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## HOW MUCH PARENTS OF PRE-SCHOOL CHILDREN KNOW ABOUT SPEECH DISORDER PREVENTION, BASED ON RESEARCH

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Theoretical part of the article deals with secondary prophylaxis of speech disorders, which includes early children identification of the high-risk group. Tertiary level is oriented on supportive and developing actions for children with diagnosed speech problems. Parents as being the first caregivers, are particularly responsible for any disorders prophylaxis including speech dysfunction. As our study reveals in general parents knowledge level of the child's speech development are mostly satisfactory. However, there are also a group of patents who could not define properly child normal or pathological speech development in preschool period. We confirm the idea of involving mass media and all child specialists (teachers, therapists in kindergartens, nursery staff, any preschool institutions and hospital) to joint measures in providing educational competence in speech development by radio and TV programs, brochures, magazines, posters, seminars and workshops for better health care.

**Key words:** Speech disorder prevention, prophylaxis, adult knowledge, speech dysfunction in preschool age

Теоретична частина статті присвячена вторинній профілактиці мовних розладів, яка включає в себе визначення дітей групи високого ризику в ранньому віці. Третинний рівень орієнтований на підтримуючі та розвиваючі дії для дітей з діагностикою мовних проблем. Батьки як перші особи, які доглядають за дітьми, несуть особливу відповідальність за будь-які порушення, їх профілактику, включаючи порушення дисфункції мови. Як показало наше дослідження, рівень знань батьків у розвитку мовлення дитини в основному є задовільним. Однак існує також група батьків, які не могли правильно визначити дитячий нормальний або патологічний розвиток мови в дошкільному періоді. Ми підтверджуємо ідею залучення засобів масової інформації та всіх дитячих фахівців (вчителів, терапевтів дошкільних закладів, вихователів дитячих садків, працівників будь-яких дошкільних закладів та лікарень) до спільних заходів щодо забезпечення освітньої компетенції у розвитку мовлення за допомогою радіо- та телевізійних програм, брошур, журналів, плакатів, семінарів та практикумів для кращого забезпечення здорового розвитку.

**Ключові слова:** запобігання розладів мовлення, профілактика, знання дорослих, порушення мовлення в дошкільному віці

### Introduction

Speech is the most perfect form of human communication. It enables people to meet their basic needs, show emotions, facilitate emotional and verbal contact. The ability to use the language is a unique gift attributed exclusively to human beings, the gift which has to be cared for since the first moments of life. Caring for the appropriate development of linguistic competences, proper formation of speech and preventing any speech disorders is the main task of speech disorder prevention. Countering any speech impediments enables us to avoid many negative effects of these

disorders, the extent of which can be really broad. Communication difficulties have a negative impact on child's general development, particularly on emotional, cognitive and social spheres.

One of the important tasks of speech therapy is the speech prophylaxis, i.e., caring for appropriate formation of speech already since the moment of child conception (Michalak-Widera 2008: 349). One must state that it is easier and more sensible to prevent disorders in language communication than to treat them.

It is the parents who are the first and the most important child caregivers and who bear the responsibility for its optimal and harmonious development, including the speech development. Speaking is a skill which must be learned and later developed. Only normal models and the support of the closest environment will let a child master this skill. It is important that parents have the right level of knowledge about speech development and factors that influence it. This awareness will let them take action since the moment of birth of the child to prevent future speech disorders.

### ***Speech disorder prevention and its main assumptions***

The best gift we can offer our child is to provide the conditions which make comprehensive and harmonious speech development possible. It is important that, besides the actions promoting and stimulating speech acquisition, there are some preventive actions taken which could prevent the appearance of child's psychomotor development disorders, including the speech development (Węsierska 2013: 88).

In general, prophylaxis includes "any actions and means used to prevent diseases, accidents and injuries" (Sobol 2003: 753). Whereas speech prophylaxis is defined by Elżbieta Maria Minczakiewicz as forming proper speech since the earliest period of child's life and caring for proper stimulation at the beginning of speech development so as to avoid any speech disorders. (Minczakiewicz 1997: 8). A similar position was presented by Krystyna Błachnio, who described speech prophylaxis as a broad system of actions preventing speech abnormalities during the language communication (Błachnio 2003: 183). Like in medicine, speech prophylaxis is pursued at three levels. We can distinguish primary, secondary and tertiary prophylaxis.

The assumption of primary prophylaxis is to prevent future speech disorders already at the stage of fetal development. Primary prophylaxis includes early pre-natal diagnostics, health promotion among pregnant women, avoiding stress, psychical overburdens, hygienic lifestyle and controlling the conditions of delivery, as well as proper childcare (Węsierska 2013:89). Primary prophylaxis also includes actions promoting the issues of speech development, its disturbances, and developing understanding in the upbringing and educational environment (parents, teachers) (Węsierska 2009: 103). What is also essential is cooperation, information flow and experience exchange between the so-called specialist teams and between speech therapists, teachers and physicians. These actions are the key to the success of primary prophylaxis (Węsierska 2012: 37). Secondary prophylaxis is the next level of speech prophylaxis. It includes early identification – screening, which makes it possible to identify children from the high-risk group and conduct early speech therapy (Węsierska 2013: 89-90). Speech therapy practice indicates that the sooner the speech disorder is diagnosed the faster an effective therapy can be used. Thanks to that, it is often possible to reduce the negative impact of a disorder on the further development and functioning of a person (Węsierska 2012: 38).

Tertiary prophylaxis is the last level of speech prophylaxis. It includes supportive and

preventive actions for people in whom a disorder has already appeared. It means offering support to people with already diagnosed speech disorders and to their families, as well as to counter any further adverse effects of the already existing dysfunction (Michalak-Widera, K. Węsierska <http://www.logopeda.info/artykuly/spo%C5%82eczne-i-ekonomiczne-konsekwencje-stosowania-procedur-skutecznej-profilaktyki-logopedycz>: retrieved on 23.04.2017).

Fully implemented speech prophylaxis is necessary not only for individuals affected by speech disorders but also for the whole society. It is important that it is understood in a holistic way, i.e., it is related to the whole psychophysical human structure and his natural relations with the natural, social and cultural environment (Błachnio 2003: 186). The information on speech prophylaxis can be provided by means of brochures, magazines, posters, radio and TV programs, as well as talks, seminars and workshops in health care, educational and cultural institutions. They should be addressed to children, teenagers, young couples, nursery staff, pre-school, primary school and secondary school teachers, and even to academic teachers (Błachnio 2003: 185).

Speech prophylaxis can be effective only if it is provided by both parents and therapists and teachers. Their actions should build on and complement one another, creating a “preventive therapy” (Lechta 2011: 28). Parents, being the first child caregivers, are particularly responsible for its proper speech development. Therefore, they must take any steps possible so that this process runs without any disturbances.

### **Research assumptions and basis**

This research was conducted in Stalowa Wola – a town in Podkarpackie Voivodship, with the population of about 63 thousand people, situated in the Sandomierska Valley. In order to examine the level of knowledge of parents of speech prophylaxis, the study was carried out on a group of randomly selected parents whose children attend various kindergartens situated in the area of the town. The study was conducted in April and May 2017 and about 50 respondents took part in it. In the study group women prevailed, they accounted for  $\frac{3}{4}$  of all the respondents, which equaled 76%. Whereas, there were much fewer men – 12 people, which constituted 24% of the respondents. Among the studied group, the majority, i.e., 36%, were at the age of 31 to 35. Next were parents at the age of 26-30 and they were 24% of the whole group. Not much fewer of the studied people – 22% , declared the age of 36-40, whereas the lowest percentage were people below 25 and above 40, 10% and 8% respectively, of all the studied people.

The cognitive aim of the research was to define the level of knowledge of parents about speech prophylaxis. Whereas, its practical aim was to form guidelines and educational recommendations addressed to parents who want to take care of proper speech development of their children. Its theoretical aim was to improve the theoretical knowledge, including the scientific view on the importance of speech prophylaxis..

In the study, a questionnaire was used, which consisted of 21 questions. All the constructed questions were closed, however, if the respondent did not find an appropriate answer among the answers suggested, they could give their own answer.

### ***General level of knowledge of the studied parents about child's speech development***

Knowing the stages of speech development makes parents capable of assessing whether this process runs normally in case of their children. Thus, in order to control the child's speech

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development, parents need to have some basic information about the speech development process.. This knowledge will let them react early in the event any abnormalities appear.

Table 1.

## The age of baby babbling In the opinion of studied parents

| Babies babble  | N  | %     |
|--|----|-------|
| around the 2 <sup>nd</sup> week of life                        | 0  | 0,0   |
| around the 2 <sup>nd</sup> month of life                       | 23 | 46,0  |
| between the 5 <sup>th</sup> and 6 <sup>th</sup> month f life   | 25 | 50,0  |
| between the 9 <sup>th</sup> and 10 <sup>th</sup> month of life | 2  | 4,0   |
| Total  | 50 | 100,0 |

Source: Author's own research

Exactly half of the respondents, i.e., 25 people, stated that a baby starts to babble between the 5<sup>th</sup> and 6<sup>th</sup> month of life. Not much fewer respondents – 23 people, i.e. 46%, stated that a child babbles at around the 2<sup>nd</sup> month of life. Whereas only 2 respondents indicated that babbling is characteristic for the 9<sup>th</sup>-10<sup>th</sup> month of life. According to the periodisation of speech development, babbling appears around the 5<sup>th</sup>-6<sup>th</sup> month of life and is a real breakthrough in the speech development process. Therefore, it can be stated that half of the respondents appropriately described the age of baby babbling.

According to the majority of parents studied, 32 people which amounts to 64% of the responses collected, a child starts to utter its first words around the 1<sup>st</sup> year of life. Whereas 17 respondents indicated that the first words appear at around the 6<sup>th</sup> month of life. Only one person stated that a child utters its first words in the 2<sup>nd</sup> year of life. According to the speech development classification, the stage of a word is between the 1<sup>st</sup> and 2<sup>nd</sup> year of life. Therefore, we can see that quite a large group of respondents properly described the time of significant milestone in speech acquisition, i.e., first words.

Table 2.

## Age at which the first words were uttered by their child in the opinion of respondents

| First words of a child                   | N  | %     |
|--|----|-------|
| around the 6 <sup>th</sup> month of life | 17 | 34,0  |
| around the 1 <sup>st</sup> year of life  | 32 | 64,0  |
| around the 2 <sup>nd</sup> year of life  | 1  | 2,0   |
| Total                                    | 50 | 100,0 |

Source: Author's own research

Table 3.

## Age of uttering first sentences by their child according to the respondents

| First sentences of a child                                   | N  | %     |
|--|----|-------|
| around the 1 <sup>st</sup> year of life                      | 5  | 10,0  |
| between the 2 <sup>nd</sup> and 3 <sup>rd</sup> year of life | 38 | 76,0  |
| between the 3 <sup>rd</sup> and 4 <sup>th</sup> year of life | 7  | 14,0  |
| Total  | 50 | 100,0 |

Source: Author's own research

The results above indicate that over  $\frac{3}{4}$  of the respondents think that the child starts building first sentences between the 2<sup>nd</sup> and 3<sup>rd</sup> year of life.. Far fewer respondents, only 7 people, declared that first sentences appear between the 3<sup>rd</sup> and 4<sup>th</sup> year of life. Whereas every tenth respondent claimed that first sentences are formed by a child around the 1<sup>st</sup> year of life. According to the literature, the period of a sentence is the stage of speech development that a child reaches between the 2<sup>nd</sup> and 3<sup>rd</sup> year of life. Thus, we can state that 76% of the respondents defined the age of first sentences correctly.

According to the majority of respondents, i.e., 70% of parents, speech correction should begin as early as possible after a speech disorder appears. Whereas, 26% of the respondents stated that actions to improve speech should begin after the 3<sup>rd</sup> year of life, when a child goes to kindergarten. Only 2 people, which is 4%, claimed that speech correction should begin before a child goes to school. Therefore, it can be stated that the majority of studied parents are aware that the sooner speech improvement actions are taken, the easier it is to correct the abnormalities.

Table 4.

## Time of correcting child's speech according to the respondents

| Speech correction   | N  | %     |
|---|----|-------|
| after the 3 <sup>rd</sup> year of life, when a child goes to kindergarten | 13 | 26,0  |
| around the 6 <sup>th</sup> year of life before a child goes to school     | 2  | 4,0   |
| as early as possible after a speech disorder appears                      | 35 | 70,0  |
| Total   | 50 | 100,0 |

Source: Author's own research

The responses given by the respondents show that the general level of knowledge of parents about child's speech development is satisfactory. However, it must also be indicated that there are also parents who could not define properly when a child should acquire appropriate language

competences.

### ***Knowledge of factors influencing a child's speech development***

Normal speech development of a child depends on various factors. They include many factors the influence of which should be watched by parents. Therefore, it is important that a mother and a father know what may be the reason for speech abnormality and which actions should be taken to avoid negative consequences such as speech impedimenta of a child.

Table 5.

Proper way of feeding a child in the opinion of the respondents

| Type of feeding             | N  | %     |
|-----------------------------|----|-------|
| natural – breast feeding    | 37 | 74,0  |
| artificial – bottle feeding | 3  | 6,0   |
| can see no difference       | 10 | 20,0  |
| Total                       | 50 | 100,0 |

Source: Author's own research

Nearly 3/4 of the parents studied, i.e., 74%, claimed that natural feeding is the best for a child. Whereas every fifth respondent stated that they cannot see any difference between breast feeding and bottle feeding, while only 3 people decided that artificial feeding is more beneficial for a child.

Parents' responses relating to the proper position of a child while breastfeeding were very diversified. The majority of respondents, i.e., 22 people, which is 44%, decided that while breastfeeding, a child should be in a vertical position as much as possible. Not much fewer respondents – 18 people, which is 36%, declared that it is the best when a child is lying flat on a stiff mattress. Moreover, there were as many as 10 additional statements in which parents described a feeding position which is best in their opinion. The respondents' proposals were as follows: “a child should be nested on the mother's shoulder at the level of her breast”; “a child should be in a reclining position facing the mother”; “the position must be comfortable both for a child and a mother”; “a child's head should be a little higher”; “a child chooses the position comfortable for it”. The answers given show that parents have various opinions on the position of a child while breastfeeding.

Table 6.

Proper position of a child while feeding in the opinion of the respondents

| Position of a child while feeding                  | N  | %    |
|--|----|------|
| a child should lie flat on a stiff mattress        | 18 | 36,0 |
| a child should be as vertical position as possible | 22 | 44,0 |

|       |    |       |
|-------|----|-------|
| other | 10 | 20,0  |
| Total | 50 | 100,0 |

Source: Author's own research

Table 7.

Normal process of chewing in the opinion of respondents

| Chewing process of a child   | N  | %     |
|--|----|-------|
| a child moves its mandible vertically with its lips closed         | 24 | 48,0  |
| a child moves its mandible vertically with its lips opened         | 0  | 0,0   |
| a child makes circular movements horizontally with its lips closed | 26 | 52,0  |
| a child makes circular movements horizontally with its lips opened | 0  | 0,0   |
| other  | 0  | 0,0   |
| Total  | 50 | 100,0 |

Source: Author's own research

The description of the child's normal process of chewing was quite difficult for parents. All the respondents stated that during the chewing a child should have the lips closed, whereas the discrepancies appeared while indicating which movements should the mandible make. The proper way of chewing is when the mandible makes circular movements horizontally. This response was given by 52% of respondents. Others – 48% of the respondents, stated that the movements of the mandible should be vertical.

Table 8.

Normal breathing while resting according to the respondents

| Child's breathing     | N  | %     |
|-----------------------|----|-------|
| through the nose      | 38 | 76,0  |
| through the lips      | 3  | 6,0   |
| can see no difference | 9  | 18,0  |
| Total                 | 50 | 100,0 |

Source: Author's own research

Over  $\frac{3}{4}$  parents – 76%, claimed that during the sleep or when the child says nothing, it

should breathe through the nose. Whereas 9 respondents, i.e. 18%, claimed that the way of breathing does not matter much. 3 people – 6% of the respondents, stated that it is better when during the slumber a child breathes through the lips. It is worth emphasising that breathing through the nose is normal and proper because while breathing through the nose the air is moistened, filtered and warmed, which is the first barrier to infection (Lipiec 2008: 213).

According to 30 responding parents, which amounts to 60% of all the answers, sucking a pacifier, a finger, or biting nails may have an impact on the child's speech development. Whereas 14 respondents, i.e., 28%, could not clearly state whether the actions mentioned may cause speech impairments and chose the answer "difficult to say". While 6 people, which is 12%, declared that sucking a pacifier, a finger, or biting nails do not have a negative impact on speech development. Hence, it appears that not all the parents know that during those actions, the mouth is half-closed, the orbicularis oris muscle (often called the circular muscle) becomes weakened, which may lead to habitual breathing through the lips and to persisting infantile swallowing pattern and, which follows, speech impairments (Lipiec 2008: 214).

Table 9.

The environment having a significant impact of the child's speech development in the opinion of the respondents

| The impact of the environment on speech development | N  | %     |
|---|----|-------|
| family  | 34 | 68,0  |
| teachers  | 3  | 6,0   |
| peers   | 13 | 26,0  |
| Total   | 50 | 100,0 |

Source: Author's own research

Nearly 2/3 of the respondents, i.e., 68%, stated that the family environment has the greatest impact on child's speech development. The second position was held by peers who were indicated by 13 respondents, which is 26% of the answers. Only 3 people, i.e., 6%, stated that teachers have a considerable impact on child's speech development.

The responses provided show that parents are largely aware which factors influence the child's speech development. However, it is worth emphasizing that the most difficult for the respondents was to define the appropriate position while breastfeeding, to describe the chewing process or indicate whether the shortened frenulum of the tongue might cause speech disorders of a child.

### ***Guidelines for parents about how to stimulate language development of a child***

Stimulating speech development should take place since the first days of life and should include articulation activities, the ability to imitate and understand and social behaviour as the factors which influence the appearance of the language. It is important to look at a child taking a holistic view and focus not only on its speech development but also on the general, overall



improvement. One should remember about skillful entwining of the elements of movement of the whole body and improvement of fine motor skills (Wrońska, <http://www.logopedabwronska.cba.pl/stymulacja.html>, (28.05.2017).

The results collected and the rich literature make it possible to form the most important guidelines for parents about how to stimulate the language development of a child. The guidelines are as follows:

1. speak to your child as much as possible, using simple sentences, concise language and words the child is familiar with;

2. try to listen to what the child wants to say because the more eagerly it is listened to, the more eagerly it speaks;

3. encourage the child to speak even if its speech is impaired;

4. since birth talk to the child using the adult language, and use baby talk (hypocorisms) only while playing;

5. do not change the left-handed child into the right-handed one without consulting a psychologist or a speech therapist (Kozłowska 1996: 80);

6. watch whether the child responds to sounds as good hearing is important in speech development;

7. read a lot to the child, tell fairy tales, sing lullabies;

8. ensure that the child spends time in the open air and limit television time and the use of computer.

There are many actions that parents can take to encourage the child's speech development and, simultaneously, to prevent speech disorders. The majority of parents studied seem to have basic knowledge of speech prophylaxis. The results collected show that the respondents rightly defined many elements of speech development and factors influencing it. However, there are still some problems which are not fully clear and understood by parents. They would be worth explaining in the future, e.g., during a talk given by a speech therapist in birth schools, in hospital infant wards and in crèches or kindergartens, as it is generally known that prevention is better than cure.

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