

Original Research Article

Evaluation of Language Disordered Children with Dyslexia and Teachers' Awareness in Port Harcourt City

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Abstract: Dyslexia is a disorder that impacts a child negatively and, as such, should not be overlooked when it manifests in a child. As a reading and writing disorder, it always gives concern to parents whenever a child who has attained speaking and writing ages is not able to read or write as he/she ought to. Therefore, the main focus of this work is to evaluate the language disordered children with dyslexia with the view to ascertain the teachers' levels of awareness of this disorder in Port Harcourt city. This work adopted the descriptive survey protocol, and data was got from 'THE CHILD' Special School, Kaduna street, D-line Port Harcourt. It is worthy of note from the data obtained in this investigation, that the teachers were obviously ignorant of what dyslexia means, and so it can be concluded that their levels of awareness of this disorder is very low. The low awareness of this condition makes it so difficult for both the teacher and the affected child to cope well with each other. This is more prominent when the child is enrolled in a mainstream school, because teachers in such schools lack competence in the various special ways to handle the children with the disorder.

Keywords: Dyslexia, disorder, investigation, descriptive, prominent.

INTRODUCTION

Language being one of the things that distinguish man from other living things plays an important role in the development of children. Language development is a gradual process that unfolds with time, and according to some researchers continues throughout one's lifetime. A child at specifically different periods will acquire and demonstrate skills of language (Akpan, 2004:14:15). A child with normal language development is the child who is born without any physical or mental handicap that negatively affects his speech/language. A normal child grows with increase in age developing normally in all aspects of human life including language acquisition and development.

Once we appreciate the nature of language and the depth of its complexity, we can also appreciate the remarkable, and in many ways fascinating, feat that children accomplish in mastering it so easily. Conversely, having abnormal language can influence a child's self-concept, make the child dislike oneself and this can lead to unhappiness, depression, embarrassment and introvertedness. This condition can therefore give parents concern if the child fails to use language the way he or she ought to.

It is interesting to note that in our schools, children with communication disorders do not receive special attention from teachers because most teachers are not aware of what communication disorder is. Unfortunately, an ordinary teacher, not having clear understanding of what communication disorder is finds it difficult to cope with this set of children in addition to his normal duties, thereby making them suffer setbacks academically. As a result of this, genuine cases of language disordered children may be left unidentified (Akuma, 2009; Barry, 2008). This situation

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obviously leads to various types of learning retardation resulting from wrong categorization of the underlying problem. (Yul-Ifode, 1996:4). Donwa-Ifode (1996, 1998) further explained that this situation is so because there is neither any special provision for the screening assessment or evaluation of the language or speech performance of the neither growing child nor operative language units in the school systems.

There are several kinds of language disorders suffered by children in Port Harcourt and other parts of Nigeria. The major ones that are generally known include: autism, Down's syndrome, cerebral palsy, hearing impairment, aphasia and dyslexia. There are other ones that may be poorly understood in Nigeria since no well-reported cases are known. An example of this is auditory spectrum disorder (ASD). Although dyslexia is not new, not much studies have been conducted to understand its level of occurrence, understanding and treatment.

Though not new, there are various levels of dyslexia that may evade notice. In schools, several children often find it difficult to read, write and/or spell words clearly. This difficulty may be pathological whereas in some cases, it may be temporarily physical. The pathological form of this difficulty is dyslexic disorder. While some pupils may express this disorder very prominently, others exhibit it to moderate or minor extents. For this reason therefore, it is very necessary to conduct careful study to ascertain when a case could be characterized typically as dyslexia.

According to Squires and McKeown (2006: 12), Dyslexia is evident when accurate and fluent word reading and/or spelling developed very incompletely or with great difficulty. This focuses on literacy learning at the 'word level' and implies that the problem is severe and persistent despite appropriate learning opportunities. Several definitions, for example, Heaton (1996), (Heaton *et al*, 1996) showed dyslexia as involving unexpected inability of the child to develop literacy skills despite good teaching. These other definitions outline a range of associated factors that include difficulties with short-term memory capacity, working memory, lack of fluency, perceptual difficulties etc. Some of these schools of thought see dyslexia as being organic in origin.

The purpose of the survey is to: i) identify teachers' levels of awareness in communication disorders; ii) identify the number of children with dyslexia in the area and iii) highlight the measures that could be taken to increase teachers' knowledge of dyslexia.

The significance of this study is that it will be of help to parents especially when they are faced with the problem of dyslexia and to encourage them to always seek appropriate help from language pathologists when faced with such cases.

METHODOLOGY

This study adopted the descriptive survey method and covered the number of children with dyslexia in both public and private primary schools in Port Harcourt city. Only one subject was identified that has this type of communication disorder. The child investigated is enrolled at "THE CHILD" Catholic special school, Kaduna Street, D-Line, in Port Harcourt. Purposive sampling was adopted. Purposive sampling (Ohaja, 2003: 82) was adopted for this study to enable selection of the subjects that suited the study under investigation. Speech samples of the dyslexic child was gotten using a word list and photographs of a group of animals.

The research instrument, a questionnaire of 26 questions, was used to obtain information from teachers in the public and private primary schools about the speech of the children. Fifteen (15) schools were visited (Table 1) out of which five (5) were private while eleven (10) were public schools. A total of 200 copies of the questionnaires were distributed and 180 were returned. Out of the seven private primary schools visited, four accepted the questionnaires while the other three were not willing to collect.

Table 1: Schools Visited for Data Gathering

S/No.	Name of School	Acronym	Location	Category of School
1.	Model Primary School II, Oromineke	MPS II	D Line	Public
2.	Christ the King School II, Oromineke	CKS II	D Line	Public
3.	Kingdom Heritage Model School,	KHMS	D Line	Private
4.	State Primary School I, Orogbum	SPS I	D Line	Public
5.	State Primary School II, Orogbum	SPS I	D Line	Public
6.	The 'CHILD' Special School, Kaduna Street	TCSS	D Line	Private
7.	Army Children's Model School	ACMS	GRA II	Public
8.	Oxford Nursery/Primary School	ONPS	GRA II	Private
9.	State Primary School I, Olanada	SPS I	Rumuola	Public
10.	State Primary School II, Olanada	SPS II	Rumuola	Public

S/No.	Name of School	Acronym	Location	Category of School
11.	Celia's Nursery/Primary School	CNPS	Rumuola	Private
12.	State Primary School I, Rumueme	SPS I	Mile 4	Public
13.	State Primary School I, Rumuapara	SPS I	Rumuigbo	Public
14.	State Primary School II, Rumuapara	SPS II	Rumuigbo	Public
15.	International Day Care Nursery/ Primary School	IDNPS	Choba	Private

The teachers' reason was that before admission into the school, an interview will be conducted, and if a child is found with any of the language problems, the child will not be admitted. Among the questionnaire distributed, 160 of the respondents were females while only twenty were males. In addition to this, sixty words were provided for the affected child to pronounce. A list of names of fifteen animals was provided for the child to pronounce to get her speech sample.

The data set was collected through controlled imitation method and elicitation through naming. The compiled model of sixty words which included nouns, verbs and other vertical items that contain the sounds that are studied in different phonetic environments was deployed for characterization of the phonological processes. The words were pronounced by the researcher while the child subject imitated. Photographs were provided of animals for the subject to name.

Simple percentage method was employed in analyzing responses to the questionnaire while speech sample was drawn to show the subject's pronunciation. The words were also transcribed. The essence of this was to know the words the subject had problems with. Qualitative and quantitative approaches were also employed to analyze the collected data. Statistical techniques such as frequencies, percentages, and ratios were exploited to draw conclusions from the collected data.

RESULTS AND DISCUSSIONS

Background of Respondents of the Questionnaires

Information about the respondents' background (Table 2), their sex as well as working experiences is necessary to determine the credibility of their responses.

Table 2: Background of the Respondents

Schools	Males	Females	Total	0-11 WEF	0-11 WEM	12-25 WEF	12-25 WEM	26-35 WEF	26-35 WEM	UWEF	UWEM
D Line											
MPS II	-	16	16	8	-	3	-	5	-	-	-
CKS II	-	9	9	1	-	2	-	-	-	-	-
KHMS	2	11	13	1	10	1	1	-	-	-	-
SPS I	-	12	12	4	-	1	-	-	-	2	-
SPS II	-	15	15	2	2	3	-	4	-	3	-
GRA II	-										
ACMS		14	14	3	5	1	1	1	-	2	6
ONPS	-	12	12	1	-	3	-	8	-	1	-
RUMUOLA											
SPS I	5	11	16	1	-	3	2	-	-	-	-
SPS II	-	9	9	1	-	2	-	1	-	-	-
CNPS	4	10	14	-	3	1	1	-	-	-	4
MILE 4											
SPS I	5	11	16	1	-	3	2	-	-	-	-
RUMUIGBO											
SPS I	-	12	12	6	-	10	-	-	-	-	-
SPS II	9	12	21	4	-	12	-	10	-	-	-
CHoba											
IDNPS	-	6	6	-	-	3	-	-	-	-	-
TOTAL	20	160	180	50	20	50	10	30	-	10	10
Percentage	11.11	88.88	100	27.7	11.11	27.7	5.55	16.66	-	5.55	5.55
Approx. %	11%	89%	100%	28%	11%	28%	6%	17%	-	6%	6%

WEF = working experience of females; WEM= working experience of males; UWEF = unknown working experience of females; UWEM = unknown working experience of males

Data captured in Table 1 above shows obviously only twenty percent (20%) of the teachers were men while the rest were women. This clearly implied that more female teachers participated in the survey which implies that there are more female teachers than males in the teaching profession.

Five out of the total number of respondents were headmistresses, three were headmasters, one was a school proprietress and the remaining one hundred and seventy one were teachers. Whereas some of these teachers use language as a medium of teaching other subjects, others were language teachers.

Teachers are considered the most reliable individuals one can get information about children with communication disorders from. This is probably because their main mission is to eradicate illiteracy from our society. With their status in the society, one can rely on the information given by them. As professionals in their various areas, the information given by the teachers are obviously authentic. The roles they play in the lives of the children with communication disorders make their information more acceptable and reliable.

QUESTIONNAIRE DATA ANALYSIS

Research Question 1

What are the teachers' levels of awareness of dyslexia? The responses in questions 5, 6, 10 and 16 are used to determine the research questions on Table 3 below.

Table 3: Responses from Teachers on Their Awareness of Dyslexia

Question. Nos	Questions	Yes		No		NIL	
		Raw Figure	%	Raw Figure	%	Raw Figure	%
5	Have you heard of the Term dyslexia	98	54%	60	33%	22	12%
6	Are you aware that there? Are some children with dyslexia in Nigeria?	100	56%	60	33%	20	11%
10	Have you children that you Think needed special therapy to Communicate effectively with their peers?	40	22%	80	44%	60	33%
16	Have you ever referred a pupil To a language clinician?	10	6%	140	78%	30	17%

It is very obvious from responses on Table 3 that the level of awareness by teachers of the condition called dyslexia is very poor. Majority of the respondents claimed to have heard about communication disorders while few of them claimed to have referred pupils with communication disorders to language clinicians. The above response implies that the awareness level of communication disorders among teachers is very low.

Research Question 2

Are there children with dyslexia in primary schools in Port Harcourt?

Table 4 shows responses to research question two. The data showed that children with dyslexia could be found in primary schools in Port Harcourt. Obviously, the dyslexic condition is not strange in Port Harcourt primary schools. Hence, could be presently found in primary schools though some may have been sent away from mainstream schools.

Table 4: Responses from Teachers on the Existence of Children with Communication Disorders in Primary Schools in Port Harcourt

Question. Nos	Questions	Yes		No		NIL	
		Raw Figure	%	Raw Figure	%	Raw Figure	%
7a	Have you ever admitted a dyslexic child in your school?	80	44%	50	28%	50	28%
8a	Are they still in your school?	100	56%	40	22%	40	22%
8b	Have you sent any of them away?	60	33%	90	50%	30	17%

Research Question 3

What are the language problems affecting children in the area?

Data available in Table 5 shows that several language problems are observed in pupils in the primary school.

Table 5: Teachers' Responses on the Language Problems Affecting Children in Primary Schools

S/N	Types of Problem	Primary 1	Primary 2	Primary 3	No. of Children With CD	Total No. of Children	Percentage of Children with CD
a	Sound production	4	3	1	8	840	0.95%
b	Stammering	1	2	1	4	840	0.48
c	Problem of understanding Spoken language	3	1	1	5	840	0.60
d	Problem of producing grammatical structures	4	2	1	7	840	0.83
e	Speechless	0	0	0	0	840	0.00
f	Lack of interest in other people	1	0	0	1	840	0.12
g	Inability to understand and interpret language	2	1	0	3	840	0.36
h	Poor speech	3	2	2	7	840	0.83
i	Language not appropriate for child's age	0	1	0	1	840	0.12
	Total number of affected children	18	12	6	36	840	4.29
	Total number of children	295	285	260	-	840	-

cd = communication disorder

The data above shows that sound production, problem of producing grammatical structures and poor speech among others are the most common language problems affecting children in this area of study.

Sound production, problem of producing grammatical structures and poor speech among all are the problems affecting children in this area of study. These children lack adequate support because there are no provisions in mainstream schools and special schools to facilitate correction. As reported by (Van R. *et al*, 1996), speech correction is invaluable in the wellbeing of speech affected children. There are also no language Centers in schools, no special teaching aids and dearth of language clinicians. Because of the unavailability of language specialists, the parents of children with communication disorders go to hospitals to seek for help. At the hospital, they meet probably the pediatrician, ENT doctor or general physician. These doctors lack professional training on communication disorders and so they find it difficult to help these parents. Besides, there are no standardized materials to test children with communication disorders.

Research Question 4

What are the different measures that can be taken to increase teachers' knowledge of communication disorders?

This question attempts to elucidate different ways of increasing the teachers' knowledge of dyslexia (Table 6) as a form of communication disorder through the following questions from the questionnaire.

Table 6: Teachers' Responses on the Measures to be taken to Increase Their Knowledge of Communication Disorders

Question No	Questions	Yes		No		NIL	
		Raw Figure	%	Raw Figure	%	Raw Figure	%
19	Would you be interested to be trained in speech and language therapy?	150	83%	20	11%	10	5%
21	Would you consider such knowledge important enough to be included in teacher training curriculum?	160	89%	10	5%	10	5%
22	Do you think that a diploma certificate or degree in remedial language studies is necessary in our universities to prepare language teachers for special cases of handicap in communication?	130	72%	-	-	50	28%
23	Would you like to attend a short term course in speech therapy?	154	85%	16	9%	10	5%

Following the responses of our respondents on questions 19, 21, 22 and 23, it is clear that a large number of the teachers are interested in speech and language therapy. On the other hand, a greater percentage of the teachers supported the view that communication disorder be included in teacher training curriculum. A good number of the respondents are of the view that a degree in remedial language studies is necessary and should be included as a course in our universities, while majority of them indicated their willingness to attend a short term course in speech therapy.

Speech Analysis of the Dyslexic Subject from the Special School

As recorded in Table 2, only one dyslexic subject was identified during the survey, and she was registered in the only special school in Port Harcourt. The fifteen (15) years old female dyslexic Zobari was in primary one. The dark complexioned, tall, slim and shy but eager to learn pupil though gap-toothed pronounced words correctly but found it difficult to recollect things.

Table 7: Speech Sample of the Subjects Elicited through Controlled Imitation Method: Data 1

English Glossary	Dyslexia Subject	Phonemic Transcription
age	hage	/eidz/
arm	am	/a:m/
and	andi	/ənd/
apple	apul	/aepl/
ant	ant	/ənt/
awake	aweki	/əweik/
around	arawund	/əraʊnd/
alpha	afa	/əlfə/
across	akurəs	/əkros/
book	buku	/bʊk/
boy	bɔyi	/bɔi/
bread	breɪ	/bred/
beans	binci	/bi:n/
bank	banki	/bɒŋk/
bark	ba:k	/ba:k/
bag	bagi	/bæg/
bed	bet	/bed/
broom	brunu	/bru:m/
chair	tia	/tʃeə/
car	Ka:	/ka:/
door	tu:	/tu:/
finger	finga	/fɪŋgə/
feet	Fi:t	/fi:t/
fruit	furut	/fru:t/
glitter	gli	/glɪtə/
girl	ge	/gɜ:l/
head	hedi	/hed/
hand	han	/hænd/
house	hasu	/haʊs/
jaw	tʃə	/dʒə/
jump	jumpu	/dʒʌmp/
knife	naifu	/naɪf/
land	ran	/rænd/
lorry	rəri	/lɒri/
lap	rap	/læp/
money	moni	/mʌni/
mouth	məʊt	/maʊθ/
orange	owen	/ɒrɪndʒ/
pot	pə:tu	/pɒt/
paper	Pe:pa	/peɪpə/
road	rotu	/rəʊd/
ripe	wipe	/rɪp/
school	scun	/sku:l/
stick	stiki	/stɪk/
seed	sit	/si:d/
stomach	stomə	/stʌmək/
toes	toz	/tu:z/
tiger	taka	/tɪgə/
tongue	tɒŋk	/tʌŋ/
tree	trip	/tri:/

English Glossary	Dyslexia Subject	Phonemic Transcription
table	tebul	/teibl/
tear	tia	/tið/
under	undð	/ʌndð/
up	ɔpu	/ʌp/
walk	w ɔku	/wɔ:k/
wake	weki	/wðik/
water	wɔtð	/ wɔ:tð/
wash	wɔshi	/wɔʃ/
you	ju	/ju/
yes	e	/jes/

Table 8: Speech Samples of the Subjects from THE CHILD Special School Elicited through the Picture Naming Method: Data 2

English Glossary	Dyslexia Subject	Phonemic Transcription
fish	fishi	/fi/
dog	dok	/dpg/
sheep	sheep	/ʃi:p/
rabbit	rabiti	/rðebit/
elephant	erefan	/elifðnt/
zebra	zebra	/zi:brð/
horse	os	/goʊt/
cat	Ca:t	/kðet/
goat	kotu	/goʊt/
parrot	pawɔ	/pðerðt/
lion	riɔn	/liðn/
cow	ca	/kðʊ/
book	buku	/bʊk/
nose	nos	/noz/
sugar	tuga	/sʊgð/

Some Phonological Processes in the Speech of the Subject

Phonological processes according to Yul-Ifode (1994:44) are those changes which segments undergo that could result to the various phonetic realizations of underlying phonological segments. Hence, adjoining words could influence each other thereby affecting how they are pronounced. Three major phonological processes are: substitution, assimilatory and syllable structure processes. Donwa-Ifode (1998) adds dissimilation as a fourth major process. The substitution process includes stopping, fronting, backing, consonant weakening etc. Donwa-Ifode (1998) in Akpan (2004:27) states that dissimilatory process constitutes intervocalic consonant, where voicing would have been expected. The following are the different types of phonological processes identified in the speeches of the subjects.

Final Consonant Deletion

This phonological process is evident in the speech of the dyslexic subject in the following expressions:

Book /buk/ → [bu]

Boy /bɔi/ → [bɔ]

Bank /Baŋk/ → [ban]

Broom /bru:m/ → [bru]

Pot /pɒt/ [pɔ]

Stick /stik/ [sti]

Deletion of Initial Consonants

The beginning consonant is deleted in a word. It can be formalized as follows:

C → φ / #

Head /hed/ → [e]

Hand /haend/ → [an]

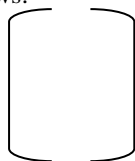
House /həʊs/ → [as]

School /sku:l/ → [kul]

Stomach /stʌmək/ → [toma]

Devoicing

This process which occurs when a voice sound becomes voiceless is evident in the dyslexic subject's phonology as follows:



Dog /dpg/	→	[tɔg]
Door /dɔ:/	→	[tɔ]
Bank /baŋk/	-	[pɔ:k]

Gliding

There are cases of gliding found in the speeches of these subjects. Gliding occurs when sounds such as: [r] and [l] liquids are replaced by [w] and [y]. Stops are also replaced by glides in the speech of the subject as follows:

road /rɔʊd/	→	wodu
ripe /rɪp/	→	wipe
fruit /fru:t/	→	fwu
orange /prɪndʒ/	→	owen
broom /bru:m/	→	bwum
bread /bred/	→	bwe
jaw /dʒɔ/	→	yɔ

Substitution Processes

These occur when a sound is replaced by another at a particular place in a structure, without reference to other sounds in its environment (Crystal in Akpan, 2003:198). The following are the substitution processes found in the speech of the subject:

Stopping

In the speech of the subject, fricatives and affricates are substituted by stops. Example of stops substituting affricates is shown below.

Chair /tʃea/ → [tia] [tʃ] → [t]

Fronting

There is a case of fronting noticed in the speech of the dyslexic. Fronting occurred when she substituted velar and palatal consonants with alveolar sounds. Example is:

Car /ka:/ → [ta] [k] → [t]

Backing

Backing occurred when front sounds were replaced with back sounds. For example:

Parrot [garrot] instead of /pɔerɔt/

Difficulties Faced by Dyslexic Children in Primary Schools

Language disordered children are usually over-aged before they are enrolled into nursery or primary schools. This delay emanates from the fact that their language development is very slow. For this reason, parents and/or guardians wait long to finally get convinced that enrolment into school could do some good in alleviating the deficiency. In other words, dyslexic and other language impaired children are over-aged for their classes because they stay longer at home than necessary before their parents deem it necessary to bring them to school. Very often, they are admitted from ages 7 to 11 and above rather than at the normal school age.

Sometimes, their parents take them to mainstream schools only to have them sent back before it dawns on them (parents) that the affected children ought to be taken to special schools. Unfortunately, some of them get sent away from school by the teachers, who themselves seem less aware of the dire need to assist such disordered children through education to at least, the primary education level.

Peculiarly, the parents are often shy to bring them out when they are dyslexic or have other communication disorders. In some cases, parents bring their dyslexic or communication disordered children for admission into schools when they cannot cope, any longer, with the children at home due to other family commitments and pressure.

It was ascertained that the dyslexic and other communication disordered children were basically taught cleanliness and self-conduct. Though they are over-aged for their classes, they are taken into the nursery section where they learn a bit of pronunciation of mono-syllabic words. The rate of improvement of every child determines his/her promotion. The girls were taught how to plait hairs, cook, make breads, hats, bangles, etc.

Measures That Can be taken to Increase Teachers' Knowledge of Dyslexia

Majority of our respondents simultaneously accepted that, the knowledge of speech and language therapy is important enough to be included in the teachers' training curriculum. This they mentioned not only in the primary schools but also in both secondary schools and higher institutions of learning where degrees in remedial language studies are obtainable.

Judging from the responses given so far, there is no doubt that most people are eager to know more about this field of study and the problems of language disorder in children. Many want to know the best way to handle this problem so as to give the less privileged the opportunity to excel like their peers in the society.

It is worthy of note that the language clinician is important in this field (Osuji *et al*, 2018). The special language training in the teachers' training curriculum will not be complete without the presence of the language clinician. It is so because the practice of a language clinician according to Van Thal (1969:26) in Dappa (1997) is of a socio-medico-educational nature.

The language clinician must be equipped to collaborate with practitioners in several branches of medicine, other para-medical professionals, social workers, teachers and educational psychologists in order to understand all these aspects of defects. The next section is about speech analysis of the subjects.

CONCLUSION AND RECOMMENDATIONS

A child with the dyslexic condition seems to an African family like something worse than still birth. Such parents would rather wish such children dead than be alive and a source of lifelong stigma. Therefore such parents find it difficult to build courage enough to bring the affected children to school for possible help. Ignorance make some parents take their dyslexic or language deficient wards to mainstream instead of special schools. In such schools, the affected children are either not properly helped due to lack of proper training of teachers or get sent home because they cannot cope with the expected rate of progress of the normal children. Precious time gets wasted before such children could receive reasonable help.

There is an absolute need therefore to have more special schools, more well-trained teachers in special and mainstream schools who can easily recognize such language disordered children and counsel their parents, guardians and school authorities as appropriate. This would help to achieve proper language development of such disadvantaged children. Proper language development should be seen as a prerequisite to the general advancement of every dyslexic child.

It is important that parents should have personal resources and time that they commit to the support of the child. They can help with monitoring and can carry out simple remedial programmes under the guidance of the teachers. The schools are not left out here. They also have a role to play in order to help children with communication disorders. Schools should encourage parents to participate through regular meetings with teaching staff and/or supporting staff. In doing this, the lives of these children will be impacted positively. Schools should also run courses to help parents develop specific skills to support their children.

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