

## Exploring the curriculum for d/Deaf and hard of hearing children at a regular school in Zimbabwe

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### **Abstract**

*Children who are d/Deaf and hard of hearing (d/DHH) may require a unique curriculum that addresses their varied needs. The study explored the curriculum for d/DHH children at a school in Zimbabwe. The study was qualitative and used a narrative research design. Purposive sampling was employed to select two Psychologists, two school administrators, and focused group discussions (FGDs) from teachers. Interviews were used to gather data from school administrators and Psychologists, respectively, while FGDs gathered data from teachers. The study presented data in narrative form and analysis was done through Riessman's interactional model. The study found that d/DHH children learned the same curriculum as hearing children. Another finding was that the mainstream curriculum was unsuitable for d/DHH children owing to large class sizes and little time allocated to periods. The study recommended that the regular school curriculum should be adjusted to address the special needs of d/DHH children.*

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**Keywords:** d/Deaf and hard of hearing, psychological assessments, audiometric assessments, placement, academic programmes

### **Introduction**

Successful teaching and learning of any group of learners hinges on a curriculum that addresses the special educational needs of the learners. In light of this, a curriculum for the d/DHH children should target their particular academic needs. According to the Jomtien Conference (1990), education for d/DHH children should not focus on basic education at the expense of key learning needs. This may be an uphill task for mainstream schools to meet due to the nature of the curriculum they use, which may not have been designed with children with special educational needs in mind (Adoyo, 2007; Hartman et al., 2023). When designing a curriculum for d/DHH children designers should factor in cultural beliefs and values, native language, assessment procedures, teaching strategies, class size, Individualised Education Plan (IEP), and multidisciplinary/interdisciplinary teams for the target group. The curriculum should be accommodative or flexible to cater to the basic special educational needs of d/DHH children, such as cultural beliefs and values, native language, assessment procedures, pedagogy, IEP, or class size. A rigid and unmodified curriculum may exclude d/DHH learners from the education system and deprive them of their equal right to education. Therefore, stakeholders should be comprehensively consulted before and during the curriculum development process. This study sought to explore the curriculum for d/DHH children at a regular school in Harare Metropolitan Province. The findings from this study may help in coming up with a curriculum needs of d/DHH children to promote their inclusion in mainstream schools.

### **Nature of the curriculum**

The mainstream classroom is the least restrictive environment (LRE) for learning for d/DHH children. In the United States of America (USA), the regular classroom is the most appropriate learning place for d/DHH children if they can fully function in that classroom without significant alteration to the mainstream school curriculum or student expectations (Scanlon and Baker, 2012). Similarly, Dudley-Marling and Burns (2014, p. 4) aver that “To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled....” However, in the USA, Ferri (2012) reveals that if a learner cannot learn the mainstream school curriculum with the necessary support in the regular classroom, his/her academic performance is considered evidence that this learning environment is inappropriate. d/DHH children should experience the same curriculum as mainstream children with reasonable adjustments to enable them access to the same curriculum.

The United Nation-Convention on the Rights of Persons with Disabilities (UN-CRPD), (2006) calls for all states to ensure that national curricula allow reasonable accommodation of d/DHH children’s requirements and that effective individualise support mechanisms are provided in the mainstream classroom. When d/DHH children are included in mainstream classes, the curriculum content should not be altered, nor should their anticipated curriculum outcomes be changed. Changes may be welcomed in teaching approaches. Similarly, the curriculum for regular schools should be flexible to allow for adjustments to cater to the special needs of the learners (Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (SREOPD), 1993). Furthermore, a study conducted by Adoyo (2007) reveals that a curriculum for d/DHH learners should be accommodative to address their curriculum needs, such as assessment procedures, content, pedagogy, and language of instruction. This allows them to equally access education with their peers in their communities. To this effect, the UN-CRPD (2006) urges states countries who are signatories to come up with alternative communication modalities that go beyond classroom instruction to functionality even outside the classroom and in the community.

### **Challenges in implementing mainstream curriculum for the d/DHH children**

Mainstream schools should use mainstream school curriculum in the education of d/DHH children in the regular classes. This enables the d/DHH children to access equal rights to education. However, it may not be easy to implement the regular school curriculum in an inclusive setup owing to such factors as large numbers of learners in each class, lack of resources, or the time allocated to each subject (Musengi & Chireshe, 2012). Moreover, since pass rates determine the ranking of schools, regular schools may not prefer enrolling d/DHH children since their curricular do not have room to pay attention to their individual special educational needs because their focus maybe on covering the curriculum to meet the examination requirements and blueprints (Adoyo, 2007).

The d/DHH children’s developmental milestones do not catch up with their hearing-age mates, particularly when their preferred mode of communication is not used (Musengi et al., 2012). Despite findings by Thwala (2015) and Musengi et al. (2012) that teachers prefer a spoken language to teach d/DHH children, the Zimbabwe’s Constitution (Amendment Act No. 20) 2013) and Director’s Policy Circular Number 2 (2001) call for the

consideration of cultural minority populations' preferred languages of instruction who may be negatively impacted by languages which are not theirs. It is important to point out that d/DHH children in schools fall under a minority cultural group. They are legally supported to use the language they prefer in all spheres of life. Musengi and Chireshe's (2012) research findings show that d/DHH children are identified late; hence, they remain lagging in language and other developmental milestones compared to the hearing children. Similarly, Deaf Zimbabwe Trust (DZT), (2013) indicate that d/DHH children enrol late for school compared to non-deaf peers and are compelled to go for normative assessments, offered by the Zimbabwe Schools Examinations Council, even if they are ready for such examinations. Contrary to the DZT (2013)'s claims that d/DHH children are identified late, the SREOPD (1993) asserts that regular schools should consider children with disabilities at tender ages and come up with inclusive early childhood centres to involve them in learning in their early stages of life.

Also, other challenges include schools' lack materials to educate d/DHH children. The Commission of Inquiry into Education and Training (CIET), (1999) found that schools do not have resources to start Special Needs Education for d/DHH learners at infant level. It is the State's responsibility to avail resources including quality personnel to facilitate the inclusive education of d/DHH children right from ECD level (SREOPD, 1993 & CIET, 1999). Personnel is very important in managing the education of d/DHH pupils. Thus, curriculum for regular schools that include d/DHH children should be adjustable to embrace the required changes that may address learners' needs, a process that demands the involvement of skilled personnel like teachers who are able to adjust it (Mukhopadhyay & Musengi, 2012, Chireshe, 2013 & Sibanda, 2018). In concurrence, curriculum for inclusive schools should give room for adjustments to be made on the curriculum to enable the inclusion of learners with disabilities (UNESCO 1994). Contrarily, Adoyo's (2007) study findings reveal that regular schools use a rigid and inflexible curriculum. The same curriculum is very long and can not be covered within the stipulated time by learners who are d/DHH who require additional time to cover given tasks (ibid). However, modifications of a curriculum require skilled personnel to conduct it. (CIET 1999, Musengi et al., 2012; Mukhopadhyay & Musengi, 2012, Chireshe, 2013 & Sibanda, 2018). The lack of an adjusted curriculum leads to poor academic performance by d/DHH children (CIET, 1999). To adequately represent d/DHH children in regular classrooms, Adoyo (2007) and the UN-CRPD (2006) reiterate that the curriculum for d/DHH children should consider their cultural norms and values. Nevertheless, studies conducted by Charema, (2009), Musengi and Chireshe (2012), and Kaputa and Charema, (2017) establish that teachers regretted the mainstream curricular which did not adequately address the special needs of d/DHH children despite the availability of good pieces of legislation, globally and in Zimbabwe in particular.

The progress of d/DHH children must be closely supervised, through assessment, to enable them to realise their goals. Individuals with Disabilities Education Act (IDEA), (2004) and Alasim (2018) posit that the assessment of d/DHH children should be done through an Individualised Educational Plan (IEP). An IEP is a multidisciplinary programme that specifies the appropriate special educational needs and the tasks that should be performed to realise the goal/s and the timeframe for these activities (Alasim, 2018). All the disciplines involved in

designing an IEP are significant in its successful implementation. Therefore, one of the academic supports given to d/DHH pupils is the designing and utilisation of an IEP. The academic assessment and performance of d/DHH learners depend on an IEP to determine the learner's progression from one level to the next or is taken to the regular class, with some special needs provisions like Sign Language interpreters (Alasim, 2018). It is from this background that the study sought to explore the curriculum used for the education of d/DHH children in mainstream schools.

### **Research questions**

The following main and sub-research questions guided the study;

#### **Main research question**

What is the nature of the curriculum for d/DHH children in mainstream schools?

#### **Sub research questions**

- 1) Do d/DHH children learn the same curriculum as mainstream children?
- 2) Is the curriculum for the d/DHH children in mainstream schools suitable for their education?
- 3) How much time is allocated to each lesson period?

### **Methodology**

#### ***Research approach, paradigm, and design***

The study was underpinned by a qualitative approach. A qualitative approach is any study in which the findings are not arrived at through statistical or quantification means (Rahman, 2017). This approach entails an in-depth understanding of human behaviours, lived experiences, emotions, feelings, and organisational functioning, such as social movements, cultural phenomena, and interactions between people and the reasons behind these behaviours (Queirós et al., 2017; Rahman, 2017). The approach was, therefore, suitable for this study because it focused on the lived experiences, emotions, and feelings of the teachers, educational psychologists, and school administrators who directly dealt with the curriculum for the education of d/DHH children at the selected school. The study also focused on the organisational functioning of the operational curriculum in the school.

The study adopted an interpretive paradigm. An interpretive paradigm refers to the essential nature of people's character and participation in social and cultural lives (Berger & Luckmann, 1967; Mertens, 2010; Creswell, 2014). Its central focus is understanding the subjective meanings of individual experiences about their world and work (Tracy, 2013; Creswell, 2014). This paradigm was chosen based on the diversity of views acknowledging that interpretive researchers may not only describe objects, humans, or events; thus, they may also deeply understand them in a social context. Specifically, in the context of this study, the interpretive paradigm focused on the varied views of the Educational Psychologists, School Administrators, and teachers on the curriculum for the d/DHH learners.

The study was underpinned by a narrative research design. A research design is a conceptual structure where the study focuses on collecting and analysing data (Kothari & Garg, 2014). A research design, therefore, is a blueprint of how the study is conducted. A narrative or storytelling is a research design that critically analyses social and cultural contexts of human experiences (Tamboukou & Squire, 2008; Andrews, Squire, & Tamboukou, 2013). Narrative research is a design through which researchers systematically gather, analyse, and represent participants' stories as they are told by the participants themselves (Clandinin & Connelly, 2000; Tamboukou & Squire, 2008). For this study, participants told their lived experiences in the mainstream curriculum in the education of d/DHH children in regular school.

### ***Participants and settings***

The school was in the High/Glen District, about fifteen kilometers south of Harare Central Business District in one of the high-density suburbs, with an enrolment of over two thousand pupils comprising d/DHH and hearing children. All the sixteen d/DHH children attended classes in their respective resource units and attended mainstream classes for some subjects. Each resource unit had a specialist teacher for the d/DHH children.

The study employed purposive sampling to select two school administrators (n=2), one FGD comprising six teachers, and two Educational Psychologists (EP) (n=2). Purposive sampling entails selecting particular participants from the study population that will provide relevant and rich information so that findings may be generalised to the population (Leedy & Ormrod, 2015). In purposive sampling, participants are selected for a specific purpose, making them relevant to the study (ibid). Based on this knowledge, the researchers purposively selected participants who could provide rich and quality information that they could use to address the topic.

### ***Procedure***

Permission was granted by the Ministry of Primary and Secondary Education in Zimbabwe to conduct the study at the selected school in Harare. Ethical considerations like informed consent and anonymity were considered. After participants' consent, interviews and FGDs were scheduled. Interviews with school administrators and teachers in the FGDs were also conducted at the school. The interview for the school administrators and the EP were conducted in their respective offices, while the FGDs were conducted in one of the resource units. Each interview session and FGD took about one and a half hours.

### ***Measures***

The researchers gathered data from school administrators and EP using semi-structured interviews. An interview is a dialogic process of data gathering about a participant's personal experiences, leading to interpretation of the information in terms of the meanings that interviewees attach to it (Rakotsoane, 2012). Qualitative researchers rely on dialogue to collect data on participants' lived experiences (Taylor, Bogdan & DeVault., 2016). Thus, interviews were appropriate to collect data for this study in which participants had to narrate their experiences.

Data were also collected using FGDs. Then, Rankin (2014) defines FGDs as a group of participants dialoguing to provide an expression of their attitudes and feelings towards a topic of concern to the researcher.

Focus group discussions assist the interviewer in enriching the data by incorporating meaning from verbal and non-verbal cues during the dialogue with the participants ( Adhabi & Anozie, 2017). Focus group discussions were suited to this study because they involved a group conversation to express their experiences on the curriculum for d/DHH learners, thereby being cost-effective for the conduction of the study (Nyumba, Wilson, Derrick, & Mukherjee, 2017).

### **Data analysis**

Data were analysed using the interactional model by Riessman, which says that people are story-telling living organisms and create meaning from their stories. This model is based on the dialogue between the researcher and participant who create meanings of the narrations together (Riessman 2005). The interactional model requires all participants' lived stories to be presented in narrative form; thus, readers are extracting meanings from the participants. In this case, there are no distortions of participants' meanings (Lapan et al., 2012), making the findings credible. The narrative analysis was used for this study because the researcher conversed and co-constructed meanings with the participants during interviews and FGDs.

### **Findings**

#### ***Nature of the curriculum***

The general school curriculum was used for the education of d/DHH children. An administrator and psychologists gave the following views concerning the curriculum:

“We use the same curriculum, one curriculum, one teacher, and one examination” (Psychologist 1).”

“The d/DHH learners learn the same curriculum like their hearing counterparts. They learn the same curriculum, with modified language” (Psychologist 2).

“They use the same curriculum, the same textbooks, and we expect that same pedagogical skills as for the mainstream children be used” (Administrator 1).

The study found that the general school curriculum was used to educate both hearing and d/DHH children. The participants expressed that the school used one curriculum, one teacher, and one examination for the education of non-deaf and d/DHH children in the school. The materials that were used for the learning processes of hearing children, that is, textbooks, charts, or teaching aids, were also used for the learning processes of d/DHH children. The mainstream curriculum and resources placed the d/DHH children on the same academic footing as their hearing peers. However, the curriculum and resources that were used had challenges in addressing the needs of d/DHH children in teaching and learning; thereby adversely affecting their academic progress (Hartman et al., 2023). To this effect, the mainstream school curriculum should be adjusted to address the academic needs of the d/DHH children in the mainstream school. In light of this, previous literature on teaching and learning of d/DHH pupils has shown that schools use mainstream school curricula to teach d/DHH children, but it was long and not adjusted to meet their needs (Thwala, 2015).

The researchers sought clarification on the issues raised by the participants. On what ‘the same curriculum with modified language’ meant, the participant gave the following:

“Language for d/DHH children is precise, spoken language is very long and indirect. For the d/DHH children, it is not easy to sign every word. A text in ZSL might be half of the text in English; they skip what is not necessary. The sense does not change” (Psychologist 2).

Although the regular school curriculum was used to educate d/DHH pupils, ZSL was accommodated. Based on the data collected, it was noted that ZSL differed from spoken languages in that it was concise and not all words in a spoken language sentence was necessary to be signed. It is critical to note that the native language facilitates teaching and learning of a second language. The modification of the language was significant for the inclusion of the d/DHH children. The aforementioned findings concur with previous studies which indicated that Sign language is a unique language that enables d/DHH children master concepts easily. The d/DHH children lag behind their hearing counterparts in class when Zimbabwean Sign language is not used (Thwala, 2015). Thus, the native language is critical when teaching d/DHH children, and this should remain an important modification of the mainstream school curriculum. Contrarily, teachers use spoken languages to teach d/DHH children (Adoyo, 2007). It emerged that ZSL was concise and comprehensive to the d/DHH children. These adjustments are consistent with the recommendations of the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (SREOPD) (1993), UNESCO (1994), and UN-CRPD (2006) that curriculum for inclusive schools should not be rigid to allow modifications without changing the content learners receive. The adaptations may include time, teacher-pupil ratios, teaching strategies, or language, as may be required by the d/DDH learners. The curriculum adaptations enable the academic needs of the d/DHH children to be met and promote inclusion.

### ***Curriculum modifications***

It was important to understand where the curriculum modifications were done. It was also important to know the people who modified the curriculum. On who-modified curriculum, one psychologist-s response was:

“Teachers are just given the mainstream school curriculum and because they are specialists, they adjust their lesson scheme-plans. These are specialist teachers for that area, so they can design Individualised Education Plans (IEP) of the mainstream school curriculum. Examinations are modified regarding language and Sign language interpreters; at least, there is a need to provide for the learning and teaching of ZSL. A few textbooks in English, not a whole package, are also modified” (Psychologist 2).

Specialist teachers were just given the mainstream school curriculum, and modifications were made during the design and planning of the IEP. Examinations and part of the teaching and learning materials were also modified. These modifications were not centralised, hence, variations could be expected from one class to the next and even from the selected school to the next. Teachers for the d/DHH children were the experts in the education of the d/DHH children; hence, they were responsible for modifying the curriculum in line with the needs of their learners. There could be serious challenges in the event of limited availability of specialist teachers. Further,

specialist teachers' lack of experience in curriculum modifications could compromise the education of d/DHH children (CIET, 1999). Modifications for textbooks were confined to the English language ones. Based on their modified examinations, all their academic resources were supposed to be adapted. Despite SREOPD (1993) and UNESCO (1994) stressing that mainstream school curriculum should be adjusted to suit the special educational needs of d/DHH learners, studies reveal that no qualified personnel had the expertise to modify it, raising eyebrows on the effectiveness and meaningfulness of the modifications. (Musengi et al., 2012, Mukhopadhyay & Musengi, 2012 and Sibanda, 2018). Skilled personnel who had experience in modifying the mainstream school curriculum were, therefore, critical for meaningful curricular modifications, the development of Deaf education, and inclusive education for d/DHH children in Zimbabwe and the world over.

Contrary to the presentations by the EP that the mainstream curriculum was adjusted to embrace the special needs of d/DHH children, the FGDs revealed that both the curriculum and the examinations were not differentiated. The participants narrated thus:

"The Ministry of Primary and Secondary Education (MoPSE) sings about the adapted curriculum, but neither the curriculum nor the examinations are adapted" (Participant 3).

"Sign language interpreters are availed to sign the examinations. Signing [of examinations] is done number by number so that they go to the next number together" (Participant 5).

"There are no modifications or adjustments to the mainstream" (Participant 1).

From the teachers who taught the d/DHH children, it emerged that the curriculum and examinations were not modified; even the resources they used were the same as those of the mainstream children. Although MoPSE insisted on a modified curriculum, they did not fulfil the implementation of a modified curriculum or offer fully adapted examinations. The only adaptation to the curriculum was the provision of ZSL interpreters during examinations. Nevertheless, the signing process treated the d/DHH children as operating at the same wavelength. They were required to move at the same pace in the examinations. To this effect, Osgood (2005) noted that d/DHH children do not fit well in the stiff mainstream school curriculum, and teachers felt that they were overtaxing the smooth flow of the mainstream school curriculum. Similarly, Musengi and Chireshe (2012) found that teachers expressed sadness that regular school curricular that did not adequately address the special needs of d/DHH children in mainstream schools and indicated their unhappiness in teaching them in inclusive classes. There was, therefore, discord in the presentations from the FGDs and the EP, possibly because the former was based in the classroom while the latter was based in the offices with neither learners nor teaching resources. In light of this, Adoyo (2007) and Thwala (2015) found that mainstream schools used unmodified and long curricula which was not fit for the learning of d/DHH children. UNESCO, (1994) and UN-CRPD (2006) reiterate that inclusive school curricula should be adjustable without changing the content learners should receive. A modified curriculum, therefore, subjects d/DHH children to equal rights to education and successful inclusion in mainstream classes.



### ***Suitability of the curriculum***

With reference to the regular school curriculum's suitability for the learning of d/DHH children in inclusion, the participants viewed it as not quite embracing the special needs of d/DHH learners. Participants from the FGDs and an administrator explained why they felt the regular school curriculum was unsuitable for learning of d/DHH children. They said:

"We need additional time to explain concepts to d/DHH children than we need when teaching their hearing counterparts. The rigid mainstream school curriculum falls short of this" (Participant 2).

"It is not suitable. The ideal scenario was having a curriculum specific for d/DHH children. A separate curriculum for d/DHH children would ensure that they do not interfere with the smooth running of the mainstream curriculum" (Administrator 1).

"It's unsuitable because each lesson is thirty minutes long. Thirty minutes is not enough to teach d/DHH children" (Participant 4).

The mainstream school curriculum was considered unsuitable for the education of d/DHH children. It did not consider the additional time that was required by both the teachers and d/DHH children during teaching and learning. The participants wished they had an adjusted curriculum that focused on the needs of d/DHH children. Similar findings were also noted in studies by Osgood (2005) and Dudley-Marling & Burns (2014). Therefore, the inflexible curriculum that was used by the school was not ideal for the education of d/DHH children. Teachers and d/DHH children required additional time in their teaching and learning-discourses. The need for additional time possibly emanated from language barriers between them. The participants revealed that thirty minutes for a lesson period were insufficient to effectively teach d/DHH children. It emerged that the mainstream curriculum was stiff, unmodified, and unfit for conducting lessons with d/DHH children. It did not meet the needs of the teachers and learners in terms of time. The mainstream school curriculum was viewed as a curriculum for hearing children, hence, educating d/DHH children in the mainstream classes was seen as a disturbance to meeting the curriculum blueprint. In concurrence, literature reveals that the mainstream school curriculum was rigid, long, and time-constrained and would not accept d/DHH children who were thought to be slowing its implementation (Osgood 2005, Adoyo, 2007, Musengi & Chireshe 2012). Thus, the curriculum that was being implemented by the school was not suitable for the education of d/DHH. It did not accommodate d/DHH children but paid courtesy to the curriculum's blueprint. Participants wished the mainstream school curriculum was accommodative and inclusive to promote the inclusion of d/DHH children.

### ***Time allowance***

Time is a key component of the curriculum to successfully accommodate d/DHH children in a mainstream school. The teachers and d/DHH children require additional time to accomplish their tasks in the teaching and learning scenario. On whether teachers allowed sufficient time to adequately address the d/DHH children's needs in terms

of time as well as the time they need to fully conduct a lesson. The excerpts below express the opinions of participants from the FGDs:

"It is not possible to allow more time to attend to d/DHH children owing to large class sizes. Other children may start making noise, thereby disrupting class activities" (Participant 6).

"We receive d/DHH children in classes for special subjects, where we already have fifty-eight pupils, making it difficult to allow more time and individualise teaching and learning. We are expected to meet the curriculum needs" (Participant 3).

Apparently, mainstream school curriculum designers did it without consideration for d/DHH children because they did not factor in curriculum flexibility to accommodate diverse needs of learners like time and class sizes. The curriculum was cast in stone to stick to its blueprint (Osgood, 2005; Dudley-Marling & Burns, 2014; Thwala, 2015). Teachers were, therefore, teaching strictly in line with demands of the curriculum which were not pro-inclusion. Teaching focused on the professional requirements for the teachers at the expense of the d/DHH children. Individualising teaching and learning in large class sizes in thirty minutes was not easy. Teachers did not have expertise to handle d/DHH children in inclusive classes, especially in large class sizes. It emerged that d/DHH children mainly learnt in resource units. They also had some lessons they attended in mainstream classes, especially for some practical subjects such as Home Economics, Physical Education, or Information Communication Technology. The mainstream classes had teacher-pupil ratios of up to one teacher to about sixty pupils. In such scenarios it was difficult for teachers to handle learner's diverse individual needs. It is prudent that inclusive class sizes be reduced to manageable numbers that allow teachers to attend to diverse needs of learners.

### ***Ideal class size***

A standard curriculum needs to show the number of learners that make a manageable class. A standard or Ideal class may be defined as a manageable number of pupils in a class in line with a lesson period. On the ideal inclusive class size, smaller numbers were suggested to effectively manage the learners. The presentations from one participant from FGDs and one EP show the recommended average class size for d/DHH children:

"An inclusive class of twenty children is ideal for the teacher to be able to attend to learners' individual needs during teaching" (Participant 1).

"Ten is the maximum number that constitutes a class of d/DHH learners in a resource unit, while five should be the minimum size of a class" (Psychologist 2).

Smaller numbers of learners were suggested for ideal class sizes. Apparently, for a class composed of d/DHH children only, the class sizes ranged from five to ten learners while an inclusive class was suggested to have up to twenty learners. The smaller numbers in classes would allow teachers to individualise learning. These class sizes were suggested to allow teachers to manage the unique individual needs of learners, leaving no one

behind. Both resource units and inclusive setups were supposed to be smaller to enable teachers to apply Special Needs and Inclusive Education principles (Musengi & Chireshe, 2012).

Large class sizes were considered problematic for individualising learning. On the challenges of large teacher-pupil ratios, the participants indicated that the presence of d/DHH children in inclusive classes made their work difficult. They could not attend to the d/DHH learners as individuals because of their large number, with all of them needing individual attention. The extracts from two participants show their views below:

“When d/DHH children are in inclusive classes, we don’t have enough time to attend to them. We just babysit them. We have targets to comply to, number of lessons, evaluative exercises, and examinations” (Participant 1).

“When specialist teachers for the d/DHH children are out of school, their children are allocated to our classes where we have at least fifty-eight pupils already” [showing unhappiness] (Participant 3).

Large class sizes and set targets deprived the teachers in inclusive classes of the time to attend to the individual needs of the d/DHH children. They just rushed through the curriculum without paying attention to d/DHH children’s academic needs. Teachers for inclusive classes paid particular attention to the set targets, including pass rates at the end of the term. No effective teaching and learning for the d/DHH children took place in inclusive classes since the teachers claimed that they were just babysitting them. Class sizes were, therefore, supposed to be smaller for d/DHH children to get attention from teachers. Teachers’ efforts to implement inclusive education were thwarted by the stiff curriculum (Adoyo, 2007; Thwala, 2015). Furthermore, the demands to meet set targets hampered teachers from attending to d/DHH children within the fixed short time that was allocated to each lesson period. There was a need to accept and celebrate individual differences within the d/DHH children and effectively practice inclusive education for their benefit. By babysitting d/DHH children teachers in inclusive classes treated them like alien learners.

### **Limitations**

The study was qualitative, therefore, the findings could not be generalised to large populations since the sample was small and the findings were not tested for statistical significance. Atieno (2009) reveals that qualitative research findings may not be generalizable to significant populations because they cannot be tested for statistical significance or possible the findings could be due to chance. The findings could, therefore, mainly be restricted to the selected school.

COVID-19 was a major limitation to the study process. COVID-19 imposed movement restrictions during the data collection process. The researchers had to wait until the situation was calm, and they proceeded to collect data observing World Health Organisation guidelines of social distancing. The study process, therefore, took more time to complete than initially anticipated. The government’s position that only government-sanctioned vehicles

could transport people from one point to another led to scarcity of transport. Transport was very expensive due to its limited availability. The researchers had to adjust the budget to meet the high transport costs.

### **Conclusions**

On the curriculum exposure, the study found that the d/DHH children experience the mainstream school curriculum and the same examination that was written by the hearing children in the school. There were no major modifications to the mainstream school curriculum save for English textbooks and the provision of ZSL interpreters during examinations. Literature is also consistent with the finding that the curriculum in mainstream schools is rigid, unmodified, and does not consider the needs of d/DHH children (Musengi & Chireshe, 2012; Thwala 2015). In light of this, one of the conclusions was that the general school curriculum that the school used for the education of d/DHH children was unmodified and unsuitable for the education of d/DHH children. The curriculum did not address the various needs of the d/DHH children such as language, class sizes or time needs for their teaching and learning. In light of this, the international conventions propose that d/DHH children should be educated separately from hearing children owing to their language and curriculum challenges they encounter (SREOPD, 1993; UNESCO, 1994). Similarly, Osgood (2005:24) reveals that the United States of America's education system views d/DHH children as not fitting into the rigid curriculum and that they "overtaxed the efficient operation of schools".

On time allocation, only thirty minutes were allocated for a lesson period yet d/DHH children required more time for a lesson compare to the mainstream lessons. In a related finding, inclusive classes were too large for teachers to give individual attention in thirty minutes. The study, therefore, concluded that thirty minutes for a lesson were inadequate to successfully conduct a lesson for the d/DHH children. In relation to this, studies found that mainstream classes that included d/DHH children were very large, with limited time allocated to each lesson period, making it difficult for teachers to manage their classes (Osgood, 2005; Dudley-Marling & Burns, 2014; Sibanda, 2018). The study further concluded that d/DHH children were left half-baked due to the limited time allocated to lesson periods, making it difficult for teachers to deliver lessons effectively.

### **Recommendations**

The following recommendations were made based on study findings;

The study found that the curriculum was not modified to address the special needs of d/DHH children like time, resources or class size. Therefore, the study recommended that the Ministry of Primary and Secondary Education (MoPSE) should ensure that the regular school curriculum is modified to address the academic needs of d/DHH children. Furthermore, the study recommended that MoPSE centralise and supervise curriculum modifications to universalise the process. Alternatively, the study recommended that curriculum modifications should be done by the Curriculum development Unit (CDU) to ensure that the same modified curriculum is distributed to all schools. The CDU is the body that is responsible for curriculum designing and development, hence, they may be the specialists in modifying the curriculum. This may ensure that the curriculum for the d/DHH

children is the same nationally, and expose all the d/DHH children to the same curriculum. School-based curriculum modifications may make d/DHH children experience different curricular.

Regarding the suitability of the curriculum in the education of the d/DHH children, the study found that the curriculum did not address a number of d/DHH children's academic needs such as individual attention due to large class sizes or enough time to complete tasks. The curriculum was, therefore unsuitable in educating d/DHH children in general classrooms. Therefore, the study recommended that the Curriculum Development Unit (CDU) specify the class sizes for the d/DHH to enable teachers to attend to each learner. Smaller class sizes may enable teachers to attend to every learner in the class as an individual.

About time, the study found that time allocated to each lesson period was not enough to allow both teachers and d/DHH children to complete their teaching and learning activities. The study found that teachers and d/DHH children required additional time to manage their teaching and learning processes. Therefore, the study recommended that the CDU make lesson periods for inclusive classes longer to enable teachers and d/DHH children to complete their academic tasks.

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