



AWARENESS OF SPEECH LANGUAGE AND HEARING DISORDERS AMONG ANGANWADI WORKERS

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ABSTRACT

Communication process is an active one that involves encoding, transmitting, and decoding the intended message (Owens, 2008). Communication disorder is impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems (ASHA, 1982). According to Census of India (2011), 2.21% of disabled person to total population in India is noticed. Services at Anganwadi center (AWC) are delivered by an Anganwadi Workers (AWWs) who is a part-time honorary worker. In the present study an attempt was made to report the level of awareness among the anganawadi worker in Mysuru and Mandya District of Karnataka state on various speech, language and hearing disorders. The results of this study indicate that a comprehensive training focusing on speech, language and hearing disorders in children, early identification and treatment for communication disorders in children, is of greatest importance to enhance the awareness on disability among Anganawadi workers at Mysuru and Mandya district (rural).

Key Words: Speech Language & Hearing Disorders, Anganwadi Workers.

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INTRODUCTION

Communication process is an active one that involves encoding, transmitting, and decoding the intended message (Owens, 2008). Communication disorder is impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems (ASHA, 1982). A communication disorder may be evident in the processes of hearing, language, and/or speech problem. Speech, language, and hearing disorders are the most common disabilities among the children. However, unlike many disabilities, early identification and treatment can prevent children from falling behind academically, socially, and in other key areas at the critical time.

According to Census of India (2011), the disability population in India is 2.21%. The disability population of children by age and sex indicates that the percentages of disabled children under 0-4 years, 5-9 years and 10-19 years of age are 1.14%, 1.54% and 1.82%, respectively, and in all these age groups, the percentage share of males (1.18%, 1.63% and 1.96%) is higher than females (1.11%, 1.44% and 1.67%) respectively.

Services at Anganwadi center (AWC) are delivered by an Anganwadi Worker (AWW) who is a part-time honorary worker. She is a woman of same locality, chosen by the

people, having educational qualification of middle school or matric or higher. The Anganwadi Workers are the representatives of the Integrated Child Development Services programme (ICDS). AWWs are formally trained for non-formal, pre-school education which caters to the developmental needs of children between 3 and 6 years of age, primary health care and first-aid to children under 6 years and pregnant and nursing mothers, supplementary feeding of children of ages 0-6 years, referral services for severely malnourished children, and assisting health staff in immunization (Shilpa, et.al. 2014).

In the present study an attempt was made to report the level of awareness among the Anganawadi workers in Mysuru and Mandya District of Karnataka state on various speech, language and hearing disorders. Understanding the level of awareness will help the professionals find ways to create awareness as part of primary prevention activities.

METHOD

Participants: Sixty Anganwadi workers in the age range of 30 to 50 years with the mean age of 41.1 years participated in this study. Participants were native speakers of Kannada language from Mysuru and Mandya district

(rural), Karnataka. Education level of participants was 10th grade completion.

Materials: A Questionnaire was developed as part of the study which consisted of 10 ‘yes-no’ type questions. The questions tap basic information on awareness of speech, language and hearing disorders in children.

Procedure: The present survey was carried out in Anganwadi centers in and around Mysuru and Mandya Districts. Prior conducting the survey, nature and purpose was explained to all participants in Kannada. The questionnaire was administered by the investigator. As the first step demographic

details were collected. Participants were instructed to say either ‘Yes’ or ‘No’ to the questions asked related to speech, language and hearing problems in children. The responses were noted and compiled for further analysis.

RESULTS AND DISCUSSION

The aim of the present study was to understand the level of awareness of Anganwadi workers towards speech, language and hearing disorders. The data was analyzed on the basis of the number of questions answered in the yes-no ratings for all ten questions (see table 1).

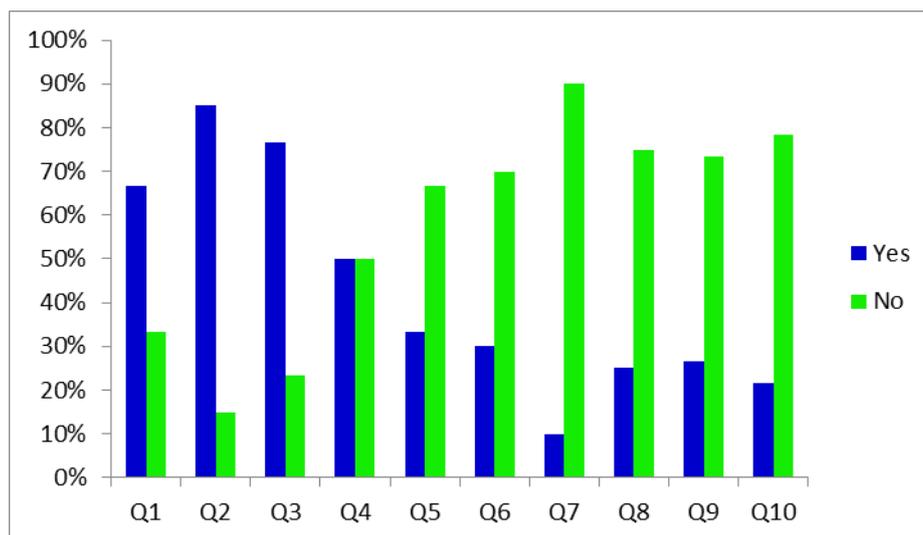


Fig. No. 1 - Responses of Anganwadi Workers

Table No.: 1 Responses of Anganwadi Workers

| Sl. No. | Questions | Participants (N-60) Percentage of response | |
|---------|--|---|---------------|
| | | YES | NO |
| 1. | Whether high risk factors during the child's birth lead to speech and hearing problem in children? | 40 (66.6%) | 20 (33.4%) |
| 2. | Can you identify hearing loss in children at young age? | 51 (85%) | 9 (15%) |
| 3. | Can hearing loss be treated? | 46 (76.6%) | 14 (23.4%) |
| 4. | Can you identify voice problem in children? | 30 (50%) | 30 (50%) |
| 5. | Can voice problem be treated? | 20 (33.4%) | 40 (66.6%) |
| 6. | Can speech sound production problem be treated in children? | 18 (30%) | 42 (70%) |
| 7. | If the child is not speaking upto his/her age, will that lead to reading or writing problem? | 6 (10%) | 54 (90%) |
| 8. | Can delayed speech and language in child be treated? | 15 (25%) | 45 (75%) |
| 9. | Can stuttering be treated? | 16 (26.6%) | 44 (73.4%) |
| 10. | Can speech of repaired cleft lip or palate be treated? | 13 (21.6%) | 47 (78.6%) |

To conclude, the present study emphasized on low awareness for question number **4 to 10** and better responses for question **1 to 3** related to speech, language and hearing disorders among Anganwadi workers of Mysuru and Mandya Districts (rural). The results of this study indicates that a

comprehensive training focusing on speech, language and hearing disorders in children, early identification and treatment for communication disorders in children, are of greatest importance to enhance the awareness on disability among Anganawadi workers at Mysuru and Mandya Districts (rural).

References

- ASHA - American Speech-Language-Hearing Association.(1982). Language [Relevant Paper].Available from American Speech-Language-Hearing Association. (1988). Prevention of communication disorders [Position Statement].
- Census of India (2011). Data on Disability, Office of the Registrar General and Census Commissioner, New Delhi, India.
- Owens, R. E. (2008). Language development: An Introduction, 7th Ed. New York: Pearson Education.
- Shilpa M., Jain Jithesh, Ananda S.R., Hiregoudar Mahesh, Abhishek K.N. and Sneha C.K. (2014) Knowledge, Attitude and Practices of Anganwadi Workers Regarding Oral Health of Children in Virajpet Taluk, *Journal of Advance Research*, Vol. 5 (3):18-23.