

Linguistically and Culturally Diverse Children with Language Disorders in Sub-Saharan Africa: Approaches to Service Delivery

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Motive

Against the backdrop of the multilingual and multicultural reality of children growing up in sub-Saharan Africa, the rationale for this chapter is to explore ways to support children with developmental language disorders (DLDs) and language disorders (LDs) in improving their language skills. The general goal is to provide SLTs with information that will assist them in making clinical decisions relevant to the inclusion of peers in interventions with culturally and linguistically diverse learners.

Growing Up with Multiple Languages in Sub-Saharan Africa

Geographically speaking, the sub-Saharan Africa region lies south of the third largest desert in the world after Antarctica and the Arctic, namely, the Sahara Desert. This region, consisting of all African countries that are either fully or partially located south of the Sahara, displays the most linguistic diversity of any region in the world, with over 1000 languages spoken, which accounts for one-sixth of the world's total (Rob, 2007). However, it is important to note that in many sub-Saharan African countries, including Kenya, Uganda, Tanzania, Rwanda, South Africa, and Zimbabwe, to name but a few, either English or French is the official language of instruction in schools. As a result, a child growing up in this part of the world is generally exposed to a myriad of indigenous languages in addition to English (for English-speaking Africa) or French (for French-speaking Africa), both ex-colonial languages, at a relatively early stage in their education (Sonaiya, 2004).

For instance, a sub-Saharan country like Kenya with a population of over 40 million people from diverse ethnic backgrounds is a multilingual country in which approximately over 60 languages are spoken. English and Kiswahili are the most dominant as they are accorded official recognition while numerous other native languages are used for intra-communal communication. English is used in education, for official purposes, and international communication, while Swahili is the national lan-

guage and is used in the political arena, parliament, and as a language of political unity and national identity (Kembo-Sure et al., 2006). Still, people are viewed differently depending on the language they use in their everyday communication. English is often seen as the language of the “elite,” while Swahili and all local languages are referred to as languages of “a common man” meaning they are mostly spoken by the ordinary citizens (Kioko et al., 2008; Muthwii, 2007).

A large majority of Kenyan children speak one of the 60 native languages at home with their family members. However, after having entered the educational system at around the age of four, children will soon switch to English while in school, since English is the official language of instruction in all educational institutions from primary school to university. For most of their school life, Kenyan children use English to express their needs, play with their peers, and process complex learning material in school. Swahili, on the other hand, is the national language taught as one of the subjects from kindergarten through university and is widely used as a lingua franca for daily interactions of people from different ethnic backgrounds. As a result, the average Kenyan child speaks at least three languages, although this number can be even higher among children in multicultural rural settings.

This ability to speak multiple languages helps to create among African children a sense of strong cultural identity and belonging to a multicultural society. However, the fact that an ex-colonial language (English or French) has been made an official language and the language of instruction in most, if not all schools of sub-Saharan countries, has lately triggered a heated debate on language-in-education policies and practices across Africa. Successful participation in the academic setting depends on a child's proficiency in the language of instruction. For example, Ambatchew (2004) reported that most grade eight students in government schools in Addis Ababa, Ethiopia, displayed huge insufficiencies in their English reading skills. In South Africa, similar trends have been reported (for the case of Kenya, see Wangia et al. (2014)). The United Nations Educational, Scientific and Cultural Organization (UNESCO) argues that the best way to educate children is through their home

languages, in which they are generally assumed to have unparalleled mastery and competence much earlier in life (Ouane & Glanz, 2011). Along the same lines, Heugh (2007) linked low levels of achievement in both academic performance and literacy with slowness in enacting mother tongue-based bilingual education. Others have argued that children need to be taught as early as possible in a language that they will need for higher-level education (both nationally and internationally), particularly to access science and technology, to do business in a globalized world, and to engage actively as a citizen in wider society (Ouane & Glanz, 2011). Baker (2011) discussed that the greatest hindrance toward the implementation of bilingual education in African schools is the defense by African elites of their already established status as speakers of foreign languages and disinterested law makers. Interestingly, many parents are in support of the latter position; they do not want their children educated in any of the local languages. These conflicting positions are being experienced across sub-Saharan Africa every day, with no immediate solution in sight. For example, Owu-Ewie pointed out that the language of instruction in lower primary schools in Ghana had changed five times since independence in 1957 and the time of his report (2006).

Against this backdrop, the importance of the ability to acquire and use multiple languages for a sub-Saharan African child cannot be overemphasized. An impaired language acquisition and/or use is therefore not only a barrier to the acquisition of academic and interpersonal skills but also a huge drawback to the child's future development, especially in education and in the job market. This is further compounded by the fact that in Kenya, as in most sub-Saharan African countries, there is not only a scarcity of speech therapy services in local languages but also very limited assessment materials for the evaluation of language and communication skills in any of the native languages spoken (Schütte, 2014). The use of screening and assessment instruments developed for Western countries can easily lead to wrong diagnoses and hence no or inappropriate treatment.

Language Disorders in Multilingual Children

Both the pace and course of language development distinguish children with LD from their typically developing multilingual peers. In comparison, children with LD are usually late in producing their first words (Dale et al., 2003; Restrepo, 1998) and exhibit pronounced difficulties in various linguistic domains, including lexical semantics (Sheng et al., 2013), morpho-syntactical skills (Paradis, 2010), as well as language processing tasks, such as nonword repetition (Gutiérrez-Clellen & Simon-Cerejido, 2010; Windsor et al., 2010). In cases of DLD, those divergent patterns of expressive and/or receptive language acquisition cannot be readily explained by differences in sensory, cognitive, social, motor, or neurological development (Leonard, 2014). If the impairment is present beyond the age of 6, it often persists into adult life (Young et al., 2002; also see Johnson et al., 2010; McGregor et al., 2013). Those difficulties in acquiring and using language come at a high price and have been shown to negatively affect social interaction and acceptance (Fujiki et al., 2001), emotional health (Conti-Ramsden & Botting, 2008), as well as academic success (Catts et al., 2002).

While specific symptoms differ from child to child, they are also related to specific linguistic characteristics of the different languages at hand, the age at onset of language acquisition, changes in the developing language learner, and the environment. Especially in linguistically and culturally diverse children, different ages and exposure contexts (e.g., the home or academic setting) may result in high amounts of interindividual variability. It is certain, however, that LDs affect all languages that a child is acquiring. In other words, if at least one of the child's languages is developing typically, diverging developmental patterns in another language cannot be attributed to LD but rather to insufficient exposure contexts.

Importantly, research has shown that growing up with multiple languages neither causes nor further aggravates difficulties in language acquisition. For example, Paradis et al. (2003) found that French–English bilingual children with DLD

were relatively similar in their respective morpho-syntactic language skills compared to monolingual children with DLD acquiring either French or English. Consequently, there is no reason to assume that growing up with multiple languages puts children with LD – including children with impairments such as autism spectrum disorders (Drysdale et al., 2015) and Down syndrome (Bird et al., 2005) – at an additional disadvantage.

Issues in Language Intervention with Linguistically and Culturally Diverse Children with Language Disorder

The fact that LDs affect all languages that a given child acquires raises the important question of choice of language(s) targeted in the intervention. While the acquisition of the academic language is important for obvious reasons, the additional continued learning of the languages with which the child has significant experience supports the child's social-emotional development by allowing closer family relationships and supporting the development of a sense of identity. Children of preschool age in particular will need ongoing support in the language(s) of their primary caregivers to ensure language growth and overall development, while a lack of support of the home language(s) often results in incomplete acquisition or language regression (Håkansson et al., 2003). Such absence of a strong home language foundation may also negatively affect the acquisition of subsequent languages and thus place children with LD at an additional developmental risk (Kohnert, 2010). Therefore, this chapter shares the view that a "systematic support for the home language(s) of young children with language impairment (LI) is critical to the long-term success of language intervention" (Kohnert et al., 2005, p. 252).

Research evidence suggests that targeting multiple languages in an intervention can effectively stimulate language growth. Ebert et al. (2014) compared interventions for US school-aged chil-

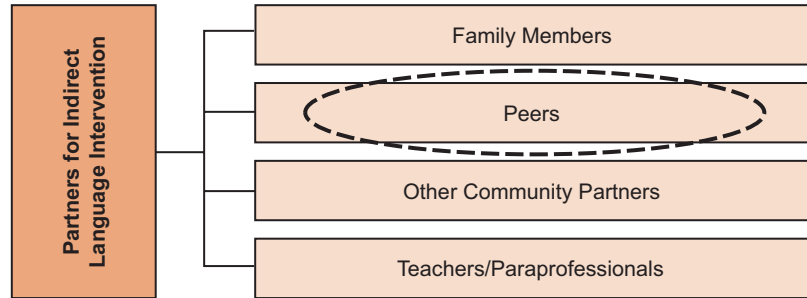
dren with DLD acquiring both Spanish and English and found that children in a bilingual treatment group displayed significant gains in both languages, as opposed to children who were only treated in English. This result is consistent with the literature comparing monolingual language intervention to bilingual treatment for bilingual children with DLD (Restrepo & Gutiérrez-Clellen, 2012).

The primary goal of language intervention for culturally and linguistically diverse children is to help them gain exposure to meaningful and developmentally appropriate use of their languages. Consequently, there is no "one-size-fits-all" approach. Intervention to support these children in reaching language goals can be administered directly (i.e., intervention implemented by the SLT) or indirectly (i.e., working together with intervention partners for implementing intervention strategies; see Fig. 22.1). Certainly, both approaches can also be mixed depending on the needs of the child as well as the available resources.

Where resources are limited, an indirect approach to language intervention may be used to increase the frequency and intensity of service delivery (Boyle et al., 2009). Moreover, an indirect approach may be especially useful when there is a linguistic and cultural mismatch between the clients and the SLT has to seek ways to facilitate exposure to meaningful language experiences (Licandro & Lüdtke, 2012).

The following sections will focus on indirect approaches to language intervention including peers as intervention agents. As almost all children strive after the initiation and maintenance of interactions with their peers, an intervention approach that includes peers may be especially motivating. Also, in some cultures, it is more appropriate for children to communicate with their peers rather than participating in adult-led conversations (Van Kleeck, 1994). Another important aspect to consider is that children with LD may struggle to establish relations with their peers; studies have shown that children with LD are less likely to establish sustained peer interactions and are more likely to be rejected by their peers (DeLuzio & Girolametto, 2011; Menting et al., 2011). Consequently, as a group, they have limited access to naturally occurring peer interac-

Fig. 22.1 Partners for indirect language intervention with culturally and linguistically diverse children with LD



tions with children with more advanced linguistic skills, which further underlines the potential benefits of peer-assisted learning approaches.

Approaches to Language Intervention Including Typically Developing Peers

Socioemotionally, from the child's perspective, one of the most enjoyable aspects of attending (pre)school is to engage in play and other interactions with their peers, where they express and discover similarities. This "joint experience of interests, ideas and actions" (Degotardi & Pearson, 2014, p. 95) creates a sense of belonging and togetherness.

Furthermore, peers' verbal interactions shape their use of linguistic features and directly influence children's language development (Hoff, 2006; Licandro, 2016). There are different approaches to peer-assisted intervention which are administered with or without previous training of the peer communication partner, as reviewed below.

Peer-Assisted Intervention with Trained Peer Communication Partners

Peer trainings have been used in interventions to improve the social and communicative interaction of children with developmental disabilities (DDs), such as autism (Chang & Locke, 2016). For example, Goldstein et al. (1997) implemented a peer-assisted intervention in the US preschool setting to improve communicative interaction and social inclusion of eight children with moderate

DDs and LD. Typically developing peers were each paired with a "buddy" (i.e., a child with LD) and participated in a "buddy training" designed to teach the use of communication strategies, including the awareness of communicative attempts of their buddies, the use of facilitative strategies (i.e., instructions to stay, play, and talk to their assigned peer), and the distribution of those strategies across the school day. A multiple baseline design including different observation time points revealed quantitative and qualitative increases in peer interactions. Those improvements also generalized to interactions with newly assigned "buddies" and the social status of participating children with LD. Also, Bambara et al. (2016) reviewed peer-assisted strategies to enhance conversational skills of adolescents with autism. In their research, effective strategies implemented by peers included the support of overall conversational engagement, the increase of initiations to start conversations, and the increase of follow-up questions to sustain conversations.

Peer-Assisted Intervention with Untrained Peer Communication Partners

When interacting with their typically developing peers, preschool-aged children with DLD can benefit from their language models, as research by Robertson and Ellis Weismer (1997, study 1) suggests. They paired eight preschoolers aged 4–5 with DLD with typically developing preschoolers. Each play dyad was supplied with props and was instructed to play "house" for 15–20 minutes at four different time points within a 3-week period. While an adult did not get actively involved in the

play interaction, children were instructed to talk about things they knew about playing house and were prompted with “What else do you do?” when appropriate. Children with DLD who participated in such structured play interactions in the untrained peer model demonstrated significant gains in several areas, such as the length of their script reports (e.g., answering the question, “What do you do when you play house?”), the number of different words used, and the number of linguistic markers used.

In a subsequent study, Robertson and Ellis Weismer (1997, study 2) applied a single-case, multiple baseline design and paired 4-year-old children with DLD either with another child with DLD or with a typically developing peer model to participate in four play sessions (as previously described). Children with DLD paired with typically developing peers displayed gains in their total number of words and number of different words produced, verbalization of play-themed acts, as well as their use of linguistic markers (i.e., temporal, conditional, and other conjunctions), while children with DLD play dyads displayed little or no gain.

While these findings cannot be readily generalized due to the small sample sizes as well as the specific cultural and institutional contexts in which the research was conducted, the reviewed studies still suggest that carefully planned scripted play activities with typically developing peers may facilitate aspects of language growth in children with DLD. Furthermore, a study by Licandro and Lüdtke (Licandro, 2016; Lüdtke & Licandro, 2017) was designed to explore the effects of a peer-assisted intervention approach on the narrative generations of 24 children acquiring Turkish and German with a mean age of four and a half years. A pre-posttest design including a random assignment to either an intervention group, an intervention control group, or a nonintervention control group was applied to enable careful experimental control of multiple aspects of oral narration as well as an assessment of generalization and maintenance of narrative skills. After 10 weeks of clinician-prompted, peer-assisted intervention,

children in the intervention group demonstrated greater growth in lexical diversity as well as narrative complexity than children in the control groups ($r = 0.06$). A maintenance probe 5 weeks after the intervention had ended revealed that narrative performance was also improved when generating a narrative in response to an unfamiliar picture book.

Finally, Schmitt (2013) investigated active ingredients in school-based speech–language therapy for 233 children in kindergarten and first and second grades with LD, provided by 73 SLTs in the US school system. While all treated children made considerable progress, children seen in therapy sessions that included typically developing peers made greater gains than those who were not. In fact, this was the only therapy ingredient, next to the group size (i.e., children seen in smaller groups made more gains) that emerged as a significant moderator on child language outcomes.

While these findings underline the use of peer-assisted learning approaches in targeted language support, the successful implementation of SLT-mediated peer interactions in sub-Saharan African contexts depends on several factors, as discussed in the next sections.

Applying SLT-Mediated Interactions to Clinical Practice

SLT services to children with LD from diverse cultural and linguistic backgrounds have been criticized as often being problematic and largely unsatisfactory (Van Dulm & Southwood, 2013).

In Kenya, for instance, the majority of the few SLT practitioners available offer therapy services in only English and/or, in a few instances, Swahili and English. This is problematic, because the consideration of only one language in the diagnostic process does not allow to paint a precise picture of a child’s language competence and needs. Furthermore, the lack of support of the home language(s) in the therapeutic process puts children with LD at an even greater disadvantage. Therefore, to address some of

these challenges, the involvement of typically developing peers in the intervention process may produce promising results. As reviewed, peer-assisted interventions come in many forms, such as carefully planned scripted play activities with untrained peers or trained peer models to facilitate social communication and language growth. Already in early childhood, peer models can be used as a natural, effective, and economic approach to improve communication skills. Pairing a child with LD with a typically developing peer who speaks the same home language(s) and facilitating shared language use can yield language growth. However, for the successful implementation of peer-assisted intervention approaches in SLT practice in sub-Saharan Africa, especially in the Kenyan context, several factors should be carefully considered.

The need to tailor peer-assisted intervention approaches to meet the individual needs of a child within a multilingual and multicultural context in which he or she is receiving therapy services cannot be overemphasized. Studies in ethnically diverse countries like the United States have shown that children differ in interactional styles (see Awde, 2009; Tarman & Tarman, 2011; Wyatt, 1995). For example, in some African cultures, children speak only when spoken to and generally tend to be quiet in the presence of strangers. Therefore, to facilitate the most effective intervention outcomes, the peer should be carefully selected on the basis of his or her cultural and linguistic background, relevant social and interpersonal skills, shared interests, age, and previous contact with the child with LD. Also, the peer should be drawn from the same school and home locality as the child with LD to facilitate and encourage continuity of consistent and meaningful academic and social interactions that are geared toward enhancing the communication skills of the multilingual child in different settings. The ultimate goal is to support a child with LD in their use of both home and academic languages.

SLTs intending to include trained peers as communication partners should consider the provision of multiple sessions of training, tar-

getting the primary needs of the child with LD as well as what a meaningful interaction entails, before the chosen peer(s) can reliably begin participating in the intervention process. Peer training can take different forms, depending on the type of approach to be used as deemed appropriate by the clinician. Throughout the implementation of peer-assisted intervention, regular positive feedback to peers by the SLT is vital to encourage and reinforce fruitful peer interactions for a successful intervention process (Bell & Carter, 2013).

Action Points for Practice and Research

Linguistically and culturally diverse children with LD display difficulties in language production and/or reception which put them at significant social and academic risk. Many reasons underline that language intervention should target their home language(s) in addition to the academic language. While – as with any case for SLT intervention – there is not always one perfect approach, including peers from similar linguistic and cultural backgrounds in the intervention process is one way to achieve the inclusion of their home language(s). It should be noted, however, that the available evidence on intervention with children who grow up with more than two languages is still very limited, such that the current knowledge base on bilingual language intervention can be used as a guideline until further research emerges (Patterson & Rodríguez, 2016).

Providing appropriate services for children with LD and conducting meaningful research require considering specific cultural, linguistic, and individual circumstances. When working with linguistically and culturally diverse children, clinical decision-making and service delivery can be challenging for different reasons. Several actions will have to be taken in future years to optimize speech–language services for children with LD in sub-Saharan Africa, among them:

- The establishment of language benchmarks and understanding of growth patterns in the respective languages in typically developing children as well as children with LD
- The development of culturally and linguistically appropriate and standardized assessments for local languages to avoid under- and overdiagnoses of LD in multilingual children
- The optimization of counseling for parents emphasizing the importance of home language support for the overall child development
- The conduction of intervention studies to investigate the efficacy and effectiveness of different approaches to intervention with children acquiring multiple languages

Until these actions have been taken, SLTs in sub-Saharan Africa will have to draw on the available resources, rely on their professional expertise, and utilize the existing evidence base to make informed decisions to provide their linguistically and culturally diverse clients with appropriate language support, so they can realize their full potential.

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