

# Speech and Language Disorders in English Language Learners: Current Situation and the Future Trend

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## ABSTRACT

This article aimed at investigating the impact of speech and language disorders on learners' learning journey with focus on English language and to propose the way forward. This article used a review research design guided by Bronfenbrenner's (1990) Bioecological Systems Theory. Secondary qualitative data were collected by reviewing existing records, books and research articles about speech and language disorders in English language learners and their impact on their English language learning. The results revealed that some schools and education stakeholders have documented statistics of students with speech and language disorders while others have no segregated statistics of learners with speech and language disorders. Thus, learners with speech and language disorders are in the mainstream education but they are not given proper support to help them learn and succeed in their educational journey. Current literature revealed that the impacts of speech and language disorders on English learners are low self-esteem and motivation, low participation in classroom learning activities and poor performance in English in general. Their low receptive and expressive skills cannot allow them to put thoughts into words and sentences in a way that makes a sense and grammatically correct. It was recommended that surveys should be done to show the exact statistics of learners with speech and language disorders who are in the mainstream education, education stakeholders should provide specialist (counselors) support to these students and curriculum adapted to their educational needs should be designed by policy makers and other stakeholders, and awareness sessions should be initiated so that teachers and parents could help such learners to overcome English language learning difficulties they face at home and at school.

**Keywords:** Speech disorders, language disorders, language learners, English language

## INTRODUCTION

Exposing how learners with speech and language disorders are facing different challenges in learning English and not given required support in English language mainstream classrooms can increase parental awareness and involvement in learners with speech and language disorders' successful learning. English teachers' awareness of the presence of learners with speech and language disability would increase teacher support and student motivation in English language learning and result in significant changes in teaching methods, improved teacher-parent collaboration, aligning English curriculum to their linguistic needs, and enhance their interest in English education. Although research indicates a favorable correlation between teacher support and student's successful English learning, effective learning brings the interplay between home, schools, community and political which combined, define intellectual development of learners.

Learners with speech and language disorders face challenges in learning to talk, understand or use aspects of

language correctly. Learners with this condition have problem to produce speech in their early years of school and they lag behind their age mates. They face different challenges in learning English as a foreign language which emanate from their first one (Macarthur and Graham, 2016; Hallahan & Kauffman, 2003). These conditions are presents in many children (NUDOR, 2015; Scheiris & Desoete, 2008). Learners who are facing speech and language disorders are not given proper attention which results into their poor performance in schools and work places (Arjun & Abhijit, 2022). In Rwanda, according to the Rwanda Fifth Population and Housing Census, children and youth with disabilities aged 5 years and above, the disability prevalence rate was 3.4% (RPHC5, 2023). The prevalence of disability was higher among females (3.6%) than males (3.1%). Overall, 65% of schools going children aged 6-17 years with disability are currently attending school. This figure comprised those with impairment related to mobility (38%), learning (26%), vision (13%), hearing (12%) and other issues such as epilepsy (12%). Although the government and partners have done much to help children with disability to be educated with others with the same rights to education, a number of them remain excluded from education and those who attend school are likely to drop out (MINEDUC, 2015; UNICEF, 2013). According to National Union of Disabilities' Organizations of Rwanda (NUDOR) literacy rates among persons with disability in Rwanda are much lower than that for persons without disability: 50% of persons with disability are able to read, compared to 72% of people without disability (NUDOR, 2015). Kidd and Kabare (2019) found for example that in Rwanda at primary schools the net attendance rate for children with disability was 68% compared to 89% for children without disability; and, at secondary school level, the respective figures were 12% and 22% respectively. However, researches talking about learners and children with disability in Rwanda do not show segregated statistics of children with speech and language disorders (MoH, 2018; Batamuliza, et al., 2017; MINEDUC, 2018) which is an issue that must be dealt with by educational managers and stakeholders in education. Learners with speech and language disorders should be identified so that measures can be taken to help them to be successful in their academic endeavors. Absence of intervention increases the risk of adverse consequences on a child's later quality of life and educational attainment (Marmot Review, 2010). In this paper the researcher aims to focus on speech and language disorders and how they affect learners of English as a foreign language and their academic achievement and measures that should be taken to support them.

### **The Concept of Language and Speech Disorders**

According to Kiogora (2021) speech and language disorders are problems in communication and related areas such as oral motor function. He adds that these delays and disorders range from simple sound substitutions to inability to understand or use language or to use oral motor mechanism for functional speech and feeding. Caruso and Strand (1999) asserts that speech refers to the production of meaningful sounds (words and phrases) from the complex coordinated movements of the oral mechanism. He adds that it requires coordinating breathing (respiration) with the movements that produce voice (phonation) and sounds (articulation). Speech disorders are deficits that may prevent speech from being produced at all, or results in speech that cannot be understood or is abnormal in some other way. Kiogora (2021) asserts that learners have speech and language disorders when the learner is noticeably behind his or her peers in the acquisition of speech and/or language skills. He posits that sometimes the child will have greater receptive (understanding) than expressive (speaking) language skills.

### **Prevalence of Language and Speech Disorders in Learners**

Seeking to know the prevalence of speech and language disorders in Cameroon, Tchoungui (2018) found that overall prevalence was calculated as follows: speech disorders (14.7%); language disorders (4.3%); and speech and language disorders (17.1%). In terms of disorders, prevalence findings showed that articulation disorders (3.6%); expressive language disorders (1.3%); receptive language disorders (3%); fluency disorders (8.4%) and voice disorders (3.6%).

Research conducted by Nwosu (2015) showed that speech disorders were found in 30% of participants with:

rhinolalia (a nasal quality in speech) in 2%, and stuttering in 2% of the children. In another study, those with hearing impairment, 70% were considered to have delayed speech and language skills and of those with speech disorders, 79% had specific language impairment (Somefun, et al., 2006). Furthermore, other studies have looked into the prevalence of dysfluency and autism in Nigeria. Nwokah (1988 cited by Nwosu, 2015) studied disfluent bilingual and reported that 9.2% of Nigerians were individuals who stutter. Bakare, Ebigo & Ubochi (2012) investigated the prevalence of autism spectrum disorder (a disorder that involves deficits in communication) among forty-four Nigerian children with intellectual disability. Results revealed 11% of the children studied were diagnosed with childhood autism.

The report by the European Union (2017) on the prevalence of speech and language disorders in Europe showed that 7% of all children aged five years in the UK have specific speech and language impairment and further 1.8% have speech, language and communication needs linked to other conditions. Speech, language and communication needs are the most common type of special educational need in 4-11 years old children. They found out that in more social deprived areas speech, language and communication issues may affect more than half of the children starting school.

In the same line, the prevalence of children with speech and language disorders in Belgium is between 5% and 10% (EU, 2017). Research by Scheiris and Desoete (2008) showed that speech and language development disorders occur in 8% of boys and 6% of girls in Belgium. They showed that 7 to 10% of children have language development problems or language delay. Three to 5% of children have a primary language development disorder (Gezin, 2010). Zink & Breuls (2012) stated that developmental dysphasia has prevalence of 3% and all secondary speech and language development problems together give a prevalence of about 2%.

Furthermore, Cumming (2021) on his survey on public awareness of speech and language impairment in children and how it affect children, found that 60% of the countries of Europe were not aware of it. People in countries in overall low and overall high awareness differed in their views on manifestations and causes. People had heard of language impairment and autism the same way: most frequently through the media, including internet and less frequently through their child's school or media professional. Otilia et al. (2015) in their survey on the prevalence of speech-language disorders in kindergarten of public schools found out that the most prevalent disorder was orofacial myology disorder (31.3%), followed by speech (21.37%) and language disorders (4.58%). He concluded that the survey showed the high prevalence of speech-language disorders.

## **SPEECH AND LANGUAGE DISORDERS AND SYMPTOMS**

### **Speech Sound Disorders**

Simon et al. (2019) assert that acquisition of oral language takes place gradually specifically the phonologic acquisition in which the speech sounds are acquired. He posits that the acquisition of speech sounds, without any incident, is achieved by the age of five. Niemeyer, et al. (2017) asserts that whenever there is a major disparity in the phonologic acquisition in relation to age and to the acquisition of phonemes, the child is said to have Speech Sound Disorder. They add that such disorders may be both or either of two conditions: difficulties resulting from a linguistic basis (phonological disorders) and difficulties related to articulation (phonetic disorders). Throughout the time in which speech sounds are being developed some difficulties may happen as for example, substituting one sound for another, omitting a sound, having a hard time articulating etc. Child Mind Institute (2023) observed that speech sound disorder is a communication disorder and that children having this condition have trouble speaking clearly and making the sounds they need to talk. They have trouble to control their voices or produce specific sounds. Others have speech problems like stuttering or lisping. Other people have hard time understanding what they are trying to say.

Child Mind Institute (ibid) posits that specific sign that children with speech sound disorder present are among others trouble moving the jaw tongue and lips; struggling to make specific speech sounds; not speaking clearly for others to understand; suddenly changing the pitch or volume while speaking, running out of air while talking; lisping or stuttering.

### **Articulation Disorders (Dyslalia)**

Articulation disorder refers to the way sounds are produced. Olorode (2021) define articulation disorder which is also called dyslalia as the production of sounds, syllables, or words incorrectly so that the listeners do not understand what is being said or pay more attention to the way the words sound than to what they mean. Ugbo (2017) says that articulation disorders which can be likened to baby talk is characterized by abnormal production of speech sounds, which includes omissions, substitutions, additions and distortions. Although articulation disorder sounds like structural defect in the articulators or difficulty in the motor act of talking, can be functional as most persons with this defect has nothing wrong with their articulators (lips, tongue, teeth, hard and soft palate). Rather they have functional difficulty at the phonetic level that makes it difficult for them to say the sound they need or intended for speech (Bowen, 2013). Dodd (2018) put articulations disorders into two categories. Structural disorder where a child's oral or facial structures make it difficult for them to make sound(s) correctly (e.g., cleft lip/palate, overbite/underbite, and tongue overgrowth condition) and functional disorder where a child is unable to make sound(s) correctly but there is no clear cause (e.g., no hearing impairment, no oral/facial structural issues). Instead, a child may have mislearned a pattern for making a speech sound.

### **Apraxia of Speech and Dysarthria**

Apraxia of speech is a neurological disorder of central nervous system resulting in a phonetic-motor deficits caused by an inefficiency in the translation of well-formed phonological representations in previously learned kinematic parameters that must be assembled to produce the desired sounds (Natalie and Carlos, 2012). It is characterized by the presence of intra- and inter-articulatory temporal and spatial distortions of sounds and prosodic distortions. These difficulties are not attributable to deficits in muscle tone or reflexes or do they respond to auditory, tactile, kinesthetic, or language processing deficits (McNeil, Robin, & Schmidt, 1997). On the other hand, Dysarthria is a neurological disorder produced by an impairment of the central nervous and / or peripheral system that causes changes in the implementation of the motion needed for speech. It is characterized by difficulties in coordination, range, direction, strength and speed of movement of the muscles involved in speech. This leads to problems at the respiratory, phonatory, articulatory, resonator and / or prosodic level, which may appear individually, or in various combinations, depending on the extent and location of the lesion (Darley, Aronson, & Brown, 1975).

According to Mikee's (2019) study, 54% of people with motor speech disorders have dysarthria caused by a breakdown in communication between the brain and muscles associated with speech. Another 25% of people with motor speech disorders also have aphasia, which is a language disorder that often goes hand in hand with motor speech disorders. Cognitive-language disorders including amnesia, dementia, and traumatic brain injury make up another 16%. Research (Natalie & Carlos, 2012, Olorodo, 2012) has shown that relatively, a small 4% of motor speech disorders involve apraxia caused by difficulty with programming and motor planning. This can lead to the wrong sounds or words coming out, or to speech that sounds flat and robotic. The final 1% of people with motor speech disorders is also affected by other neurogenic speech issues including stuttering and mutism.

### **Fluency Disorders**

According to the definition provided by the International Classification of Diseases, which draws on a definition offered by Andrews and Harris (1964 cited in Sandhya & Sylaja 2018), fluency disorders

(stuttering) consists of “disorders of the rhythm of speech, in which the individual knows precisely what he/she wishes to say, but at the same time is unable to say it because of an involuntary repetition, prolongation or cessation of a sound” Successful speech production depends as much on the fluency with which speech is produced as it does on the accurate articulation of speech sounds. Speech is never produced without some degree of hesitation, pausing and repetition (Cummings, 2021). She asserts that these breaks in the flow of speech serve several important functions including securing time in which to perform linguistic processing, providing an opportunity for self-correction and inhaling air in order to produce the next utterance. These so-called normal non-fluencies are quite unlike the anomalies that occur in fluency disorders. In fluency disorders, breaks in the flow of speech are performing none of these essential functions and serve only to compromise the speaker’s effectiveness as a communicator.

For a person with stuttering, speaking in a formal situation is more strain than speaking in an informal situation. A child stammerer feels being trapped in social speaking situations and there is an increase in tension and anxiety in the child. As the child becomes a teenager speech becomes more demanding. Stutterers are capable of clear thinking and formulation of ideas, but when these ideas have to be translated into speech they become a prey to undesirable emotions like anxiety, fear etc (Cummings, 2021). At this stage stammerer’s speech becomes disorganized whenever he attempts to speak. He feels tensed and anxious which lead to interruption of his speech. With repeated frustrating experiences, stuttering behavior gets strengthened and they show certain behaviors that can be characterized as primary and secondary behaviors. Primary stuttering behaviors include overt, observable signs of speech fluency breakdown such as repeating sounds, syllables, words or phrases, silent blocks and prolongation of sounds Secondary behaviors include escape behaviors, in which a stammerer attempts to terminate a moment of stuttering (Sandhya & Sylaja, 2018).

### **Voice Disorder**

A voice disorder can include distinct vocal behavior related to the pitch, loudness, and/or overall quality of voice and can vary by frequency and consistency. Bari, Vicki and Christine (2013) observed that some of the common voice disorders in school-age children may occur as a result of so-called functional, structural, or neurologic processes. Andrews (2002) asserts that some of the common functional disorders that occur from phono-traumatic behaviors (i.e., vocal behaviors causing tissue damage) include vocal fold edema, vascularity, nodules, and/or polyps. Fluency disorders may also result in secondary functional voice problems due to increased phonatory effort. ASHA (1993) gave some symptoms that affected children present and include increased vocal effort associated with speaking, increased vocal endurance or onset of fatigue with prolonged voice use, variable vocal quality throughout the day or during speaking, running out of breath quickly, frequent coughing or throat clearing which may worsen with increased voice use and excessive throat or laryngeal tension/pain/tenderness.

## **THEORETICAL FRAMEWORK**

The theoretical framework for this study is based on the Bronfenbrenner’s Bioecological Systems Theory (1990) which has relevance for understanding the impact of multiple factors influencing the development of a child. This explains how key areas of an investigation are identified when attempting to understand how support at different levels could be implemented in order to effectively facilitate child development. The Ecological Systems Theory is appropriate for this study as it tackles all areas of society that should come into play to support learners with speech and language disorders. It considers the relevance of these different systems to teaching and learning (Tugde, et al. (2009). Bronfenbrenner believe that the interaction between factors in the learner’s maturing biology, his immediate family/community environment, and the social landscape fuels and steers his/her language development. To help the learner’s education, his/her immediate

and larger environment must be put into play.

Thirst, the microsystem is the one which is the closest to the child's everyday life. This includes people, institutions and services that she/he directly interacts with in their immediate environment (LaBahn, 1995). These people include parents, siblings, other family members and school (including teachers, other staff and peers); places of worship, health care services, neighborhood. Thus, language development start from the microsystem and members constitute the first category from which learners with speech and language disorders seek support. Building relationship of trust with them helping them to feel safe and welcome is fundamental to them being able to learn in the classroom.

Secondly, mesosystem is about how people in different microsystems around the learner interact with each other (Berk, 2000). For example, learner's parent attending a school meeting; or the leader of the child's place of worship carrying out an event with the child's neighborhood or school; a teacher visiting learner's home to find out why they unable to come to school on time. The way in which these different microsystems around the child interact directly influence the child's learning, development and wellbeing. For example, a teacher who goes to the learner's home to talk to parents and to understand better what might be happening in the child's life and how they might help the learner to settle in the classroom. In this way, teachers and parents are interacting with each other to help the child to be successful in school.

Thirdly, the exosystem involves the broader community the learner lives in. It includes everything from the extended family members, parent workplaces, neighbors, family friends, mass media, health, education and social welfare services as well as political systems and policies (Berk, 2000). The learners does not have direct contact with the system because of the people in other systems closer to the learner are affected by the exosystem, it affect the learners as well. Here, the issue is about wider educational policies and services which are directly affecting the child. In order to help learners, the teacher has to think about a system as higher than the microsystem and mesosystem. According to Hatch (1998), beyond changes in curriculum or improvement in self-esteem, meaningful community involvement for improving learning sets in motion a chain of events that transforms the culture of the school and often the community that the school serves. It also involves the creation of policies that ease or help learning in schools.

The fourth system is macrosystem, which covers things going on at bigger societal level and show this influence the other systems around the child. It includes ideologies, values, attitudes, law and customs of a particular culture or subculture (Henderson, 1995). For example, learner's parents may have the belief that children with disability should not go to school. This is a bigger issue that is happening in the child's immediate lives. It is about customs and cultural beliefs of the family and their wider community. The teacher can do nothing about it but can discuss it with the head teacher how these matters affecting children with disabilities education and might be discussed sensitively at school.

The fifth system is chronosystem which refers to how people experience things over their lifetime, environmental events, and major life transitions and historical events which affect individual's psychosocial development. It includes big life changes such as being displaced from one place to another; and other more usual event such as marriages (and divorce) and the birth of a baby etc (Henderson, 1995). For example, because of a war the family moved from one region to another. They have been searching for safe areas. In order to be able to support the child, the teacher finds out as much as they can about these changes so that they best understand how to support the learners for the time he is in the teacher's class knowing their life time experiences.

## RESULTS

While most children are competent communicators by school-age, some do not have speech and language

skills that are equivalent to their peers (McLeod & McKinnon, 2007). For these children, their speech and language competence can limit their engagement with others in social and learning environments (McCormack, Harrison, McLeod, & McAllister, 2011; McLeod, Daniel & Barr, 2013). Children with speech sound disorders have difficulties with the production of intelligible speech and “can have any combination of difficulties with perception, production, and/or ... representation of speech ... that may impact speech intelligibility and acceptability (Graham and Sharynne, 2017). Among other challenges that learners with language and speech disorders meet in learning English Language are among others:

### **Low Motivation and Low Self Confidence**

Speech and language disorders affect self image of the learners. Simone et al. (2019) research demonstrated that the biggest impact of irregular speech takes place in a unfamiliar environment of the school. In addition to that they have shown that isolation and the development of feelings such as frustration, shyness and low self-esteem are common among learners with speech and language disorders, making their relationship with other students more difficult. Here the change of social conduct and in psychological aspect of the child with phonological deviation is remarkable and feel that other people don't understand what they say. Moreover, Olorode et al. (2021) asserts that speech and language disorders affect learners' self-esteem, socialization issues and the overall quality of life.

In addition, Ur (1995 cited in Magdalena, 2011) posits that learners with language and speech disorders have the behaviors such as an inhibition which is the fear of making mistakes, losing face, criticism; shyness; nothing to say during which, learners have problems with finding motives to speak, formulating opinions or relevant comments; low or uneven participation which is often caused by the tendency of some learners to dominate in the group. Sandhya & Sylaja (2018) asserts that the impact of fluency disorder or stuttering can affect students and children in various ways throughout their life cycle because of their stuttering; they develop negative beliefs and attitudes about their speaking and also about themselves in English learning process.

### **Low Participation in Classroom Learning Activities**

Learners with speech and language disorders have many difficulties in learning English as foreign language. They usually affects reading comprehension and written expression and can affect participation in aural-oral aspects of learning English (class discussion, oral presentations) and can struggle with wording problems. This also includes phonologic weaknesses and problems with reading (decoding) and spelling (encoding), difficulty understanding and sharing information in spoken or written contexts (Sices & Augustyn, 2021). ASHA (1993) and CSP (2013) identified various ways in which language disorders impact on students in school. They posit that students who have speech and language disorders begin to show difficulties with understanding instructions, organizing ideas, and word retrieval. Here, difficulties with reading comprehension results in difficulties to provide details, explaining what was read and identifying the main idea. In addition, learners with language disorders present difficulties with oral language, social interaction difficulties, behavioral problems which stem from frustration due to communication difficulties.

### **Poor Performance in English Language**

The results of the study by Adebayo & Mabuku (2014) revealed that the performance of pupils with speech and language disorder in English Language was low, and were average in their socialization. It was also discovered that 77.2% variance in academic performance was accounted for by the level of speech and language disorders. Students with speech and language disorders also agreed that they produced short simple sentences in order to avoid grammatical errors, had fewer chances to talk when playing. They further showed that 18% of the pupils had merits in the school end of term examination, 50% obtained pass grades, while 31.2% failed. This is a clear indication that the majority of the pupils with speech and language

disorders performed at low level.

Bakota, et al. (2015) posit that the affected child is not aware of the fact that the sound in reading is not represented in a letter in written form, the learner has difficulties connecting sounds and syllables (b-d), (g-k), (s-z) and cannot connect well what he/she reads. In Stamp and Loewenthal's study (2008), children with language disability experience anxiety and panic, low self-esteem and stress. This leads to the individual's loss of interest in learning and gaining new experience. Bari, et al. (2013) observed that this results in functional limitations in effective communication, social participation, academic achievement or occupational performance.

## **WAYS TO SUPPORT LEARNERS WITH SPEECH AND LANGUAGE DISORDERS**

### **Identification and Learning Support in Schools**

In addition to identification and assessment issues, teacher preparation and professional development issues exist as teachers who work with learners with speech and language disorders must possess knowledge related to linguistic, cultural, and disability-related needs (Yujeong & Rachel, 2012). Problems abound when teachers have difficulties providing appropriate services due to lack of knowledge for assessing and teaching learners with speech and language disorders in their classrooms (Hammer, Scarpino, & Davison, 2010). Nevertheless, educators have a little understanding about second language acquisition, the influence of child's native language on his/her intellectual and cognitive development, the interactive relationship between native language and English language proficiency, and the impact of cultural differences on students' performance (Kushner & Ortiz, 2000).

Unfortunately, most general and special education teachers do not have extensive coursework or teacher preparation program related to educating students who have culturally and linguistically diverse backgrounds (Ortiz & Yates, 2001). Because the lack of teacher training, the lack of appropriate policy to endorse teacher certification in this area, and the severe shortage of teachers who have diverse linguistic and cultural backgrounds, learners with linguistic disorders are often taught by teachers with inadequate experience and qualifications (Flippin, 2004). Additionally, there is currently a shortage of fully certified teachers in general and special education in particular (Boe, Cook, & Sunderland, 2008). Therefore, it should be noted that learners with speech disorders cannot meet high academic standards unless they receive adequate instruction and high-quality services from their schools and teachers.

### **Provide Specialist (Counselors) Support**

Counseling in education has been seen as one of the strategies to manage students' behavior in schools including learners with disabilities (Daniels, 2013). Obi, et al. (2016) observed that learners with speech and language disorders need a councilor to encourage and help them to participate in classroom instruction. It is of primary importance to identify normative conditions and processes that contribute to language development during the early school years. Because considering the time the children spent in the classroom, teachers are proximal interaction and communication partners and unique sources for language input in children's daily lives. Stamp and Loewenthal's study (2008 cited in Daniels, 2013) revealed that counseling is helpful in assisting learners to build self-esteem and inspiring the learners to experience specific learning barriers by providing them space and that counseling sessions showed a major improvement in the learners' level of education.

### **Adapted Curriculum to Learners with Speech and Language Disorders Needs**

Results of research done in Zimbabwe by Mpofu & Sefoto (2024) indicated that participants were facing several challenges in implementing competency-based curriculum to learners with learning disabilities.



Among the cited challenges were negative attitudes towards learners with learning disabilities, poor teacher preparation, and lack of resources and poor collaboration. The Mzizi and Rambuda (2012) assert that one of the significant barriers to learning arises from different aspects of the curriculum such as the content and the language. The other factors that contribute to barriers to learning include how the classroom or lecture is organized and managed, the methods and processes used in teaching, the pace of teaching and the time available to complete the curriculum. Thus, learners with speech and language disorders should be given support and adapt the curriculum to their learning pace and potentialities so that the actual uses and functions of language are learned. Opportunities for using language should be inherent in day-to-day experiences across the curriculum and in informal encounters at school and home, and these opportunities should be capitalized upon.

### **Awareness of Parents and Teachers**

To help learners with speech and language disorders, teachers need to be prepared with the understandings and skills required to provide learners with relevant learning experiences, in an educational environment that supports the development of all children's "...personality, talents and mental and physical abilities to their fullest potential" (UN, 2001 cited Graham and Sharynne, 2017 p.81). Uyse et al. (2019) revealed that knowledge and awareness levels of preschool teachers about children with speech/language impairment are limited while 46% of the participants report that they have little or no experience with speech/language impaired children and do not feel themselves adequate in teaching children with severe language problems. In Mavis and Akyuz-Togram's (2005) research, teachers believe in the helpful effects of speech and language learners but they need to be informed about speech and language disorders as they have similar to parent-child relationship. Children who feel secure with teachers are more likely to have personalized conversations (Dickinson & Porche, 2011) and to be engaged in language learning activities. One of the possible reasons of this situation is not having lectures about these disorders in their educational background. Aydin and Tura (2018) reveal that candidate teachers received no or little lecture on speech and language disorders. Speech and language disorders should also be recognized by the public and policy makers and included as part of the national school teacher training curriculum. Specific workshops conducted for school teachers about this group can also be an alternative to access related knowledge.

Daniel (2017) suggested that developing an expanded awareness of the particular challenges faced by children with speech sound disorders in relation to literacy in teacher education and professional development courses, and developing an expanded repertoire of alternative and complimentary strategies to support the engagement of these students in learning and assessment activities, might support teachers' endeavors to provide equitable access for students with speech sound disorders to learning in the classroom. In the same line, Flippin (2004); Yujeong & Rachel (2012), suggested that increased awareness of the specific needs of children with speech sound disorders and of the challenges their parents face is needed to enable the provision of greater support as children and their families engage with school curriculum and learning experiences. There is therefore a need for current and pre-service teachers to develop their awareness of the needs of children with speech sound disorders, and of strategies that might better meet these needs in the educational environment

### **CONCLUSION AND RECOMMENDATIONS**

This paper explored the existing literature focusing on how students/learners/children with speech and language disorders are affected by this disability in language learning. As there are no segregated statistics in the mainstream in schools, those students cannot get support they need. School administrators and teachers do not know them which affect their English language learning outcomes. Due to low motivation and self-esteem, learners with this condition have difficulties to participate in activities that involve speaking for fear of being criticized fellow students and even teachers. Then, teachers do not have this

educational responsibility to help learners with speech and language disorders in schools. Therefore, their participation remains low which affect the development of their English language fluency. This research show the ways in which these students can get support. Teachers, schools and education stakeholders should identify students with speech and language disorders and their English learning needs to better serve them and to provide specialist (counselors) support to provide speech services in schools. Furthermore, curriculum should be adapted to the needs of these students as well as incorporating the units of teaching learners with speech and language disorders in teacher education schools' curriculum. And finally, awareness sessions are necessary to help such students to cope with this disability with the help of teachers and counselors. Parents and the wider society, with the intervention of education stakeholders, should be given training and awareness sessions and all children can move together to achieve the education quality and equity.

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