



## **Perceived Influence of Communication Disorder on Students with Learning Disabilities**

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### **ABSTRACT**

The study examined the perceived influence of communication disorder on students with learning disabilities. To achieve the purpose of the study, two (2) objectives of the study, research questions and hypotheses were developed to guide the study. The research design used for the study is descriptive survey design. The population of the study consists of the principal, vice principals and all the teachers of the school of handicapped, Borokiri, Port Harcourt with a population size of 45 staff. The study made use of purposive sampling technique with the sample size of 45 teachers. The instrument used for the study is structured questionnaire and the data gathered were analysed using frequency table and simple percentage. Based on the analysis, the findings revealed that there is a negative relationship between speech disorder and students with learning disabilities and that there is a negative relationship between language disorder and students with learning disabilities. Based on the findings, the researcher recommends that government should give special attention medically and academically to the children with speech disorder hence it affects their development and learning abilities and more special schools of handicapped, mainly for the children with speech or language disorder be established by government to enable them have access to education.

**Keywords:** Perceived, Influence, Communication, Disorder, Students, Learning Disabilities.

### **INTRODUCTION**

Communication is said to be successful when both interlocutors have reached a mutual understanding of the topic of discussion. Anything that gets in the way of speaking or listening leads to a breakdown in communication (Chris, 2010). The concept of communication disorders comprises a wide variety of problems in language, speech and hearing. Speech and language impairments include articulation problems, voice disorders, fluency problems, aphasia (difficulty in using words, sometimes as a result of a brain injury, viral infections, cardio-vascular accident, mental retardation), and delays in speech and or language. According to Chris (2010), a good number of communication disorders can equally result from other pathological conditions such as learning disabilities, cerebral palsy, mental retardation, or cleft lip or cleft palate.

Mathes and Denton (2012) observed that one of the most common disabilities is communication disorders: Problems with speech and language. Studies have reviewed that about 1 in every 40 students has a communication disorder serious enough to warrant speech therapy or other special language are often used interchangeably, they are not the same. Language is the communication of ideas using symbols and including written language, sign language, gesture, and other modes of communication in addition to oral speech (Chris, 2010). Speech refers to the formation and

sequencing of sounds. It is quite possible to have a speech disorder without a language disorder or to have a language disorder without a speech disorder (Chris, 2010).

Rutter and Martin (2012) assert that language makes us uniquely human; a delay in the development of language might have far-reaching consequences on other areas of early childhood development. Systematic research has suggested that language is uniquely and intrinsically related to the development of the child's thought, play activities, social-emotional development and learning (Rutter & Martin, 2012). It has been also observed that on purely theoretical grounds, there are reasons to suspect that children with communication disorders are at risk for the development of other kinds of problems in development, including learning problems and behaviour problems. According to Cantwell and Baker (2017) reviewed that previous review of the literature concerning the prevalence of behaviour problems in children with communication disorders showed that such children have higher prevalence rates of psychiatric disorders than children in the general population.

## **COMPARISON OF CHILDREN HAVING ACADEMIC FAILURES AND NORMALLY ACHIEVING CHILDREN AMONG CHILDREN WITH COMMUNICATION DISORDERS**

### **Speech and Language Disorders Affect Children**

Speech and language disorders can affect the way children talk, understand, analyze or process information. Speech disorders include the clarity, voice quality, and fluency of a child's spoken words. Language disorders include a child's ability to hold meaningful conversations, understand others, problem solve, read and comprehend, and express thoughts through spoken or written words.

### **Speech, Language, and Hearing Disorders Affect Learning**

Communication skills are at the heart of life's experience, particularly for children who are developing language critical to cognitive development and learning. Reading, writing, gesturing, listening, and speaking are all forms of language – a code we learn to use in order to communicate ideas. Learning takes place through the process of communication. The ability to participate in active and interactive communication with peers and adults in the educational setting is essential for a student to succeed in school.

### **Speech and Language Skills so Critical for Literacy**

Spoken language provides the foundation for the development of reading and writing. Spoken and written language have a reciprocal relationship – each builds on the other to result in general language and literacy competence, starting early and continuing through childhood into adulthood.

### **Signs that a Communication Disorder is Affecting School Performance**

Children with communication disorders frequently perform at a poor or insufficient academic level, struggle with reading, have difficulty understanding and expressing language, misunderstand social cues, avoid attending school, show poor judgment, and have difficulty with tests. Difficulty in learning to listen, speak, read, or write can result from problems in language development. Problems can occur in the production, comprehension, and awareness of language at the sound, syllable, word, sentence, and discourse levels. Individuals with reading and writing problems also may experience difficulties in using language strategically to communicate, think, and learn.

### **How do speech-language pathologists work with teachers and other school personnel to insure children get the support they need?**

Assessment and treatment of children's communication problems involve cooperative efforts with others such as parents, audiologists, psychologists, social workers, classroom teachers, special education teachers, guidance counselors, physicians, dentists, and nurses. Speech-language pathologists work with diagnostic and educational evaluation teams to provide comprehensive language and speech assessments for children. Services to students with communication problems may be provided in individual or small group sessions, in classrooms or when teaming with teachers or in a consultative model with teachers and parents. Speech-language pathologists integrate students' communication goals with academic and social goals.

### **How can speech-language pathology services help children with speech and language disorders?**

Speech-language pathology services can help children become effective communicators, problem-solvers and decision-makers. As a result of services such as memory retraining, cognitive reorganization, language enhancement, and efforts to improve abstract thinking, children can benefit

from a more successful and satisfying educational experience as well as improved peer relationships. The services that speech-language pathologists provide can help children overcome their disabilities, achieve pride and self-esteem, and find meaningful roles in their lives.

#### **Intervention in children with speech disorders**

Speech and language development may be appropriate or not, depending on chronological age. Evaluation should include cognitive and emotional aspects of development, which may indicate or not the severity of the disorder, as well as the necessity for specialized family guidance and/or speech therapy. It is widely known that early language stimulation may prevent learning disabilities, dyslexia, and developmental disabilities. A body of research has demonstrated the importance of the first three years of life to the development of the human brain.

The basic interventions include the evaluation of language development at all levels, family and school guidance, and therapy. Types of therapy include speech therapy (phonetic and phonological deviations), voice therapy (dysphonias), oral motor therapy (eating disorders, breathing and mobility of phonoarticulatory organs), oral speech therapy (expressive and/or receptive language) and written language therapy (dyslexias, dysorthographies and dysgraphias).

All stimulation activities in a child's speech therapy must be carried out in a playful way (e.g.: games), so that children find them amusing, and should encourage the participation of family and school, if necessary. Stimulation through singing, talking, playing games, and reading allow for the acquisition of skills that foster development. For the process of communication to occur, children need to be motivated. There should be the so-called intention to communicate (children can obtain their objects of interest through language). This occurs through the daily contact with people and through the stimuli that such interaction provides. The importance of breastfeeding, foods with adequate texture and consistency at different stages, and the elimination of thumb sucking or pacifiers at the age of two years should also be emphasized. All of these factors contribute to an orofacial musculature that facilitates speech development. Family has a crucial role in stimulating speech; it is the physician's or therapist's decision to let the family get involved or let himself/herself be involved by the family.

#### **Learning Disabilities**

About 6.5 million children are identified as exceptional in our educational system. Learning disabilities are the most prevalent exceptional condition, and affect up to 10 percent of the population. This was not always the case, and through most of history those with learning disability were either not specifically identified or wrongly considered to be lazy or of low intelligence. German internist Adolph Kussmaul is memorialized in 6 medical eponyms and introduced endoscopy, gastric lavage and thoracentesis; his contribution to neuropsychiatry came in 1877 with the recognition of "word blindness", an inability to learn to read despite intact vision and speech and normal intellect. Ten years later, Rudolf Berlin observed individuals unable to read because they could not decipher written or printed symbols, and termed this "dyslexia". Hinshelwood and Morgan in Britain and W.E. Bruner in the United States studied children with apparent congenital inability to learn to read between 1895 and 1905. Samuel Orton began the systematic study of learning disability at the University of Iowa in 1919, and first postulated that reading disability arose because the appropriate cerebral organization to connect the spoken and visual forms of words had not been established. The term "learning disability" was introduced by Samuel Kirk in 1963. Magnetic Resonance Imaging and Functional MRI studies after 1996 have established that learning disabilities are associated with thalamocortical and arcuate fasciculus volume loss (Anand, 2006), and at least 9 candidate genes on the X chromosome and one specific mutation on chromosome 6 have been associated with learning disability (Kovas & Plomin, 2007).

Children with learning disabilities represent 46 percent of students receiving special educational assistance. Learning disability is characterized by difficulty learning despite intelligence at or above normal levels, and is manifested in the classroom by a discrepancy between measured intelligence and documented achievement. Language, reading and writing, mathematical learning or information processing may be individually affected or involved in combinations, and the causes are multiple and both familial and environmental; inherited learning deficiency, prematurity and birth injury and toxic exposure are the chief causes (Sonoma State University, 2014).

### **Communication Disorders**

The diagnosis and treatment of disorders of communication grew from the discipline of speech and language pathology, which in turn arose from elocution and “speech correction” in the 19th century. Alexander Melville Bell and his son, the better-known Alexander Graham Bell, were practitioners of speech correction and teachers of elocution who developed in the 1870s a symbolic code that indicated the position of the tongue, throat and lips in the production of speech sounds. This “visible speech” became the basis for a technique of teaching speech to those who had difficulty forming the proper sound. The younger Bell’s interest in a means of transmitting speech for diagnostic and teaching purposes led him to invent the telephone. Two organizations developed to study and treat speech disorders: one consisted of speech correctionists who were or had been schoolteachers, and became the National Society for the Study and Correction of Speech Disorders in 1918, while another group more closely affiliated with the medical profession started in 1925 and became the American Speech-Language-Hearing Association. Samuel Orton was active in this field as well, and suggested in the 1920s, along with Lee Edward Travis, that speech disorders generally and stuttering in particular were analogous to dyslexia, and resulted from failure to establish cerebral hemispheric dominance. This theory was extended but never conclusively proven by Wendell Johnson and Charles van Riper in the 1930s, and the latter suggested in 1939 that the social implications of communication were as important as the linguistic ones, which led in turn to the development of psycholinguistics by George Miller and others, which was one of the foundations of cognitive psychology (Prutting, 1982).

### **Statement of the Problem**

Previous review of the studies and literatures concerning the prevalence of behaviour problems in children with communication disorders revealed that such children have higher prevalence rates of psychiatric disorder. Currently, the problem of communication disorder is on the high side thereby having negative influence on the students with learning disabilities. There are high problems of speech and language impairments which include articulation problem, voice disorders, fluency problem, aphasia or difficulty in using words and delays in speech and/or language. It is against these problems or challenges that the researcher tends to examine the perceived influence of communication disorder on students with learning disabilities.

### **Purpose of the Study**

The purpose of the study is to examine the perceived influence of communication disorder on students with learning disabilities. Specifically, the objectives of the study are among others to:

- 1) ascertain how speech disorder affects students with learning disabilities
- 2) investigate how language disorder affects students with learning disabilities

### **Research Questions**

The following research questions were formulated by the researcher to guide the conduct of the study:

- 1) How does speech disorder affect students with learning disabilities?
- 2) How does language disorder affect students with learning disabilities?

### **METHODOLOGY**

This section is concerned with the various methods used in getting and analyzing the data for the study. They are as follows: Research Design; the researcher used descriptive survey design. The essence of this design is to elicit information from the respondents on the perceived influence of communication disorder on students with learning disabilities. The population of the study comprises the principal, vice principals and all the teachers of the school of handicapped, Borokiri, Port Harcourt with a population size of 45 staff. The researcher used purposive sampling technique for the sampling technique. Purposive sampling is a non-probability sample that is selected based on the characteristics of a population and the objective of the study. Therefore, the sample size of the study is 45 staff which is 100% of the total population. The instrument used for the study is a structured questionnaire rated with 4-point Likert rating scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The data gathered were analysed using frequency table and simple percentage.

**RESULTS****Research Question 1:** *How does speech disorder affect students with learning disabilities?***Table 1:** Simple percentage analysis on how speech disorder affects students with learning disabilities

Opinions	Responses	Percentage (%)
Strongly Agree	23	50%
Agree	18	40%
Disagree	2	5%
Strongly Disagree	2	5%
<b>Total</b>	<b>45</b>	<b>100%</b>

**Source:** Survey Data, 2019

The data analysis presented in table 1 indicates that 23 of the respondents which represent (50%) strongly agree, 18 respondents which represents (40%) agree, 2 respondents which represents (5%) disagree and 2 respondents which represents (5%) strongly disagree. Using a four point likert scale, converted to simple percentage analysis, the overall percentage of the responses was 23 (50%) which indicates that majority of the respondents agree to the statement of the questionnaire or the research question that there is a negative effect of speech disorder and students with learning disabilities.

**Research Question 2:** *How does language disorder affect students with learning disabilities?***Table 2:** Simple percentage analysis on how language disorder affects students with learning disabilities

Opinions	Responses	Percentage (%)
Strongly Agree	18	40%
Agree	24	53%
Disagree	2	5%
Strongly Disagree	1	2%
<b>Total</b>	<b>45</b>	<b>100%</b>

**Source:** Survey Data, 2019

The data analysis presented in table 2 reveals that 18 out of the total respondents which represents (40%) strongly agree, 24 of the respondents which represents (53%) agree, 2 of the respondents which represents (5%) disagree and 1 of the respondents which represents (2%) strongly disagree. Using a four point likert scale, converted to simple percentage analysis, the overall percentage of the responses was 24 (53%) which shows that majority of the respondents agreed to the statement of the research question that there is a negative effect of language disorder and students with learning disabilities.

**DISCUSSION OF FINDINGS**

Based on the analysis of the data, the findings of the study in research question 1 indicated that there is a negative relationship between speech disorder and students with learning disabilities. The findings of the study is in line with Mathes and Denton (2012). They observed that one of the most common disabilities in communication disorder is speech. The study is also in collaboration with Chris (2010). Chris observed that a good number of communication disorder can equally result from other pathological conditions such as learning disabilities, cerebral palsy, mental retardation, or cleft lip or cleft palate.

The study reveals in research question 2 that there is a negative relationship between language disorder and students with learning disabilities. This finding is in collaboration with Rutter and Martin (2012). They assert that a delay in the development of language might have far-reaching consequences on other areas of early childhood development. Rutter and Martin also observed that children with communication disorders are at risk for the development of other kinds of problems in development, including learning problem and behaviour problem.

## CONCLUSION

Based on the findings of the study, the researcher concludes that a negative relationship exists between speech disorder and students with learning disabilities. And that speech disorder has negative effect and influence on students with learning disabilities. It was also deduced from the study that language disorder affects or influence students with learning disabilities negatively.

## RECOMMENDATIONS

Based on the findings of the study, the researcher made the following recommendations:

- 1) Government should give special attention medically and academically to the children with speech disorder hence it affects their development and learning abilities.
- 2) More special schools of handicapped, mainly for the children with speech or language disorder be established by government to enable them have access to education.

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