



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



Republic of Sudan
Ministry of Higher Education and scientific Research
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Faculty of Graduate Studies and Scientific Research

Assessment Of knowledge Of Mothers Regarding Communication
Disorder among Children in Elshigla West Block (2)

Dissertation Submitted In Fulfillment Of Partial Requirement For The Degree Of
Master In Community Health Nursing

BY

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الآية

(لا يكلف الله نفسا الاوسعها لها ما كسبت وعليها ما اكسبت ربنا لا تواخزنا ان نسينا او
اخطانا ربنا ولا تحمل علينا اصرا كما حملته علي الذين من قبلنا ربنا ولا تحملنا مالا طاقة
لنا به واعف عنا واغفر لنا وارحمنا انت مولانا فانصرنا علي القوم الكافرين)

صدق الله العظيم

البقرة 286

Dedication

For every one who light the other mind by his knowledge or instruction

We dedicated this research for:

My father for his patience and encouragement

My husband for their understanding and help

My sisters and aunts for their support and help

My children

All my teachers

Acknowledgment

The great thanks for Allah who help me to present this simple study

My thanks extended to all those who stood beside me, help me and pushed me and special thanks to my husband.

Special thanks for university and faculty of graduate studies and scientific research

Special thanks for all mothers in elshigla west.

My thanks to that one whom I can't requite to that who taught me how to make this study.

My supervisor Dr . Mohammed jebreldar

Abstract

Back ground

Communication in children is very importance in today's society. And child life, anything that interferes with communication in children creates a serious problem for a child life. An understanding of growth and development in the area of communication is vital when determining if there is a discrepancy between a child's level of functioning and what would be expected.

Objectives: to assess knowledge of mother regarding communication disorders among children.

Methodology: Descriptive, cross sectional community - based study to assess the knowledge of mother regarding communication disorder among children in elshigla west block 2(120mothers)this was standard structural questionnaire include close ended question, data analysis by computer(spss) program from April to November 2018 .

Result: The study revealed that there is most of mother age between 20 to 30 years ,and the knowledge of mother regarding communication disorder among children were little (31.7%) did not know definition of communication dis order , and knowledge about strategy usefor communicating with language dis order children.

Conclusion Based on the finding of the present study ,it was concluded that less than one third of mothers have little knowledge about communication disorder (definition, causes) and more than one third of them know about type and didn't know about strategy use for child with communication disorder

مستخلص الدراسة

المقدمة:

التواصل بكل انواعه يلعب دورا مهم في الحياة الطفل اليومية والاجتماعية، اي اضطراب في احدى انواع التواصل للاطفال يسبب مشاكل في حياة الطفل .

الهدف من الدراسة :

تقّم معرفة الامهات عن اضطراب التواصل للاطفال في الشقّلة غرب مربع (2)

منهجية البحث :

دراسة وصفية اجريت في الشقّلة غرب مربع (2) وتم جمع البيانات عن طريق الاستبيان للامهات (120ام) وتم تحليل البيانات عن طريق برامج بواسطة الكمبيوتر .

النتيجة :

وضحت النتائج ان بعض الامهات لديهم معرفة بالاضطراب التواصل للاطفال (25.8%) و ان (31.7%) من مجموعة الدراسة ليس لديهن معرفة باضطراب التواصل للاطفال وان 40% من عينة الدراسة لا يعرفون اسباب اضطراب التواصل للاطفال وان 35.8 % من عينة الدراسة يعرفون ان اضطراب التواصل الاجتماعي اكثر الانواع شيوعا من اضطراب التواصل للاطفال ، ان معظم الامهات يعرفون انواع اضطراب التواصل ولا يعرفون استراتيجية التعامل مع الاطفال المصابين باضطراب التواصل .

الخلاصة :

بناء علي نتائج الدراسة الحالية استنتج ان اكثر من النصف عينة الدراسة ليس لديهم معرفة كافية عن اضطراب التواصل للاطفال .

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CHAPTER ONE

INTRODUCTION

1.1 Introduction:

Communication in children is very important in today's society. And child life, anything that interferes with communication in children creates a serious problem for a child. Speech and language development is the primary element of communication. Children need good speech and language skills to succeed in school and in life. An understanding of growth and development in the area of communication is vital when determining if there is a discrepancy between a child's level of functioning and what would be expected. Children with communication impairments are at risk for academic, social, and/or emotional impairments. ⁽¹⁾Communication impairment in children refers to delays/disorders that interfere with the normal flow of speech/language in the day-to-day communications of the child. ⁽¹⁾ Disorders of communication in children include deficit in language, speech and social communication. Many children will experience a temporary delay in speech and language development but eventually catch up, others continue to have problems with communication development. Assessment of speech, language and communication abilities must take into account the individual's cultural and language context, particularly for individuals growing up. ⁽²⁾Speech and language competence affects children's ability to communicate effectively with adults and peers in the key contexts of early childhood development—namely, the family, the child care setting or school, and the community. ⁽³⁾Typically, parents and/or teachers are the first to identify concerns with a child's ability to communicate. ⁽⁴⁾

1.2 Justification

* The mothers take biggest role in care of children this need mother should be aware with communication disorders, this is can help the mother to detect the problem early.

* the issue of child communication disorders is very important the child mental health care system is starting to move toward the community base care where mothers take bigger role in caring for children and should know any abnormal in communication disorders.

* Most Sudanese mother in community need to provide and know how to deal with specific communication disorders

1.3 Objectives

General objective

To study knowledge of mother regarding communication disorders among children.

Specific objective

1. To assess the mother knowledge regarding communication disorders among children.
2. To assess the mother knowledge regarding common types of communication disorders among children.
3. To assess association between mother knowledge and level of education .

	<p>CHAPTER TWO</p> <p>LITERATURE REVIEW</p>	
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Literature review

2.1 Background:

Communication includes any verbal or non-verbal behaviors that influence the behavior, idea or attitude of another individual. Communication disorders begin early in life and may produce lifelong functional impairment ⁽²⁾ Communication disorders can affect how a person receives, sends, processes, and understands concepts. They can also weaken speech and language skills, or impair the ability to hear and understand messages ⁽¹⁾. Also communication impairment refers to delays/disorders that interfere with the normal flow of speech/language in the day to day communications of the child ⁽¹⁾ this study was conducted in Australia showed majority (86.7%) of the parent knowledge about communication disorder.

2.2 Definition of communication disorders

The diagnostic and statistical manual of mental disorders ⁽²⁾

Define communication disorders are disorders characterized by deficits in the development and use of Language, speech, and social communication, normal fluency and motor production of speech.

Communication disorders are impairment in the ability to receive, sends, process, and comprehend concept. Communication disorders involve deficits in speaking or language formulation and comprehension of verbal exchange between people ⁽⁶⁾

2.3 Causes of communication disorders:

Communication disorders may be developmental. Or they can be caused by:

- Genetic factor

In some times consider contributing causes in some cases, hereditary factor are implicated in numerous child hood, onset psychiatric disorder.

- Biological problem

Such as abnormalities' in brain development or exposure to toxins during pregnancy such as abused substances or environmental toxins such as lead.

- Some causes of speech language disorders include hearing loss neurological Disorders, brain injury, mental retardation, drug abuse,

Physical impairment such as Clift lip or palate ⁽⁷⁾.

- Neurobiological factor.

Dramatic change occur in the brain during childhood including declining number of synapses, myelination of brain fiber, change in the relative volume and activity level in differ brain region.

- Environmental factor

Children are dependent on other during childhood the main context is the family, parent's model behavior⁽⁸⁾.

2.4 Types of communication disorder:

The communication disorders include language disorder, speech sound disorder, social (pragmatic) communication disorder, and childhood-onset fluency disorder (stuttering) ⁽²⁾

2.4.1 Language disorder

Is characterized by difficulty with the meaning conveyed during speech, writing or even gestures.

Language disorder is one of the most common developmental problems among children⁽²⁾ Language disorder may be present from birth or happen later⁽⁸⁾

Language disorder can include problems with the following:

2.4.2 Receptive language disorder

the child may have difficulty understanding the word and sentence structures and seem to have poor attention to the speech of other .there for he or she may have difficulty following directions and learning .

2.4.3 Expressive language disorders

The child may have difficulty coming up with the right words when talking or be unable to combine the words appropriately for sentences. The child may have a very limited vocabulary or use of inappropriate words .The child may speech using short ‘telegraphic’ phrases and sentences. Children with receptive language impairment have poorer prognosis than those with expressive impairment .They are more resistant to treatment , and difficulties with reading comprehension are frequently occur⁽¹⁾ Language impairment results from the delayed or disordered

Development of the content, form, or use of spoken language. The content of language refers to what individuals talk about or understand. The form of language refers to the shape and sound of the units of language and their combinations such as word endings, the words, or sentence structure. The use of language refers to the

Reasons why individuals speak and the ways they construct conversations depending upon what they know about the listener and the context⁽¹⁾ The child with a language impairment may have difficulty in any or all of these areas. Language impairment can be further broken down into receptive and expressive language

impairments⁽¹⁾ Communication disorders are grouped in several ways. Expressive-language disorders make speaking difficult. Mixed receptive-expressive language disorders make both understanding language and speaking difficult. Language disorders affect how you use speech or writing. They include:

Language form disorders, which affect:

- phonology (sounds that make up language systems)
- morphology (structure and construction of words)
- syntax (how sentences are formed)
- language content disorders, which affect semantics (meanings of words and sentences)

Language function disorders, which affect pragmatics (use of socially appropriate messages)⁽⁵⁾

2.4.4 causes of language disorder

- Genetic
- Hearing loss
- Mental retardation
- Emotional disturbance
- Environmental deprivation
- Neurological damage or dysfunction
- cognitive delay⁽²⁾

2.4.5 Speech sound disorder:

*Speech disorder have to do with problem in making sound and significantly impact in a child ability to communicate .(Margaret)

*Speech disorder affect your voice. They include:

*articulation disorder: changing or substituting words so that messages are harder to understand

*fluency disorder: speaking with an irregular rate or rhythm of speech

*voice disorder: having an abnormal pitch, volume, or length of speech ⁽⁵⁾

2.5 Social communication disorder (pragmatic)

Is problem using verbal and nonverbal means for interacting socially with others, impairment also in event written communication where the child is trying to relate to others⁽⁸⁾Also are persistent difficulties in the social use of verbal and nonverbal.

2.5.1 Communication as manifested by the following?

1. Deficits in using communication for social purpose such as greeting and sharing information.

2.Impairment of the ability to change communication to match context or the need of the listener such as speaking differently in classroom than on playground talking differently to child than to adult and avoiding use of formal language .

3. Difficulties understanding what is not explicitly stated and non-literal or ambiguous meaning of language.

The deficits result in functional limitation in effective communication social participation and social relationship, academic achievement individual or in combination .The onset of the symptom in early developmental period , the symptom are not attributable to another medical or neurological condition⁽²⁾

2.6 Child hood onset fluency disorder (stuttering)

Is disturbance s in the normal fluency and time patterning of speech .The disturbance characterized by:

- Frequent repetition of the sound.
- Prolongation of sound including broken words or silent blocking.
- Interjection
- Filled pauses in speech
- Word substitution to avoid problematic words
- Words produced with an excess physical tension. ⁽⁶⁾ The disturbances cause anxiety about speaking or limitation in effective communication, social participation and academic performance.

The onset of symptom is appear in early developmental period ⁽²⁾

2.6.1 Risk factor of child hood onset fluency disorder:

1. Age of onset prior age 3.5 years
2. Gender (male).
3. Brain damage.

2.6.2 Causes of childhood onset fluency disorder:

1. Pathology is lack of integration between language development and motor ability needed for forward flow in speech production
2. Auditory processing has also been implicated as potential factor in stuttering.

2.6.3 Degree of dysfluency:

Normal stuttering (onset period the age of 3 years)

- Occasional repetition of sound
- Periodic hesitation
- Increase when the child is tired
- No distress to the child

Mild stuttering

- Frequent repetition of sound (long syllables or short word)
- Physical manifestation (close eyes, muscle strain in lips)
- No distress to mild frustration noted in the child


Severe stuttering

- Recurring long repeated sound prolongation and blockage
- Pitch of utterances may increase difficulty in most speaking Circumstances.
- Anxious fearful or embarrassed when speaking ⁽⁷⁾

2.6.4 Strategies for communicating with children with communication disorder:

- Develop an understanding of age-related norms of development.
- Convey respect and authenticity.
- Assess and use familiar vocabulary at the child's level of understanding.
- Assess the child's needs in relation to the immediate situation. Assess the child's capacity to cope successfully with change.
- Use nonverbal communication and alternatives to verbalization (e.g., eye contact, reassuring facial expressions).
- Work to develop trust through honesty and consistency.
- Interpret the child's nonverbal cues back to the child verbally.
- Use humor and active listening to foster the relationship.
- Increase coping skills by providing opportunities for creative, unstructured play.
- Use indirect age-appropriate communication techniques (storytelling, picture drawing, creative writing).
- Use alternative, supplementary communication devices for children with specialized needs (e.g., sign language, computer-enhanced communication programs ⁽⁹⁾)

	<p>CHAPTER THREE</p> <p>METHODOLOGY</p>	
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Methodology

Study design

Descriptive, cross sectional community - based study design.

Study area:-

This study was conducted in elshigla westblock(2) , which located in Omdurman locality, elshigla district found in south Omdurman in a busy area . which surrounded by ftasha road north , and ellewaa road south east , and elseteen road east , and sooug el hemedaan in west .

Study population:-

Study will cover all mother have children under 5years in elshigla west block 2 which are about 120 mothers.

Inclusion criteria:-

Mothers with children under 5years .

Sample size:-

Total coverage includes 120 mothers

Materials:-

Data collection tools:-

Data collection by standard structural questionnaire include close question and composed six part

Part I :socio demographic data contain (4) question .

Part II: knowledge of communication disorder contain (6) question

Part III : language disorder contain (4) question .

Part IV: speech sound disorder contain (2) question.

Part VI:social communication disorder contain (2) question.

Part VII :child hood onset fluency disorder contain (2) question.

Data collection technique:-

The data was collected from mother have under 5 year child questionnaire filling with each mother after verbal agreement of mother and some questionnaire filling by self when the mother illiterate after agreement .

Data analysis:-

After collection data analyze by social package of statistical analyses(SPSS) program version 16.

Ethical consideration:-

Official letter will be obtained from the Graduate College Medical & Health Studies Board & Research Committee faculty of Nursing Sciences University shndi

The researcher took permission from popular committee, and verbal consent from mother.

CHAPTER FOUR

RESULT

Result

Table (1): Distribution of study group according to their demographic data

Age	Frequency	Percent
Less than 20 year	18	15 %
from 20 to 30 years	60	50 %
from 31 to 40years	42	35 %
Education level		
Illiterate	3	2.5 %
In formal education	8	6.7 %
Primary	37	30.8 %
Secondary	39	32.5 %
University	33	27.5 %
Marital status		
Marriage	96	80 %
Separated	4	3.3 %
Widow	15	12.5 %
Divorced	5	4.2 %
Number of children under five year		
One	49	40.8 %
Tow	49	40.8 %
Three	22	18.3 %
Total	120	100 %

half of the study group were age from 20 to 30 years, and only (15%) were Less than 20 year is age, while one third (32.5 %) their educational level is Secondary education , and only (2.5 %) is Illiterate. While the marital status were majority (80%) of study group is Marriage. Mean the number of children less than five years the same percent less than half(40.8 %) is one and two children.

Table (2): Distribution of study group according to The knowledge of communication disorder it is:

Knowledge	Frequency	Percent
Are impairment in the ability to receive send process and comprehend concept	20	16.7 %
Weaken speech	31	25.8 %
Impair in ability to understand message	31	25.8 %
Didn't know	38	31.7 %
Total	120	100 %

one third (31.7 %) of study group were did t know to the knowledge of communication disorder, and same percent (25.8 %) were known communication disorder is weaken in speech and impair in ability to understand message.

Table (3): Distribution of study group according the knowledge of cause communication disorder.

knowledge of cause	Frequency	Percent
Environment factor	12	26.7 %
Genetic factor	19	24.2 %
Hearing problem	31	9.2 %
Didn't know	29	40. %
Total	29	100%

towfifth (40.0 %) of study group Didn't know the causes of communication disorder .

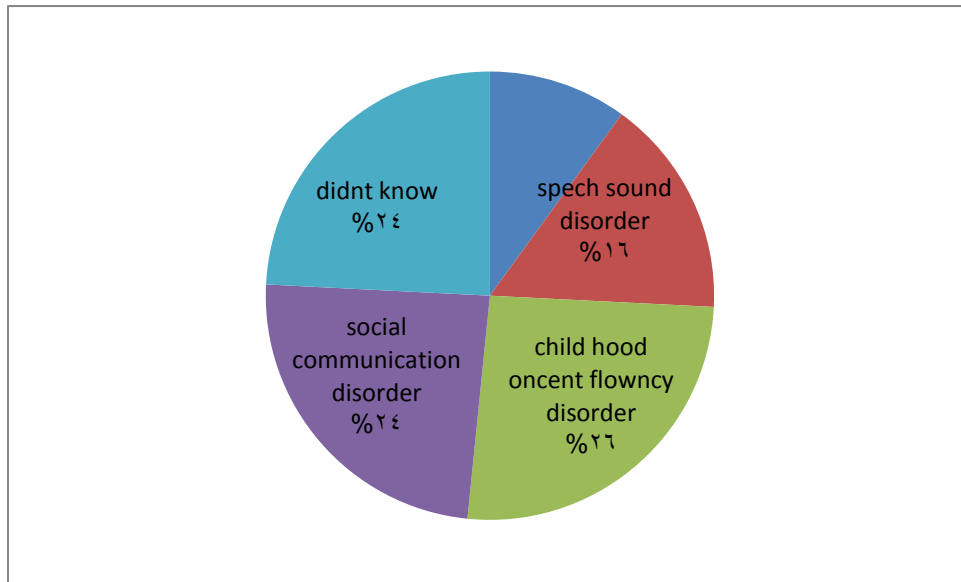


Figure (1): Distribution of study group according to the knowledge of type of communication disorder

less than one third (26%) of study group know the type of communication dis order is social communication disorder.

Table (4): Distribution of study group according to the knowledge of common type of communication disorder

Common type	Frequency	Percent
Language disorder	15	12.5 %
Childhood onset fluency disorder	16	13.3 %
Social communication disorder	43	35.8 %
Speech sound	19	15.8 %
Didn't know	27	22.5 %
Total	120	100%

most common type more than one third (35.8 %) of study group were know social communication disorder and(22.5 %) of study group didn't know the common type

Table (5): Distribution of study group according to the mother with child with communication disorder

Type	Frequency	Percent
Language disorder	9	7.5 %
Childhood onset flouncy disorder	8	6.7 %
Social communication disorder	29	24.2 %
Speech sound disorder	12	10.0 %
e- No	62	51.7 %
Total	120	100.0 %

The above table explain that half were no child with communication disorder.

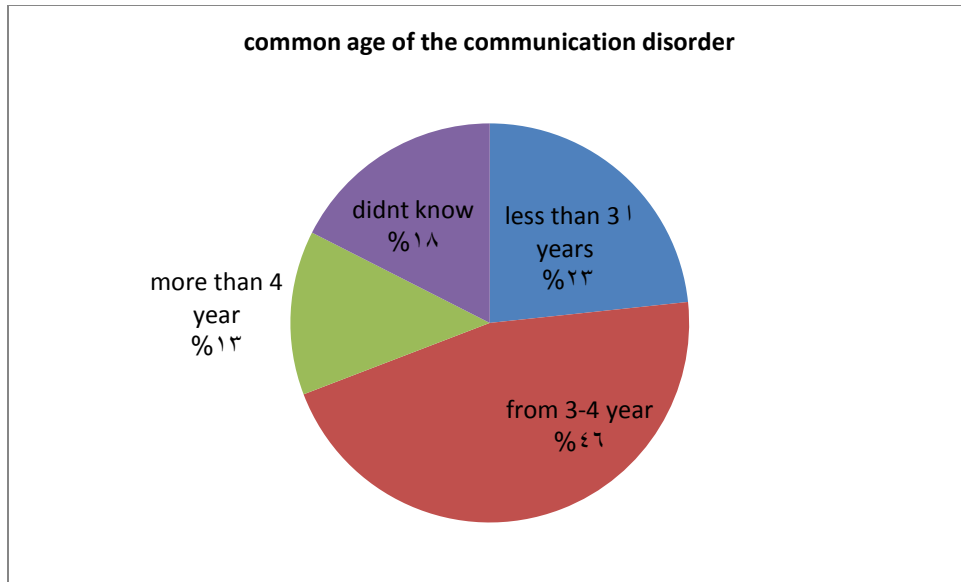


Figure (II) Distribution of study group according to the most common age of the communication disorder

Less than half (45.8 %) of study group know the common age of communication disorder were 3 to 4 years, and less than one third (23.3 %) of study group know the common age of communication disorder is less than 3 years.

Table (6): Distribution of study group according to knowledge of language disorder

Language disorder	Frequency	Percent
Is the difficulty with the meaning conveyed during speech, writing or even gestures.	47	39.2 %
Is the difficulty with the understand meaning of speech	45	37.5%
c- Didn't know	28	23.3 %
Total	120	100.0 %

More than one third (39.2 %) of study group know the language disorder is the difficulty with the meaning conveyed during speech, writing or even gestures, and more than one third (37.5%) of the study group know the language disorder is the difficulty with the understand meaning of speech.

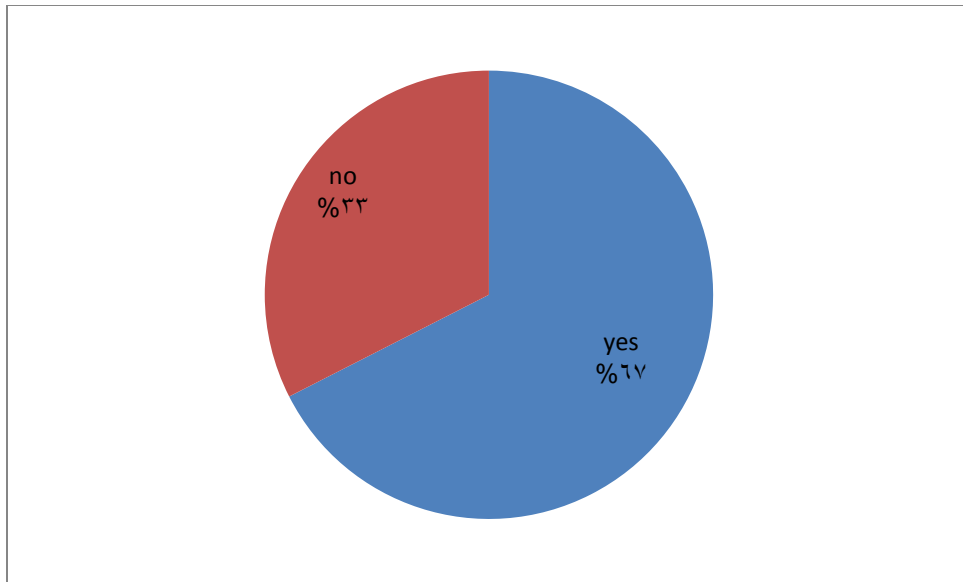


Figure (III): Distribution of study group according to language disorder most common developmental problem

more than tow third (67%) of study group know language disorder most common developmental problem.

Table (7): Distribution of study group according to knowledge about problem associated with language disorder:

Problem	Frequency	Percent
Receptive disorder	14	11.7 %
Expressive disorder	19	15.8 %
Receptive and Expressive disorder	45	37.5 %
Didn't know	42	35.0 %
Total	120	100.0 %

more than one third (37.5 %) of study group know the Language disorder can include problems with the receptive and Expressive disorder, and more than one third (35.0 %) of study group did not know about problem associated with language disorder:

Table (8): Distribution of study group according to strategy use for communicating with language dis order:

strategy use	Frequency	Percent
Familiar vocabulary	37	30.8 %
Nonverbal communication	37	30.8 %
Didn't know	46	30.2 %
Total	120	100.0 %

less than one third (30.8 %) same percent of study group know strategy use for communicating with language dis order children it is use familiar vocabulary, and use nonverbal communication.

Table (9): Distribution of study group according to knowledge of speech sound disorder and the Strategies use for communicating with speech sound disorder children.

Knowledge	Frequency	Percent
Problem in making sound	73	60.8 %
Affect your voice	14	11.7 %
Didn't know	33	27.5 %
Total	120	100.0 %
the Strategies use		
Nonverbal communication	34	28.3 %
Understanding of age-related norms of development.	42	35 %
Didn't know	44	36.7 %
Total	120	100 %

more than half (60.8 %) of study group knows speech sound disorder is problem in making sound, While one third (35%) of study group know Strategies use for communicating with speech sound disorder children is understanding of age-related norms of development.

Table (10): Distribution of study group according to knowledge of Social communication disorder (pragmatic) and strategy use

Knowledge	Frequency	Percent
Problem using verbal and nonverbal means for interacting socially with other	56	46.7 %
Persistent difficulties in the social use of verbal and nonverbal communication.	37	30.8 %
Didn't know	27	22.5 %
Strategies use		
Work to develop to trust in the children	33	27.5 %
Increase coping skills for communicate other	31	25.8 %
Did not know	56	46.7 %
Total	120	100 %

less than half (46.7 %) of the study group know Social communication disorder (pragmatic) problem using verbal and nonverbal means for interacting socially with others, and fifth (22.5 %) of study group did not know Social communication disorder (pragmatic). While less than half (46.7 %) of study group did not know strategies use of Social communication disorder.

Table (11): Distribution of study group according to knowledge of Child hood onset fluency disorder (stuttering) and strategy use

Knowledge	Frequency	Percent
Is disturbance s in the normal fluency and time pattering of speech.	46	38.3 %
Frequent repetition of the sound	55	45.8 %
Didn't know	19	15.8 %
Total	120	100 %
Strategies use		
Humor and active listening	41	34.2 %
Nonverbal communication and alternatives to verbalization	35	29.2 %
Did not know	44	36.7 %
Total	120	100 %

less than half (45.8 %) of the study group know Child hood onset fluency disorder (stuttering) Is Frequent repetition of the sound, While more than one third (36.7 %) of the study group did not know Strategies use for communicating with Child hood onset fluency disorder (stuttering).

Table(12)relation between level of education and knowledge about communication disorder:

	Illiterate	In formal	Primary	Scendery	Total	P.value
Speech sound disorder	12	1	1	1	15	.004
	10.0%	0.8%	0.8%	0.8%	12.5%	
Language disorder	15	0	1	0	16	
	12.5%	0.0%	0.8%	0.0%	13.3%	
Child hood onset flouncy disorder	35	0	7	1	43	
	29.2%	0.0%	5.8%	0.8%	35.8%	
Social communication disorder	13	1	4	1	19	
	10.8%	0.8%	3.3%	0.8%	15.8%	
Did not know	21	2	2	2	27	
	17.5%	1.7%	1.7%	1.7%	22.5%	
Total	96	4	15	5	120	
	80.0%	3.3%	12.5%	4.2%	15	

p. value (.004) there is relation between level of education and about knowledge of communication disorder.

Table (13)relation between educational level and knowledge about type of communication disorder .

	Speech sound disorder	Language disorder	Child hoodOnset fluency disorder	Social communication disorder	Did not know	Total	P.value
Illiterate	0	4	7	8	14	33	
	0.0%	3.3%	5.8%	6.7%	11.7%	27.5%	
In formal education	2	0	0	0	1	3	.002
	1.7%	0.0%	0.0%	0.0%	0.8%	2.5%	
Primary	0	1	3	1	3	8	
	0.0%	0.8%	2.5%	0.8%	2.5%	6.7%	
Secondary	4	5	13	9	6	37	
	3.3%	4.2%	10.8%	7.5%	5.0%	30.8%	
University	6	9	8	11	5	39	
	5.0%	7.5%	6.7%	9.2%	4.2%	32.5%	
Total	12	19	31	29	29	120	
	10.0%	15.8%	25.8%	24.2%	24.2%	100.0 %	

The above table showed p. value(.002) there is relation between education level and knowledge about type of communication disorder

CHAPTER FIVE

DISSECTION-CONCLUSION

RECOMMENDATIONS

Discussion:

The present study reveals that, their ages were ranged between (20 to 40) years. Mean the number of children less than five years the same percent two fifth of mothers (40.8 %) is one and two children. and their educational levels were varied the highest percent was secondary school level (32.5 %) and lowest percentage was illiterate (2.5 %) , and (27.5%) had university , possible explanation for this was increase awareness about communication disorders with increase educational level. In addition to that the study showed that about more than half of the Mother's While the marital status were majority (80%) of study group is Marriage, and same percent (25.8 %) were known communication disorder is weaken in speech and impair in ability to understand message.

less than one third didn't know about communication disorder (31.7%) , this study agree with study was done in turkey showed less than one third didn't know about communication disorder (28.2%) .

there was no relation between marital status and knowledge of communication disorder (p value $.09 > .05$), On the other hand the study showed that two third (67.5 %) of mothers know language disorder most common developmental problem, this agree with literature, (Language disorder is one of the most common developmental problems among children)⁽²⁾

less than two third (60.8 %) of the mother know speech sound disorder , and less than half of mother (46.7 %) mother know Social communication disorder, these finally indicated that mother (speech sound, Social communication disorder) common disorder face them.

In spite of half of study group know the type of communication disorder but they were little knowledge about strategy use for child with communication

disorder. Less than one third (30.8%) of the study group know nonverbal communication Strategies use for communicating with language disorder children, this study disagree with study done in USA showed (68.2%) more than tow third know

Nonverbal communication Strategies use for communicating with language disorder children.

Furthermore these were highly significant relation between level of education and knowledge of type of communication disorder (p value, $0.02 < .05$).

Conclusion:

Based on finding of study, it was concluded that educational levels were varied the highest percent was secondary school level (32.5 %) , less than one third of mothers have little knowledge about communication disorder (definition, causes)and more than one third of them know about type and didn't know about strategy use for child with communication disorder .

Recommendation:

Based on study result, recommended that:

1. Provide education program about communication disorder to increase knowledge.
2. Disseminate the awareness regarding communication disorder through the mass media program.
3. To conduct further studies of attitude of mother how to deal with child with communication disorder.
4. Provide the mother opportunity to take education program regard communication disorder among children.

References and appendix

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**Questionnaire about assessment of knowledge of mother regarding
communication disorder in children – Elshigla 2018**

Part (1)

1 .Age

- a. Less than 20 years b. from 20 to 30 years
c. from 31 to 40 years

2 Education level:.

- a. Illiterate b. In formal education c. Primary
d. Secondary e. University

3. Marital status:

- a. Marriage b. Separated c. Widow
d. Divorced

4. Number of children under five year:

- a. One b. Two c. Three

Part(2):

The communication disorder it is:

- a. are impairment in the ability to receive, send, process, and comprehend
concept. b. weaken speech and language skills
c. impair the ability to understand messages.
d. I don't know

The causes of communication disorders it is:

- a. environmental factor b. genetic factor
c. hearing problem d. I don't know

The type of communication disorders it is:

- a. language disorder.
- b. childhood onset fluency disorder
- c. social communication disorder.
- d. Speech sound disorders
- e. I don't know

The most common type of communication disorders it is:

- a. language disorder.
- b. childhood onset fluency disorder
- c. social communication disorder.
- d. Speech sound disorders
- e. I don't know

Do you have any child with communication disorder?

- a. language disorder.
- b. childhood onset fluency disorder
- c. social communication disorder.
- d. Speech sound disorders
- e. no

The most common age of communication disorder it is :

- a. less than 3 years
- b. 3 to 4 years
- c. more than 4 years
- d. I don't know

Part (3)

Language disorder

Language disorder it is:

- a. is the difficulty with the meaning conveyed during speech, writing or even gestures.
- B. is the difficulty with the understand meaning of speech
- c. I don't know

language disorder is one of the most common developmental problems among children?

- a. yes
- b. no

Language disorder can include problems with the:

- a. Receptive language disorder
- b. Expressive language disorder
- c. Receptive disorder, Expressive disorder
- d. I don't know

The Strategies for communicating with language disorder children it is:

- a. use familiar vocabulary at the child's level of understanding.
- b. Use nonverbal communication
- c. I don't know

part (4)

speech sound disorder

speech sound disorder it is:

- a. problem in making sound
- b. affect your voice
- c. I don't know

The Strategies for communicating with speech sound disorder children it is:

- a. Use nonverbal communication
- b. understanding of age-related norms of development.
- c. I don't know

part (5)

Social communication disorder (pragmatic)

Social communication disorder it is:

- a. Is problem using verbal and nonverbal means for interacting socially with others.
- b. persistent difficulties in the social use of verbal and nonverbal communication.
- c. I don't know

The Strategies for communicating with Social communication disorder children it is:

- a. Work to develop trust in the children
- b. Increase coping skills for communicate other

c. I don't know

part (6)

Child hood onset fluency disorder (stuttering)

Child hood onset fluency disorder it is :

a. Is disturbance s in the normal fluency and time patterning of speech.

b. Frequent repetition of the sound

c. I don't know

The Strategies for communicating with Child hood onset fluency disorder children it is:

a. Use humor and active listening

b. Use nonverbal communication and alternatives to verbalization

c. I don't know

Thank you