

Effects of Speech and Language Disorders in Early Childhood

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I. INTRODUCTION

This paper is developed on the philosophy that disabilities, be they congenital or adventitious, should not necessarily be handicaps if timely medical, educational and technological interventions have been put in place, (Barraga 1986). This augment remains true and valid whether the child is in a monolingual or multilingual context. The theme before us puts emphasis on child's developmental disorders in a 'multilingual context' implying the sort of consequences or effects that would follow such a child with a defective speech and language disorders. Such effects encompass isolation, labeling, child abuse, segregation, stigma, nicknaming to name but a few. To worsen the matter, such dehumanizing practices take place at home, school, church/mosque, village and community affecting a child of 2 years to 8 years.

Undoubtedly, the above social barriers apply to all categories of children. In this paper, however, special attention will be given to pre-primary and primary school going children (2 years to 8 years) with speech and language disorders, (Nzoka 2021). Speech and language are here taken to be one and complementary. In fact, there would be no language without speech. Defective speech organs often lead to language disorders, (Hallahan and Kauffman, 1991). Children with hearing impairment, autism spectrum, children with emotional and behavioral disorders, children with physical impairment and children with multiple disorders are examples. It is these disorders that lead to disabilities unless timely intervened.

II. DEFINITION OF TERMS

Disability: disability is not a disease. Its rather non contagious condition – be it visual, physical, mental, emotional, behavioral, linguistic—which makes someone unable to use a part(s) of his or her body in daily chores. Subsequently, disabilities results from the impairment of a given organ(s) in case of multiple disorders.

Handicap relates to the disadvantages experienced in society by the individual, as a result of his/her disability. It's a disadvantage that makes progress or success difficult.

Developmental impairments are impairments in a child's physical, cognitive, linguistic, emotional or behavioral development. Often, developmental disorders do cause developmental disorders such as visual, locomotion, drawing, writing and all other psychomotor activities. Similarly, cognitive disorders are responsible for the rest of human

disability. In general, nervous system disorders, sensory related disorders, metabolic disorders and degenerative disorders and among the chief developmental disorders that require timely medical and educational interventions in early childhood to enable the child to normally. Further, drug and alcohol abuse by the mother during pregnancy genetics such as Down Syndrome (DS) and Fragile X syndrome (FXS), accidents during infancy and early childhood diseases as well as physical assaults to the child are known to cause myriad disorders in a growing and developing child. Speech and language disorders; American Speech-Language-Hearing Association (ASHA) define speech disorders as an impairment of voice, articulation of speech sounds or fluency and that these impairments are observed in the transmission and use of the oral symbol system when talking. A voice disorder is defined as the lack of quality voice, distorted pitch, unbalanced loudness and duration. Still, ASHA defines articulation disorder as an abnormal production of speech sounds. Finally, ASHA defines a fluency disorder as abnormal flow or verbal expression characterized by impaired rate or rhythm which may be accompanied by physical struggle for instance stuttering and stammering. Suffice it to say that the human voice articulation of the speech sounds and fluency are necessary parts of any human language. When affected in any way, the child's oral language becomes affected too as seen with children with autism spectrum disorders and hearing impairment.

Consequently it's here observed that a language disorder results from impairment of comprehension or use of a speech organ/system in relation to the form, content and functions of any human linguistic communication (ASHA 1991, Hallahan and Kauffman, 1991). Other language disorders include absence of verbal expressions such as sign language, qualitative different language such as dialects and vernaculars, delayed language development probably due to late maturing; and an interrupted language development due to early child diseases or accidents (Hallahan *et al* 1991).

Finally some causes of speech and language disorders include; congenital malformation of the larynx, nodules, cleft pallet, nasal cavity, trauma and tumor to the larynx due to accidents or medical procedures; Biological makeup of an individual; Vocal abuse and misuse; Congenital or early acquired deafness ; cross brain damage or sever mental retardation; sever emotional disturbance; advantageous hearing impairment due to diseases or hostile environment, use of drugs by mother during pregnancy; brain injury due to lack of

oxygen during delivery; physical trauma as well as infections. Lack of language practice, interest and motivation.

III. HISTORICAL PERSPECTIVE

Since time immemorial, human beings have, through experience developed and employed language to communicate their thoughts, ideas needs and desires (Nzoka 2022). These language development went through various dynamic stages: namely oral, picturesque writing and now technological stages. It's until 18th and 19th century, societies world over, did not think of special needs education let alone having it. The 20th and 21st centuries have witnessed such tremendous technological explosion and expansion of knowledge and expertise that we are able to talk about, experience and teach augmentative and alternative communication for the children with communication needs in the western countries. Kenya as well as the rest of Africa has hardly kept pace with other countries in terms of education and technological development due to the three enemies- - diseases, ignorance and poverty. Hence there is need to provide medical, technological, educational resources in the realm of special needs education sector in western countries to assist children with disabilities in the developing world particularly those with speech and language disorders

Purpose of studying children with speech and language disorders.

May I begin this section by stating the question, why children and not adults? First and foremost, children are developing to be adults. In fact they are adults in miniature hence the way in which we treat them will determine their adulthood tomorrow. Secondly it's the developing child who would respond to and benefit most effectively to all interventions particularly educational interventions, medical therapeutic and pathological services. Children with speech and language disorders are human beings, an aspect we all share. Studying them makes us know them better, draw nearer to them instead of running away from them. We start to realize their abilities and weaknesses and provide relevant aids through augmentative and alternative communication. Further, through educational research, professionals are able to improvise most effective strategies such as individualized educational programs. As such, it would be important to understand human development stages right from conception, prenatal stage, early childhood, late childhood, adolescent and adulthood in the provision of basic and secondary needs including balanced diet, medical services. Studying speech and language disorders as caused by impaired organs, enables doctors, pathologists, psychologists and other professionals not only to treat them but also to discover more information about related categories such as autism, hearing impairment, emotional and behavioral disorders, learning difficulties and how to helping them to cope with their lives. In the process of doing this, guidance and counselling as well as provision of intrinsic and extrinsic motivation would be quite necessary for growing child in order to develop his/her self-image and self-acceptance, (Nzoka, 2021).

Effects of speech and language disorders

It is here categorically stated that children with speech and language disorders rightly belong to special needs education (Hallahan et al 1991). The range should be starting from those who are deaf and dumb then those who are deaf and blind, those who stammer and stutter, to those who just lisp. It is a category that appears to run across the board being extremely heterogeneous. Consequently, the effects associated with speech and language disorders might be considered under two aspects: internal self and external self. The internal self-comprises ones feelings, thoughts, likes and dislikes, temperament, emotions, depression, anxiety, withdrawal, frustration, hostility, as well as positive dispositions such as joy happiness, love, desire and ambition. It is impossible to see touch, hear, smell or taste these internalizing traits but we can see their results for example when a child beats another child who always tops in their class due to frustration.

External self, on the other hand, may be characterized by external or physical appearance, mobility, hyperactivity, anti-social behavior, delinquency, truancy, substance abuse, social disobedience, boycotting social activities, open defiance to authority and rule (Kaffman and Landrom 2009).

On average most children with speech and language disorders have harmonious internal and external selves and would be social and peaceful with others. Others would not only hate other children as well as oneself but also end up committing suicide. Nevertheless, this does not mean that all children that commit suicide have speech and language disorders. All in all many of them would have emotional and behavioral disorders among other internalizing disorders.

IV. INTERVENTIONAL SERVICES

In this paper, interventional services for children with speech and language disorders are here taken to be methods and processes of stopping or preventing an ongoing behaviour. From our discussion, it is clear that speech and language disorders are mere symptoms of an impaired or damaged organ be it mental or physical and that the disorders basically cut across the board; and that their causes are either congenital or advantageous. In either case, they should be timely intervened with in order to minimize disabilities or to reduce their impact. A few are mentioned below.

1. Maternal care during pregnancy; Such care will touch on the observation of maternal health, diet, physical exercises, clinical attendance, guidance and counselling, doctors' advice and prescription on the proper use of medicine and delivery,
2. Ensuring that the child gets all the recommended vaccines to prevent early child diseases. The need for the mother to suckle her child for at least six months and provide good nutrition to the growing child thereafter and to safeguard against all possible accidents. This is because the child's health is its greatest wealth.

3. Taking the child for clinical checkup immediately some sickly conditions are noticed. Mere rise of bodily temperature can result in brain damage. Prevention is always better than cure is a popular saying.
4. Providing intellectual, linguistic and physical stimuli by family members, particularly the parents.
5. Identifying any disorder (s) for immediate action.
6. Early education for the child. Once all the primary and basic needs for the child have been met, the child must be taken to school under all circumstances (Abraham Maslow 1972). This should be after the child attains five to six years of age. The child may be a gifted and talented star after all, despite his or her speech and language issues.
7. Offering pathological services to the child. Such services would include language therapy, diagnosis and subsequent treatment e.g. surgery. This is why primary schools for children with special needs such as speech and language disorders must be attached to a general hospital
8. Assessment and placement. Such assessments should determine whether the child deserves special services and placement to ensure proper growth and development.
9. Guidance and counseling services to the child and parents. Guidance and counseling should encourage and persuade the parents to love, interact with and care for the child unconditionally. The guidance counsellor should help the child to cope with his or her situation. This will enable the child to know himself/herself, accept himself/herself and be himself/herself
10. Using good instructional strategies by the teacher to improve the child's interactive skills so as to remedy the child's language deficits. According to (Nowacest and Mcshane, 1993), the teacher, who should be a pathologist should pair up children for language practice and mastery skills; use effective rewarding system to motivate improving learners; highlight the teaching/learning material to enable learners to highlight key syllables and words in a passage; avoid labeling and nicknaming children when addressing them; record children's speeches and encourage them to carefully listen and identify their errors; encourage learners to repeat target phrases, sentences or words, reinforce correct responses; systematically present a teaching learning material until the child can correctly and consistently imitate or cram it; increase receptive/expressive language activities in the classroom; collaborate closely with the speech language pathologist with

his/her day to day teaching; encourage children's conversation through storytelling, debates, music, games, drama in order to help children to improve their language skills and practice.

V. SUMMARY

Following our discussion on speech and language disorders, below is the summary.

1. Impairments require timely interventions before they cause disorders and disabilities
2. Impairments, disorders and disabilities cut across the board, affecting even children with gifts and talents.
3. Realistic interventions for proper child's growth and development start after conception through prenatal life and early childhood leading to a healthy citizen.
4. Education is key to all human growth and development regardless of disabilities
5. Technology has made it possible for persons with disabilities, including those with speech and language disorders to learn to communicate with the world. This is because technology is more inclusive than exclusive provided suitable software is employed.
6. More research is still required in the realm of special needs education as there is always room for improvement

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