STAKEHOLDERS' AWARENESS IN REDEEMING COMMUNICATION IMPAIREMENTS OF PUPILS IN SELECTED BASIC SCHOOLS IN NORTH-CENTRAL NIGERIA

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Abstract
Countries wishing to be an integral part of the 21st century community need to develop all their children in complete health, academic, finances, science, technology and social-cultural activities. This study aims to create awareness in the mass media and to find solutions to their learning and communication activities. It investigated health issues of children with communication impairments at selected basic schools' levels in areas of; Benue, Kogi, and Nasarawa states in North central Nigeria. Using learning theory by B. F Skinner and others, as well as the agenda setting theory, the study used investigative and field surveys to analyzed the affected children. Through purposive sampling technique, data were collated and analyzed on sampled 540 communication impaired children. Findings of the study revealed; causes of communication impairments in the affected children, inappropriate activities of parents, teachers, religious organizations and medical practitioners to help the children. Based on the findings, the study recommends diagnosis for the affected children; treatments, early awareness through enlightenment programmes in the mass media, special courses and trainings for teachers, reinforcements and motivations of both teachers and medical practitioners to remedy the communication irregularities. Prioritization of information on communication impairment can provide solutions to the malady.

Keywords: Redeeming, Communication, Impaired, Children, Basic Schools

Introduction

Distribution of intellectual abilities, areas of interest, inner motivation and persistence to achieve success in language and communication use, in spite of internal and external difficulties is equal among individuals of nations and societies. It is of great importance in less-advanced societies to support communication impaired children. First, such children are assets of society; they can be supported to contribute both to the welfare of others and to the economies of their society. Second, they need to fulfill their potentials in order to become qualified adult for their own physical, mental and financial well-beings, sense of completeness and satisfactions.

Riper and Erickson (2001) define communication disorders as a perceived deviation from normal hearing, speech or language that interferes with communication, or calls for adverse attention to the person processing it or causes him/her to be self-conscious or maladjusted. They posit that speech is abnormal when it is unintelligible, unpleasant or interferes with communication. Gleason (2001) on the other hand refers communication impairment or disorder to problems in communication, oral motor dis-function delays, simple sound substitution and the inability to understand or use language. Thus, communication impairment or dis-order is an inability to receive, send process and comprehend concepts or verbal, non-verbal and graphic symbol systems. It may be evident in the process of hearing language or speech, and it may range in severity from mild to profound. They include: hearing dis-order and deafness, voice problems such as dysphonia or those caused by cleft lip or palate, speech and language disorder, and developmental disabilities. Be that as it may, pupils with communication dis-orders have a desire to communicate effectively with other people; but they are unable to do so. This inability to use language effectively can have adverse effects on such children.

Taking note of this deprivation, the United Nation Organization (UNO) made declaration on the

rights of children with developmental disabilities (communication disorder inclusive), in 1993 and revised in 2006 and subsequent review of 2020 to include; "rights to a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. Following the UN declarations, every country was expected to formulate policies that would provide services or programmes that can promote the UN declarations. In western countries, statistics on number of children with developmental disabilities including communication disorders are made available. They include early intervention programmes put in place to address such issues of developmental problems. Children are frequently examined for latent disabilities including communication disorders are treated by a team of professionals like; speech pathologists, psychologists, school counsellors, teachers, nurses, pediatricians and family members.

Nigeria's situation is not the same as the western countries. This is because many children live in obscurity. They are neither identified nor provided for. Parents that are directly involved do not know what to do. Some parents as a result of ignorance overlook the challenge. Others visit hospitals, traditional healers, church healing schools, spiritual homes and when they do not get any solution they get discouraged and resign to fate. The National Policy on Education under Section One, Sub-section C of 2020, states that "Every Nigerian child shall have a right to equal educational opportunity irrespective of any real or imagined disability, each according to his/her ability". The policy in section ten, sub-section ninety-five stipulated that needs of the disabled – special needs should be provided for but this provision is only on paper. In reality the communication problems are not handled. Their rights of free association are not respected. Cases of communication dis-orders are erroneously or ignorantly grouped with the physically handicapped conditions. The communication dis-ordered children are not given the needed support.

Furthermore, absence of the needed support often cause communication impairments in children. According to wikipidia (2023) causes of communication disorder maybe developmental or acquired. It may also be related to biological problems such as, Apraxia (neurological), Dysarthria, articulation disorder and mental. Other causes include, exposure to toxins, abnormal structures (oral, pharyngeal or laryngeal) oral-motor dysfunction, hearing loss, learning problem and neuro logical problem among others.

These causes establish awareness that affected children have features of health irregularities in communication. Thus signs that demonstrate such features among others are; stuttering, phonological disorder, misuse of monosyllabic words and problems of using language strategically to communicate. The children cannot undertake some task without assistance (Omeigbe, 2008). They become frustrated, aggressive and withdrawn.

Statement of the Problem

Recently published literature indicate that there is some disillusionment with the mass media health campaigns as a tool for changing poor health behaviour of cases of communication disorder in children. Their effects are minimal on acquiring appropriate learning methods as well as in agenda-setting activities. Thus low awareness, late identification of features on affected children as well as inability to diagnose and treat affected children have aggravated the issues. The affected children have difficulties in learning and communication. Their parents have difficulties on being aware of what to do, finding suitable education for their children as well as finding speech pathologist, counsellors, caregivers and teachers amidst beliefs, attitude and unhealthy practices.

Related Literature

The Learning Theory is also known as the Empiricist Theory. It explains that children with challenges of communication impairment can be aided through appropriate imitation and encouragements of all stakeholders (teachers, parents and medical practitioners). This agrees with Noam Chomsky the proponent of Language Acquisition Device (LAD) that every child is born with an innate ability or capacity to acquire Language. Such acquisition according to Bates and Mac Winney (2001) and Shaffer (2002) is

through social interaction by the working of both the biological factors (a sophisticated brain and nervous system) and the linguistic factor (a rich linguistic environment). This wholesomeness of the learning theory implies that the communication impaired child can overcome the disorder by a collective synergy between the child's innate mechanism, cognitive and perceptual ability in the child's environment including the teacher. Added to this is the agenda setting theory. It was propounded by Mc Comb and Shaw (2001). The mass media attach importance to issue base on the amount of information in a news story and its position. This is by priming issues on communication impaired children. The media can draw attention for their redemption. This is because the agenda setting theory can explain and influence the media on the issues affecting the people in a given society. Mc Quail (2005) sees the agenda – setting theory as a process of media influence (intended or unintended) by which the relative importance of news events issues or personages in the public mind are affected by the order of presentation (or relative salience) in news report Folarin (2005) also notes that the mass media uses the agenda – setting, to pre – determine what issues are regarded as important at given time in the society. This is in consonance with Severing and Tankard (2001) when they emphasized that the agenda –setting function of the media refers to the media's capability through repeated news coverage to raise the importance of an issue in the public mind. The basic idea therefore is that there is a close relationship between the manner which the media present issues and the order of importance assigned to the issues (Daramola 2001).

The learning theory and the agenda – settling theory are suitable for this study because they focus on two – way communication. In this case the stakeholders can use learning activities as well as medical therapeutic activities in the mass media to alleviate issues of communication impairments in the children. The mass media can to create awareness how the communication deviant can be handled.

Early screening is of utmost importance. Early identification and discovering solutions can remove most obstacles to learning that can affect the general well-being of the affected child. Diagnosing, guiding and treating affected children involve cooperative efforts with child-friendly stakeholders such as; teachers, guidance counsellors, physicians, dentists, nurses school administrators, speech pathologists as well as children's caregivers in schools.

Furthermore, treatments can be provided to individuals or small group sessions in classrooms, teaming with the teachers or small consultative model with teachers and parents. Such treatments can integrate the learners into goals to communicate appropriately as well as academic and social goals. Equally important is the provision of social, network, from social goals. Such social networks are embedded within the socio political and cultural context which are structures that provide interpersonal connection for different psychological mechanism for health flow. Psychological pathways of such social networks include; (i) Provision of social support (ii) Social engagement and attachment to the affected child (iii) Access to resources and material goods – which are all pathways to wholesome health recovery of the sick child.

Added to that, the children can be guided and treated to become effective communicators, problem solvers and good decision makers through the services of speech language pathologists. Practices of the pathologist such as; memory retention exercises, cognitive reorganization activities, Language enhancements and efforts to improve abstract thinking practices can also be achieve through the services of speech language pathologists. The pathologists can work with diagnostic and educational evaluation teams to provide comprehensive language and speech learning for the communication impaired children. The pathologists can work with teachers to ensure that the children get the support they need.

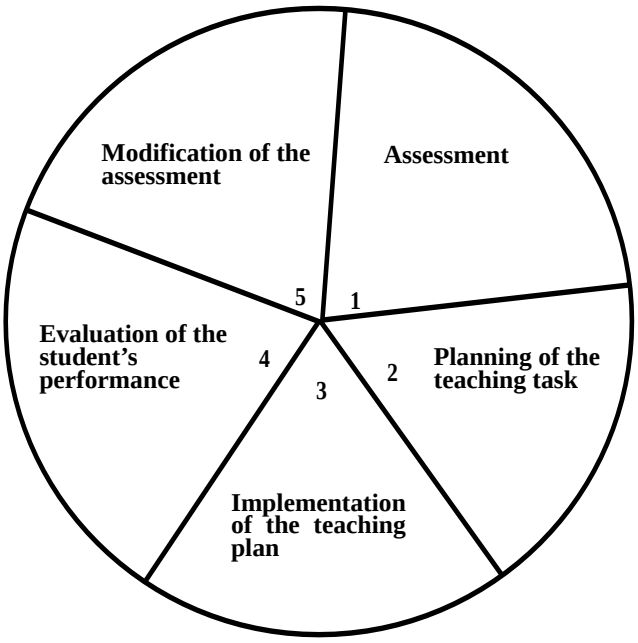
Moreover, special teachers in collaboration with educational concern stakeholders can ensure that affected children benefit from a more successful and satisfying educational experience as well as improved peer group, relationship, help the children overcome disabilities, achieve pride and

self-esteem as well as find meaningful roles in their lives. Guiding hearing-disorder children by speech-reading and the use of visual facial information is also an integral aspect of helping communication disordered children. After medical handling of the hearing disorder, clinical teaching is needed to teach the affected child. Verhoeven and Van-Balkom (2009) pointed out that 'To successfully prevent or remediate communication disordered children, a better understanding of their underlying nature is mandatory'.

In the same vein, helping children with hearing disorders involve a combined team of medical doctors and teachers. If the abnormality is as a result of laryngeal pathology the medical doctors can help to restore the larynx back to normal. But if the abnormality is as a result of voice abuse or disfluency, the clinical teachers can help to teach the child on appropriate use of pitch of the voice, speech control and speech monitoring processes.

It equally follows that ear, nose and tongue doctors (ENT), dentists, especially language pathologists, orthodontists, language clinicians, surgeons and pediatricians, can greatly help children with cleft lip or cleft palate. A collaborative work effort of such multi-disciplinary team can redeem such abnormal disorders.

Language clinicians can equally make suggestions of suitable teaching methods to support children with communication disorders. Crystal (2007) defines clinical linguistic theories and methods to the analysis of disorders of spoken, written or signed language. “The language clinician also provides solutions which are aimed at remediation of languages/speech problems or at least minimizing it to the barest minimum. Teaching required to help students with learning disabilities, is a process which involves five stages. it is like a cycle which uses a test-teach-test approach”.



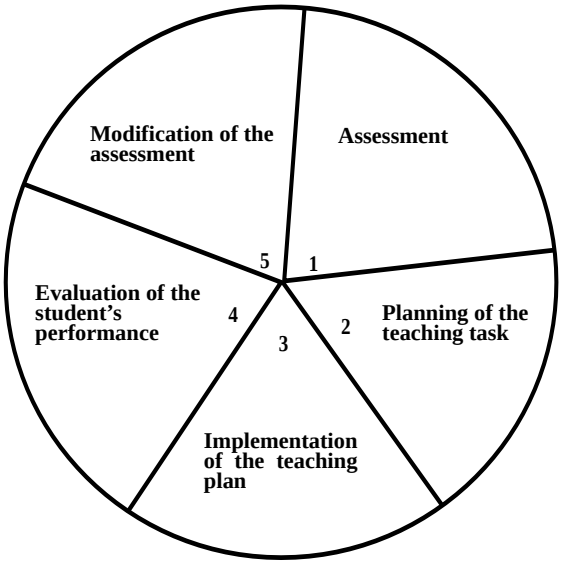
Source: Learner (2003)

Suggested therapeutic methods of teachers and caregivers' in guiding affected children include; encouraging the children to make all vocal movements bigger than usual when they are forming their sounds. Sometimes the teacher has to anticipate what they might want to say and help them as the teacher encourages them to find their lungs and use the breath to make the words louder. Use kind gestures and prompt them to talk around words, objects, pictures by pointing, touching and facial expressions to get information across. Sometimes it is good to encourage them to use communication aids. The teacher should often asks questions which requires a 'Yes' or 'No'

response and use repetitions as much as possible. Much patience is needed as much as possible and the teacher should speak clearly, slowly using appropriate tone of voice, short sentences as well as introduce single idea at a time. Above all the care giver or the teacher should not pretend to understand the children when he or she hasn't. if they are getting stuck, things may be easier after a rest.

Julia Wood in Griftens (2000) concurs when she said ….

Caring can be healthy and enriching when it is informed, freely chosen and practiced within a context that recognizes and values caring and those who do it. On the other hand, existing studies suggest that caring can be quite damaging to care giver if they are unaware of dangers to their identities, if they have unrealistic expectations of themselves and / or if caring occurs within contexts that fail to recognize its importance and value



Purpose of the Study

Healthcare information in the mass media can motivate stakeholders to identify and communicate impairment of health condition timely in order to ensure appropriate diagnosis, treatment and well-being of affected children. This study attempts to:

1. investigate the features of communication disordered in pupils of the selected schools;
2. examine what parents do when they observed challenges of communication disorder in their children.
3. assess how teachers handle cases of communication disorders in their pupils.
4. analyze the steps that medical practitioners take to help communication impaired learners of the selected schools
5. assess how the radio has been used to communicate awareness and treatment of the pupils

Research Questions

The following questions were answered in this study:

1. what are the features of communication impaired pupils of the selected schools?
2. what do parents do where they observe challenges of communication impairments in their children?
3. how do teachers handle cases of communication disorder in their pupils.
4. what practical steps do medical practitioners take to aid communication impaired children?
5. what level of awareness and treatment has the radio created among stakeholders of the selected basic schools.

Methodology

The study adopted investigative, survey method. this allowed for the description of the problems. Field survey was also conducted to enable the researcher effectively examine the children with communication impairments base on investigations by observation of the children in their activities in the school. The study population comprise of 540 communication impaired children who were investigated, observed and noted. The respondents drawn for the study were; 120 impaired children drawn from the 12 schools, 160 teachers from the 12 schools including the head teachers, 120 caregivers and 120 medical practitioners which comprised of doctors, pediatrician's medical officers and nurses. Non-probability sampling was adopted. Random sampling technique was used to select twelve government schools in; Gboko, Ohimimi Oju, and Otukpo Local Government Areas of Benue State. Local Government Areas of Kogi state, that were selected were; Ankpa, Idah, Dekinia and Olamaboro. Akwanga, Domas, Lafia and Keffi Local Government Areas were also selected in Nasarawa State. Structured questionnaire was the instrument used for data collection. the instrument contained items that addressed the research questions guiding the study. The research instrument was given to two experts on child-psychology, two pediatrician's and two communication scholars for face validation. their contributions and corrections were effected before the final questionnaire was constructed. A total of five hundred and forty (540) questionnaire items were administered directly to the respondents. Four hundred and ninety-two (492) questionnaire items representing 91.1% were returned and used for analysis.

Questionnaire items created from the research questions were administered to a group of 300 stakeholders (parents, teachers, medical practitioners, media personnels and educational authorities) in a test-retest reliability in: Ohimini Otupko and Ankpa Local Government areas. The initial results was 95%. After showing features, awareness, activities of parents, medical practitioners, teachers and the media houses). After two weeks the same questionnaire items were administered to the same respondents and the retest result was 96% which shows that the results were reliable. A total of five hundred and forty (540) questionnaire items were administered directly to the respondents. Four hundred and ninety-two (492) questionnaire items representing 91.1% were returned and used for analysis. The collated data were analysed using mean scores of the respondents a four-point Likert scale of strongly agree (4) Agree (3) Disagree (2) and strongly Disagree (1) was used to arrive at decision rule. The average of weighing is as follows:

Results

Research Question One: What are the features of communication impaired children in the selected schools?

Table one (1): Items Mean Response on dominant features of communication impaired children

S/N	Items	SA	A	D	SD	X	Decision
1.	Abnormal pitch tome nasality	186	296	-	3.4	3.4	Agreed
2.	Difficulties in pronouncing words	186	304	-	3.7	3.7	Agreed
3.	Inadequate vocabulary	-	-	-	-	-	-
4.	Inability to pronounce meaningful sentence	178	260	23	3.2	3.2	Agreed
5.	Inability to understand spoken words	180	211	38	3.1	3.1	Agreed
6.	Inability to pronounce words correctly	311	181	-	3.6	3.6	Agreed
7.	Inability to respond to question	288	176	8	3.5	3.5	Agreed
8.	Reading disability	222	264	-	-	-	-
9.	Stuttering	196	215	10	3.2	3.2	Agreed

Source: field work on Redeeming Communication Impaired Children 2023

N=492. Grand mean 3.0

All items had mean value above the cut-off point of 2.50 and were agreed by the respondents. This table shows the dominant communicative impairment in the twelve schools of the various local government areas of the states.

Research Question Two: Who do parents do when they observe challenges of communication impairments in their children?

Table two (2): Parents' activities on communication impaired children.

S/N	Parent's Activities	SA	A	D	SD	X	Decision
1.	Approach hospitals for help	207	260	15	10	3.4	Agreed
2.	Involve traditional healers	102	115	100	75	2.2	Disagreed
3.	Visit prayer houses	198	215	50	29	3.1	Disagreed
4.	Cast blames	120	230	100	42	2.8	Agreed
5.	Abandon the child	-	-	311	181	1.6	Disagreed
6.	Wait, pray and hope for change	112	143	200	37	2.7	Agreed
7.	Employ home schooling	57	163	200	73	2.4	Disagreed
8.	Seek help of language of language clinicians/pathogists	104	211	99	78	1.9	Disagreed

Source: field work on Redeeming communication impaired children 2023
N = 492 Grand Mean 2.5

Mean scores above the cut off mark were on: Approaches to the hospital for help, visits to prayer houses, cast blames and wait, pray for change. However, mean scores that are below the cut mark of 2.5 were on involvement of traditional healers, abandon the child, employ home schooling and seek the help of language clinicians and pathologists.

Research Question Three
How do teachers handle cases of communication impairments of their children?

Table three (3): Responses on what teachers do on communication impaired children.

S/N	RESPONSES ON WHAT TEACHERS DO	SA	A	D	SD	X	Decision
1.	Guide affected children sympathetically	253	139	-	-	2.9	Agreed
2.	Give special attention to the child	242	250	-	-	-	Agreed
3.	Employ unique methods to guide the children	311	181	-	-	-	Agreed
4.	Seek attention of medical counsellors	206	286	-	-	-	Agreed
5.	Recommend special learning activities	306	186	-	-	-	Agreed
6.	Take special courses on how to handle the children	25.1	24	-	-	-	Agreed
7.	Seek help from more experience teachers	300	192	-	-	-	Agreed
8.	Refer the children to language clinicians	402	90	-	-	-	Agreed

Source: field work on Redeeming Communication Impaired Children 2023
N = 492 Grand Mean 3.5

All the items had mean value above the cut off point of 2.50 and were agreed by the respondents on how teachers handle issues of communication disorder.

Research Question Four: What practical step do medical practitioners take to help communication impaired children?

Table four(4): Response on steps taken by medical practitioners to help communication impaired children

S/N	RESPONSES ON WHAT TEACHERS DO	SA	A	D	SD	X	Decision
1.	Give speech therapy	317	75	-	-	3.6	Agreed
2.	Employ services of language clinicians	402	90	-	-	3.6	Agreed
3.	Treat the child through prayers	306	186	-	-	3.6	Agreed
4.	Diagnose the child medically	263	206	23			Agreed
5.	Use healthcare experience to treat the child	126	203	64	99	2.7	Agreed
6.	Refer children to spiritual healing	127	140	86	39	3.9	Agreed
7.	Use experience to handle the child	113	150	98	30	2.3	Disagreed

Source: field work on Redeeming Communication Impaired Children 2023

N = 492 Grand Mean 2.8

Steps of medical practitioners on help to the children had mean scores above 2.5 except on items of the experience to handle the child. However, its grand mean is 2.8 which shows positive steps of medical practitioners on helping affected children.

Research Question Five: In what way has the radio, communicated impairment of children's health care information on communication disorder?

Table five (5): Help of radio communication on impaired children

S/N	HEALTH CARE INFORMATION	SA	A	D	SA	X	Decision
1.	Provide disease surveillance news, on monitoring, diagnose and cure.	-	26	251	215	1.8	Disagreed
2.	Provoke parents of affected children and government through objective investigative news	-	-	300	192	1.6	Disagreed
3.	Generate and compile information from health service delivery providers.	-	-	292	200	1.6	Disagreed
4.	Update parents of affected children on cures of such disorder	-	-	276	216	1.5	Disagreed
5.	Ensure coordination and quality of genuine health care services	-	-	265	226	1.56	Disagreed
6.	Give well-define comprehensive health care news of other places to inspire therapeutic foresight	-	-	276	236	1.6	Disagreed
7.	Regular visits to schools on medical - school health of the media welfare of pupils	-	-	284	208	1.57	Disagreed
8.	Encourage non - governmental organizations (UNICEF) to our basic schools	-	-	301	191	1.6	Disagreed

Source: field work on Redeeming Communication Impaired Children 2023

N = 492 Grand Mean 1.6

Table 6 displays responses of radio communication on health care information of communication impaired children. The table shows a grand mean of 1.6 which is below the cut off mark of 2.5. All items on health care information equally shows disagreement.

Discussions

Research question one in table one shows the various features of the communication disordered children in the selected schools. Difficulties to pronounce and produce spoken words were prominent among the other disordered issues. The reason could be lack of awareness of language clinician services. Lerner (2003) asserts that a language clinician can go a long way to help a communication disordered child to speak properly.

Table two reveals what parents do when they identify cases of communication disorder in their children. The table shows that all parents will approach the hospital, healing homes and if possible, employ home school to help their children. This agrees with an African belief that the care for children is the central reason of marriages in West African custom.

Research question three on table three implies that all teachers guide communication disordered children sympathetically. However, it should be noted that to undergo courses on how to handle communication disordered children is more important. This is because it will give a holistic guidance on how to teach the children and possibly redeem the children to a high percentage of normalcy.

Research question four on table four shows practical steps of what medical practitioners do to help the challenged children. However, a higher percentage of medical practitioners emphasize that they can do more for the children if they are motivated and reinforced. Verhoeven and Val-Balkom (2009) holds that, to successfully prevent or remediate communication impaired children, a better understanding of their underlying nature is mandatory. Motivated and reinforced medical practitioners can do a lot to redeem communication impaired children at basic school levels.

Research question five on table five shows that the media is not doing enough in provision of health care information on redeeming communication impaired children. This is because all responses of the respondents were negative. Hannah, Avolio, and Walumbwa (2011) emphasizes that support is needed to make such children an integral part of the society.

Conclusion

This study revealed the fact that pupils with communication disorder are faced with multiple challenges in their learning activities. Considering the functions of communication in human society more attention needs to be given to these children to enable them contribute their utmost to society. The mass media need to carry out more awareness on communication impairments on children in primary schools and solutions to their problem.

Recommendations

1. There should be more awareness of communication impairments in the society through the mass media.
2. The teachers and medical practitioners should be encouraged and reinforced to undertake courses that can redeem causes of communication impaired children.
3. The parents should put all hands-on deck to ensure that they get appropriate helps to redeem their communication impaired children.
4. State governments of the various states should emphasize on redeeming communication impaired children through their various ministries of education.

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