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Pragmatics Skills in Tulu Speaking Children with Intellectual Disability

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ABSTRACT
Human language is a singular mental construct. It is a set of symbols that significantly improves how well humans can think, represent, and communicate with the outside world. Studies from a wide range of fields demonstrate that language has a complicated structure and that using it entails a variety of interrelated psychological actions (Caplan, 1992). In order to do some tasks, such as informing others, relating to events outside of our immediate physical contexts, reasoning, updating our knowledge of the world, thinking in solitude, and so forth, functional communication including the language code is helpful. Language is composed on socially accepted rules, such as what words mean. The 'form' (phonology, morphology, syntax) and 'content' categories are used to categorise language parts. Language parts are divided into three categories: 'form' (phonology, morphology, and syntax), 'content' (semantics), and 'usage' (pragmatics).The aim of the current study was to assess pragmatics skills children with intellectual disabilities (CWID) 30 CWID and 30 typically developing (TD) children between the ages of 4-6 years participated in the study. The results of the studyrevealed that CWID children with Mental Age (MA) 4-6 years exhibited poor pragmatic skills compared MA matched to TD childrenwith age range of 4-6 years.

Keywords: *Intellectual Disability, Pragmatic skills, Mental Age, Typical Developing, Children with Intellectual Disability.*

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I. INTRODUCTION

Communication is a fundamental process that involves the exchange of information and ideas. Language, as a complex system of symbols, allows humans to produce and comprehend spoken and written words, enabling effective communication.Ricks(1975). Pragmatics, a crucial component of language, focuses on the relationship between language and context, particularly in conversational exchanges. It encompasses the rules governing language use in different situations.

Pragmatic skills are concerned with conversational implicature, a process in which the speaker suggests and the listener infers. Simply described, pragmatics is the study of language that is not spoken directly. Instead, the speaker hints at or indicates a meaning, and the listener correctly interprets the speaker's goal. In some ways, pragmatics can be defined as an agreement between people to follow particular rules of interaction. The meanings of words and phrases in common conversation are continually suggested and not clearly expressed. Words can have several meanings depending on the context. You could believe that words always have a clear meaning, but this is not always the case. Pragmatics is the study of how words can be interpreted in many ways.

Pragmatics is the study of the use of natural language in communication; more broadly, it is the study of the relationships between languages and their usersManning, C. D. (2015).It is sometimes characterised as the

study of the rule systems that establish the literal meanings of language phrases, in contrast to linguistic semantics. Pragmatics is the study of how rules that pertain to the physical or social context (broadly understood) in which language is employed determine both literal and nonliteral components of communicated linguistic meaning.

Intellectual disability (ID) is a neurodevelopmental disorder characterized by deficits in cognition and adaptive functioning, with onset during the developmental period. Individuals with ID may face challenges in acquiring and displaying pragmatic language skills, as the communicative environments they encounter often hinder the development of these abilities.

Kapalkova and Monika (2018) studied on receptive language skills in Slovak-speaking CWID. The findings appear to support the view that receptive language skills follows the same developmental route in CWID like that of TD children, suggesting that language development is a robust process and does not seem to be differentially affected by ID even when delayed.

Anjana(1999) studied the pragmatic abilities of children with Autism Spectrum Disorders (ASD's) in comparison with MA matched TD children in the age range of 3-6 years. The results suggested thatthe group of children with ASD used language predominantly for non-social or quasi-social purpose, exhibited higher turn taking behaviour during the parent child interaction and used more of off topic utterances.

Biji (2003) reported the pragmatic skills in children with pervasive developmental disorders (PDD's) by assessing pragmatic skills namely greeting, labelling, negation, affirmation, turn taking, closing conversation, eye gaze and proximity. Results suggested that children with PDD had poorly on the pragmatic skills and the performances on the pragmatic skills namely greeting, eye gaze, affirmation, negation, proximity, closing conversation, labelling was better compared to other skills due to the effect of intervention program during which these aspects received more attention.

Shilpashri (2010) examined pragmatic skills in children with ASD. The study showed that among the 14 pragmatic skills that were initiated by the caregiver, the response for labelling was mastered only in few children with ASD. The results revealed that the percentage of response from the children with ASD to a caregiver's initiation of pragmatic skills and on self-initiation was not linear or constant for all the pragmatic with respect to age, as compared to the performance of typical developing.

Shetty and Rao (2014) studied language and communication analysis in children with verbal autism. The result revealed that overall delay in language development, there are differences among theMA age matched TD and the verbal autistic children. These differences are noticeable in syntactic and pragmatic aspects as compared to the phonological of semantic aspects.

Kumaraswamy et al., (2022)evaluated the Kannada Speaking Pragmatics 30 TD Children between the ages of 4-6 years old and 30 CWID in the MA of 4-6 years reported that the CWID struggled to use pragmatic language skills in the context. In 172 children, or roughly 50% of them, requests for objects and/or actions were met with refusal. Each child in the study had difficulty changing topics, it was noticed. Although they used these talents frequently, children seemed to be using them rarely.

Gupta et al. (2019)compared the pragmatic skills in Malayalam speaking 30 children with ID (MA: 4-5 & 5-6 years) with 20 TD children (4-5 and 5-6 years). The results revealed that pragmatic skills such as smiling, conversational repair, answer for request of object/action, eye contact, gaze exchange, and request of object/action were less developed in CWID when compared to TD counterparts.

Swetha and Gupta (2023) assessed the pragmatic skills in Tamil speaking 30 CWID (MA:4-6 years) and reported that Tamil speaking CWID with MA (4-6 years) had poor pragmatics skills when compared to MA matched TD children.

NEED FOR THE STUDY

Research related to pragmatic skills in children with CWIDwere a few or limited in Tulu Language.This study aims to assess pragmatic skills in CWID and compare them to the communicative behaviours of TD childrenfor better language assessment and intervention practices for CWID .

AIM OF THE STUDY

Aim of the present study was to assess the pragmatic skills in Tulu speaking CWID by comparing with MA matched TD childrenin the age range of 4-6 years.

Participants

30 CWID within the age range of 8-13 years (MA:4-6 years) and 30 TD children of age range (4-6 years).

Inclusion criteria

1) Tulu as a native language.
2) Children who were attending special school for at least 3-4 years and with a MA 4-6 years.
3) Children with mild moderate ID.

Exclusion criteria

1) Children with severe ID.
2) Children with any physical or sensory handicap.
3) No history of Speech, Language, cognitive and neurological impairments.

Materials used for data collection

- Picture description
- General conversation

Data collection and analysis:

Conversation sample was recorded from all the children in a well illuminated soundless room in a school environment. The duration of each session is up to 20-30 minutes. The conversation sample collection was based on the study done by (Subbarao,1995). The duration of each session was about 20-30 minutes. The initial 15 minutes comprised of spontaneous speech or free conversation. In the next 15 minutes elicited responses were obtained.Each correct response was given a score of 1 and incorrect -1, Unwanted response was given a score of 0. Initially the 10 minutes spontaneous speech and normal conversations and next 20 minutes elicited response were obtained. The obtained response was analysed through Praat6.2.23 version (Boersma and Weenink,2023). The collected sample was transcribed and analysed.

Parameters of pragmatics skillsnamely response for eye contact, smiling, response for gaze exchange, response for joint attention, response for request of object and/ or action, response for labelling, answering questions, response for negation. response for turn taking, response for conversational repair, response for topic initiation, response for topic maintenance, response for comment/ feedback, response for adding informationwere assessed

Statistical Analysis

The collected sample was transcribed and analysed using the Z test which was used to determine the significant differences on cross comparison. The findings are expected to improve linguistic profiling of Tulu speaking CWID.

II. RESULTS AND DISCUSSION

The aim of the current study was to assess the pragmatic skills of Tuluspeaking CWID (MA 4-6 years)when compared to TD children (4-6years)

Table 1.1: Showing percentage scores of comparisonsof pragmatic skills between TD children and CWID.

(n = 60)		Typically developing		Intellectual disability		Chi square	p value	Significance
		N	%	n	%			
Response for eye contact	Present	30	100	20	66.7	12.00	0.001	S
	Absent	0	0	10	33.3			
Smiling	Present	30	100	30	100	--	--	--
	Absent	0	0	0	0			
Response for gaze exchange	Present	30	100	14	46.7	21.82	< 0.001	HS
	Absent	0	0	16	53.3			
Response for joint attention	Present	27	90.0	6	20.0	29.70	< 0.001	HS
	Absent	3	10.0	24	80.0			
Response for request of object and /or action	Present	28	93.3	12	40.0	19.20	< 0.001	HS
	Absent	2	6.7	18	60.0			
Response for labelling	Present	29	96.7	19	63.3	10.42	0.001	S
	Absent	1	3.3	11	36.7			
Answering questions	Present	28	93.3	18	60.0	9.32	0.002	S
	Absent	2	6.7	12	40.0			
Response for negation	Present	29	96.7	13	43.3	20.32	< 0.001	HS
	Absent	1	3.3	17	56.7			
Response for turn taking	Present	26	86.7	10	33.3	17.78	< 0.001	HS

	Absent	4	13.3	20	66.7			
Response for conversational repair	Present	28	93.3	12	40.0	19.20	< 0.001	HS
	Absent	2	6.7	18	60.0			
Response for topic initiation	Present	23	76.7	11	36.7	9.77	0.002	S
	Absent	7	23.3	19	63.3			
Response for topic maintenance	Present	23	76.7	5	16.7	21.70	< 0.001	HS
	Absent	7	23.3	25	83.3			
Response for comment/ feedback	Present	27	90.0	10	33.3	20.38	< 0.001	HS
	Absent	3	10.0	20	66.7			
Response for adding information	Present	23	76.7	5	16.7	3.07	< 0.001	HS
	Absent	7	23.3	25	83.3			

NS-No Significance, Sig-Significant, HS-Highly Significant

It is evident from the above table that when compared to MA matched TD children in the same age range, CWID children with MA 4-6 years had poor pragmatic skills. There was significance difference noticed in eye contact as well as in labelling, answering questions, topic initiation in CWID when compared to TD children. Also,highly significantdifference was noted in gaze exchange, joint attention, negation, turn taking, conversational repair, topic initiation, comment and adding information.

The results of the current study are in accordance with the previous studies on pragmatics skills in CWID as in Malayalam language (Gupta et al., 2019), Kannada language (Kumaraswamy et al., 2022) and Tamil language (Swetha & Gupta, 2023) that pragmatic skills are less developed in CWID (MA 4-6 years) compared to MA matched TD children.

III. CONCLUSION

To conclude, the results of the current study indicates that focus should be given to improve pragmatic skills in CWID during therapeutic management thereby improving their quality of life.

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