachers that academic inclusion was mainly in the form of social learning, with limited assistance from the teachers. This could also mean that the d/DHH children's inclusion in group participation may be limited due to a lack of understanding of what should be done. They may be led by the hearing learners in almost every activity, while they react after observing what others are doing.

3.2.3. Unsuitability of Including d/DHH Children in a Mainstream Class

While the d/DHH of hearing children were educated at the mainstream school, they could have different sentiments toward inclusion. In light of this, a school administrator and a teacher expressed their sentiments towards the inclusion of d/DHH children as follows;

"It's not ideal. I would prefer that they be educated in a school where they are on their own, with their language and teachers, a homogenous population in a homogenous learning environment" (Admin 1).

"Truly speaking deaf children have some abnormalities of some sort, therefore, teaching them in the same class as those who are hearing is improper. They need a school or class of their own" (Tr 1).

The participants unanimously concurred that d/DHH children should be educated in institutions where they learn with learners similar to them, or at least in self-contained classrooms. Such conditions would allow them to learn alongside d/DHH counterparts with teachers who could be knowledgeable about their curriculum and needs. The participants were chiefly concerned about homogeneity rather than acceptance of diversity, deinstitutionalisation, and acculturation. It could be that teachers were afraid of being exposed to their shortcomings. The participants viewed the d/DHH children with infrahumanisation lenses. They did not view them as equal partners, socially and even academically. The d/DHH children's lack of hearing was viewed with infrahumanisation; they were viewed as second-class citizens of the mainstream school, who were viewed as unfit to learn alongside the hearing children.

3.2.4. The Effects of Different Communicational Modes

After enrolling d/DHH children, the school had two modes of communication: the Zimbabwean National Sign Language (ZNSL) and spoken modes. The d/DHH children used a manual mode, while the hearing people used a spoken mode of communication. This influenced the psychosocial experiences of the d/DHH children in the mainstream school. The extracts from two participants illustrate the scenario.

"Hearing children are not able to sign. The misconceptions that arise from different communication modalities between the children lead to misunderstandings and fights. In such scenarios, the d/DHH children want to dominate the hearing children. They do not want to be looked down. The hearing and the d/DHH children always quarrel and fight, particularly when the d/DHH children feel that are being taken advantage of because of their lack of hearing" (Tr 4).

"The hearing children view the manual mode of communication as awkward and play fun of them. They imitate the d/DHH children's unintelligible sounds, annoying them in the process. Fights usually arise, but we have included the specialist teachers to manage the situation" (Tr 2).

The differences in communication modes led to misconceptions in the messages conveyed. Sometimes, relationships soured due to the anticipation that a peer is saying something evil about one. The relationship between d/DHH children and their hearing counterparts was, therefore, incompatible due to differences in communication modes. The d/DHH children communicated using manual mode, while the hearing children used spoken language. Misunderstandings arose due to these differences in communication, and they were exacerbated by the hearing children's imitation of the d/DHH children's unintelligible speech. This created tension between the two parties, resulting in fights. The d/DHH children felt they were underrated and taken advantage of, and always wanted to be victorious in those wars. These wars could be managed when the specialist teachers for the Deaf were involved to ease communication between the two modes.

3.2.5. Socialisation between d/DHH and Hearing Children

Inclusion of d/DHH children is expected socialisation between the d/DHH and hearing children. The views of the participants below reveal how the d/DHH and the hearing children socialised at the mainstream school.

"Socialisation between the d/DHH and the hearing children is very bad due to communication problems. The d/DHH and hearing children don't understand each other because they have different communicational modes. There is a need to conscientise hearing children on disability issues so that they understand that disabilities are a question of differences, not inability. The two sets of children are like water and oil; it is difficult for them to mix" (Tr 4).

"Hearing children take advantage of lack of hearing and backbite the d/DHH children while they are present" (Tr 2).

There was negative socialisation between the d/DHH and the hearing children. It emerged that the two sets of children could not socialise due to communication barriers between them, to the effect that there was a need for intervention from the specialist teachers for the Deaf to help them live in harmony. There was a need to advocate for d/DHH issues for the hearing children to understand and appreciate that being d/DHH was an issue of differences, which they need to accept unconditionally. The hearing children

felt that d/DHH children had inabilities because they lacked conscientisation on disability issues in general and d/DHH issues in particular. There was also a need for counselling services to come in and assist the d/DHH and the hearing children to live in harmony. The relationships between the d/DHH and the hearing children were further strained by hearing children who backbit the d/DHH children in a spoken language, taking advantage of language incompatibility. Backbiting was a tool for disaster in the relationship between the two sets of children in the school.

3.3. Psychosocial Successes

3.3.1. Socialisation among d/DHH Children

The participants' responses from transcripts reported that socialisation could be a positive relationship among d/DHH children at a mainstream school; like any other children, d/DHH built friendships to manage their social life. Some participants declared that d/DHH children need more attachment regarding friendship, which could improve their social experiences and allow them to share their cultural values. The following excerpts from two d/DHH children describe their socialisation with hearing children:

"The d/DHH children are involved in various sporting activities with the hearing children and coaches. Although they don't socialise well with the hearing children, during sport they play together well and celebrate together their achievements. They have friends in the form of teammates. Even in the school or classrooms, they have one or two hearing friends who use writing mostly for communication. Out of this, they pick some positive moral issues" (Tr 1).

"Despite poor relationships between the d/DHH and hearing children, they learn conduct issues, good and bad behaviour which are mainly handed to the hearing children. If inclusion is well planned, the d/DHH children may learn the culture of the hearing and vice-versa leading to harmony" (Tr 2).

Although there were sour relationships between the d/DHH and hearing children, inclusion had some benefits. The d/DHH children had some friends in their teams during sports. They also learnt to celebrate together with their teammates. Furthermore, the d/DHH children also learnt moral and conduct issues from the hearing children. These were the morals and conduct issues of the hearing people, the majority who controlled life in the school and the community. It was, therefore, important to learn about these morals and conduct issues. It was also necessary for the hearing children to learn one or two things about the culture of the Deaf to improve harmony between them and the d/DHH children. A scenario where the d/DHH children only learnt cultural values of the hearing exhibited the domineering attitudes of the hearing.

4. DISCUSSIONS

The study found that d/DHH children underwent psychological and audiometric assessments to determine their psychological well-being, academic programmes, hearing acuity, and placement. The psychologists assessed d/DHH children to determine their academic programmes and place them in 'suitable' schools after they underwent audiometric assessments by the audiologist. The findings are consistent with a study by Nkoma and Hay (2017) that revealed that Educational psychologists are responsible for psychological assessments, designing academic programmes, and placing the d/DHH children in 'suitable schools. In light of this, Nkoma (2015) indicated that apart from psychological assessments, Educational Psychologists are also responsible for coming up with academic programmes that help d/DHH children to integrate well in mainstream schools. This would improve their interaction with hearing people during teaching and learning. The study further found that d/DHH children were involved in school and games specific to people with disabilities. These games enhanced the d/DHH children's psychosocial well-being. The presence of the teachers who specialised in Special Needs Education could influence the psychological and audiometric assessments of the d/DHH learners. It could also be the culture of the school to have their d/DHH learners assessed to come up with relevant psychosocial programmes at the school.

On psychosocial challenges, the study found that teachers and hearing children were not able to sign, while the d/DHH children could not use a spoken language mode; hence, the d/DHH children were inadequately served in terms of communicating with the hearing people in the school. These findings are consistent with study findings that teachers were not able to sign, leaving d/DHH children starved of requisite communication and psychosocial experiences in school (Xie, Potmesil & Peters, 2014; Ntinda, et al, 2019; Madisha, 2023). Similar findings by Thwala (2019) revealed that d/DHH children had communication hurdles due to teachers' and hearing students' inability to sign, while the d/DHH children could not use a spoken language mode for communication purposes. Moreover, the lack of communication between the d/DHH children and the hearing people deprives the d/DHH children of the requisite interaction with the hearing people (Madisha, 2023). The d/DHH children's psychosocial and academic participation was, therefore, limited due to communication barriers. Consistent with this, Musengi and Mukhopadhyay (2012) and Gudyanga et al. (2014) reveal that most teachers in regular schools are not qualified to teach d/DHH children; hence, they deprive them of the requisite communication needs and may not accept them. The inability of mainstream teachers to sign could be attributed to the teacher education system, which may not include ZNSL in the curriculum, or the attitudes of the hearing teachers towards Zimbabwe National Sign Language. It could be that ZNSL is not valued at the school (Musengi & Mukhopadhyay, 2012).

On psychosocial successes, the study established that despite it not being ideal to educate d/DHH children in mainstream schools, inclusion had some benefits. The d/DHH children built some relationships with hearing children during school sports. This was a positive direction in psychosocial relationships between the d/DHH and hearing children. Consistently, studies have found that attitudes and social acceptance for d/DHH children have improved, particularly those in inclusive settings, attributing these changes to inclusion and the improvement of social skills among d/DHH children (Chireshe 2013; Khairuddin et al. 2018). Similarly, Mpofu & Chimhenga (2013) found that psychosocial experiences of the d/DHH learners were improving towards the d/DHH learners taught in mainstream classes. The formation of relationships between the d/DHH and the hearing during sports time was from inclusion (Chireshe, 2013). The inclusion of d/DHH children was, therefore, a success and beneficial to the d/DHH children in improving their psychosocial experiences through playing with hearing children. The development of psychosocial relationships in mainstream schools may be influenced by teachers' attitudes (Musengi, Ndofirepi & Shumba, 2012). Consistent with d/DHH learners' successes in the mainstream school, studies have also shown that d/HH learners demonstrated a high degree of psychosocial success if they were educated in inclusive setups. Teachers' positive attitudes may enable them to pay attention to the d/DHH children's communication needs and ensure that there is communication between the hearing and d/DHH children. The psychosocial successes could be attributed to the presence of some teachers specialised in Special Needs Education who were knowledgeable on the psychosocial issues of d/DHH learners. Psychological and audiometric assessments could also lead to psychosocial successes. The successes in psychosocial could also be attributed to cultural views of the local people or the inclusion and daily contact of the d/DHH and hearing learners (Chireshe, 2013; Thwala, 2019). Contrarily, a study by Gudyanga et al. (2014) found that teachers and hearing children in schools held the psychosocial experiences of d/DHH learners lowly

5. CONCLUSIONS

On psychosocial services offered to the d/DHH children at the school, the study found that they underwent psychological and audiometric assessments to determine the psychological well-being, place, and draw academic programmes for specific d/DHH children, as well as to establish the hearing acuity. The study concluded that the placement and drawing of academic programmes for the d/DHH children required both psychological and audiometric assessments. In light of this, the Ministry of Primary and Secondary Education (MoPSE) has drafted a policy to the effect that d/DHH learners should undergo psychological and audiometric assessments before they are enrolled in schools. Educators may make use of psychological and audiometric assessments to design d/DHH learners' psychosocial programmes and Individualised Education Plan (IEP). Successful academic programmes may lead to the acceptance of the d/DHH children by the hearing learners and the hearing community in general.

The study further established that d/DHH children experienced some psychosocial challenges in the mainstream school based on different communicational modes. The study concluded that the d/DHH children's psychosocial challenges could be managed by the common communicational mode that may bring a common understanding of the discussion. The MoPSE and the school administrators may come up with a policy on the teaching and learning of ZNSL as a subject for all learners in schools so that all learners may be able to communicate in Zimbabwean National Sign Language. School administrators may further introduce ZNSL clubs in their schools to ensure that hearing learners are immersed in Sign Language.

Despite some psychosocial challenges, the d/DHH children had some successes in mainstream school. The study, therefore, concluded that inclusion had some psychosocial successes for the d/DHH children. Such successes as learning to socialise are critical for the d/DHH learners to be social beings; hence, the policy on inclusion should be strengthened through effective monitoring of its implementation. Furthermore, the school administrators may advocate for improvement of the general relations between the d/DHH and hearing learners to ensure social harmony between them. Improvements in the implementation of inclusion of the d/DHH learners improve the psychosocial experiences of the d/DHH learners.

Based on the findings of the study, the researchers recommended the following:

- The Ministry of Primary and Secondary Education should ensure that mainstream schools are suitable for including d/DHH children, rather than these mainstream schools to enrol the d/DHH children by placement in the era of inclusion
- Teacher Education Programmes should make it mandatory that basic Zimbabwean National Sign Language be an exit skill for teachers.
- The Ministry of Primary and Secondary Education should accelerate the inclusion of d/DHH children in mainstream schools for the d/DHH children to benefit psychosocially from the hearing children.

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Research Ethics. This study received Ministry of Primary and Secondary Education (MoPSE) ethics approval on 11 November 2019, reference number: C/426/3/HRE. Based on the approval by the MoPSE, the school headteacher approved data collection for this study. The data, however, were not immediately collected due to COVID-19 restrictions.

Data Availability Statement. All data, in both audio and print, can be obtained from the corresponding author.

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