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PRAGMATIC SKILLS IN CHILDREN WITH INTELLECTUAL DISABILITY

SNEHA S ABRAHAM

MASTER OF AUDIOLOGY AND SPEECH LANGUAGE PATHOLOGY

REGISTER NO: 175441117

ssnehaabraham@gmail.com

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MANGALORE UNIVERSITY

DR. M. V. SHETTY COLLEGE OF SPEECH AND HEARING
Maladi Court, Kavoor, Mangalore-575015
MAY-2019

CERTIFICATE

This is to certify that the dissertation entitled "**PRAGMATIC SKILLS IN MALAYALAM SPEAKING CHILDREN WITH INTELLECTUAL DISABILITY"** has been prepared under my guidance and supervisor.

Mangalore
May-2019

Guide
Mr.Satish Kumaraswamy
Associate Professor
Dr. M. V. Shetty College of Speech & Hearing
Mangalore - 575015

CERTIFICATE

This is to certify that this dissertation entitled **"PRAGMATIC SKILLS IN MALAYALAM SPEAKING CHILDREN WITH INTELLECTUAL DISABILITY"** is a bonafide work in part of fulfilment of the fourth semester of master in audiology and speech language pathology of student **SNEHA S ABRAHAM** with **REGISTER NO: 175441117.**

Mangalore
May 2019

Mr. Satish Kumaraswamy
Principal
Dr. M.V. Shetty College of Speech & Hearing
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Co-guide

Mangalore **Mrs. ViniAbhijith Gupta**

May 2019 **Assistant Professor**

Dr. M. V. Shetty College

of Speech and Hearing

Mangalore

DECLARATION

I hereby declare that this dissertation entitled "**PRAGMATIC SKILLS IN MALAYALAM SPEAKING CHILDREN WITH INTELLECTUAL DISABILITY"** is the result of my own study under the guidance of **Mr. Satish Kumaraswamy**, Associate professor & Principal, Dr. M.V. Shetty college of speech and hearing, Mangalore has not been submitted earlier at any other university for any other diploma or degree.

Mangalore **Sneha S Abraham**

May 2019 **Register No.17544117**

DEDICATED TO MY

APPA AMMA& ANU'S

ACKNOWLEDGEMENT

"For the mighty one has done great things for me; And holy is his name."

(Luke 1:49)

Just sitting here reflecting where I am and where I started, I could not have done it without you God. Thank you for everything that you have given in my life. Some were blessings and some were lessons!!! I thank you for giving me the strength to keep going.

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Appa- A shoulder which I could trust to rest on. You are truly one of the most important persons in my life and thank you for being an inspiration. No matter how much I have grown, I will always be your little girl.

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The Lord has never left my side, His promises have never failed in the most difficult trials of my life so far, and his greatest gift to me is My Achachan& Aunty. You held me when I broke down. I can't thank you enough for standing by me when no one did. Thank you for loving me from the worst.

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To all my batchmates and Dear ones- It is great to have you all around me in my happiness and sorrows. Thanks a lot.

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CHAPTER-1

INTRODUCTION

Communication is the process of exchanging information and ideas. An active process, it involves encoding, transmitting, and decoding intended messages.

Language is the ability to produce and comprehend both spoken and written words. Complex language is one of the defining factors that make us human. The five main components of language are phonology, morphology, syntax, semantics, and pragmatics. “Language is a complex system of arbitrary symbols which is used for human communication. (AmericanSpeech and Hearing Association, ASHA, 1982).

Pragmatics is the study of relationship between language and content. It includes particularly conversational exchanges, where two or more participants take turns to construct a text (Mc Tear, 1985). The term pragmatics has been introduced into the field of speech-language by Elizabeth Bates (1992) a psychologist at the University of California. Bates (1976) defined pragmatics as the rules governing the use of language in context.

Intellectual disability (ID) is a neuro developmental disorder characterized by 3 features: Deficits in cognition; deficits in adaptive function and onset during the developmental period.

The American Association of Intellectual Developmental Disabilities (AAIDD) (2013) defines Intellectual Disability (ID) is characterized by significant limitations in intellectual functioning and adaptive behavior, which is expressed in conceptual, social, and adaptive skills originated before age 18.

People with Intellectual disabilities can and do acquire basic pragmatic language skills, although more subtle aspects of conversational competence are less commonly displayed. The communicative environments of children and adults with intellectual disabilities appear to inhibit the acquisition and display of pragmatic language skills.

Speech-Language and Hearing Association (ASHA) (2012) supported the change from “Mental Retardation” to “Intellectual Disability”. ASHA recommended the elimination of classification by Intellectual Quotient (IQ) and severity level and recommended to use of the AAIDD definition of Intellectual Disability.

Pragmatics is the study of the relationship between languages which affects the whole communication. Language disordered children deviate in pragmatic skills when compare to typical developing children. The children with Intellectual Disability (ID) Have deficits in pragmatics along with other components of language in varying degrees throughout their lives.

Research on pragmatics especially in children with Intellectual Disability is limited in Malayalam language. The present study is therefore an attempt to investigate the pragmatic abilities in children with Intellectual Disability and to compare these findings to the communicative behaviours in typical developing children.

CHAPTER-II

REVIEW OF LITERATURE

Communication is the process used to exchange information, ideas, needs, and desires. The process is an active one that involves encoding, transmitting and decoding the intended message (Owens, 2008). All creatures communicate, but human exchange information using a code that is called Language.

Human beings exchange ideas with each other in the process called Human communication. Human communication is any verbal, non-verbal or physical way of transmitting information (Gillette, 2009). All creatures do communicate but the code that is most used by human beings to convey this information is called language.

Language can be defined as a socially shared code or conventional system for representing concepts through the use of arbitrary symbols and rule governed combination of those symbols (Owens, 2008). Language can be divided into three major components: form content, use. There are two major aspects of the use of language. The form has to do with the goals of functions of language, the reason why people speak. The content has to do with the influence of linguistic and non -linguistic context that determine how individual understand and choose among alternative forms of language for reaching same or different goals.And Use includes pragmatics (rules for communication through language) (Bloom &Lahey, 1978)

Language is a learned code, or system of rules. It involves five components namely; Phonology, Morphology, syntax, semantics and pragmatics. (Shilpashri, 2010)

Language develops in the normal child and such developments can be observed, in form (syntax, morphology, and phonology,) in content (semantics), and in language use (pragmatics).The study of what speaker means is called pragmatics (Yule, 2010).

Pragmatic language theories during the first two decades contributed to an increased awareness of the social role of language. Prutting (1982) reports that

the focus of study on the pragmatic domain has broadened the view of communication towards the social dimension. This shift has been described as "**Pragmatic revolution".** (Conti-Ramsden& Gunn, 1986)

American Speech and hearing of association (ASHA) in 2011 provided examples of this use such as, greeting, requesting, talking differently to a baby than to an adult and taking turns in conversation. Shipley and McAfee (2009) provided additional examples such as, describing events, following directions, maintaining appropriate eye contact, attending to tasks, topic maintenance, sequencing actions, and categorizing. For other disciplines, such as behavioral psychology, pragmatics is often referred to as social skills (Duan& O, Brien, 1998).

Pragmatics acts as the basis for all language interactions and contact. It is a key feature to the understanding of language and the responses that follow this. Therefore, without the function of pragmatics, there would be a very little understanding of intention and meaning.

Communication between the infant and the caretaker develop even before the utterance of the first word. Though pragmatics development begins much earlier than the development of phonology, morphology, it is unfortunate that the focus has been more on these components of language than pragmatics.

There are different aspects of pragmatics namely,

1) Expressing intensions for what purpose we communicate.
2) Initiating, maintaining, and closing conversation.
3) Awareness of the listener, how to read the listener in terms of who is the listener?
4) And what does he/she know

Pragmatics is the study of the practical aspects of human action and thought. It is the study of the use of linguistic signs, words and sentences, in actual situations. Jenny Thomas (1985) says that pragmatics considers:

1) The negotiation of meaning between speaker and listener.
2) The context of the utterance.

3) The meaning potential of an utterance.

In recent years there has been increasing recognition that many children that are reasonable competent in these areas, may in spite of this have problems with pragmatics. Pragmatics refers to the social language we use in our daily interactions with others. They include what we say, how we say it, our body language and whether it is appropriate to the given situation. Pragmatic skills are vital for communicating our personal thoughts, ideas and feelings.

General characteristics of Intellectual disabled children

According to betterhealth.vic.gov.au every person is unique, regardless of their IQ scores. Everyone has their own personality and areas of ability and areas of difficulty. Generally speaking, a person with an Intellectual disability:

- Learns and processes information more slowly than people without an intellectual disability.
- Has difficulty with abstract concepts, such as money and time.
- Has difficulty understanding the subtleties of interpersonal interactions.

Children with a mild intellectual disability

A mild intellectual disability is defined as an IQ between 50 and 70. A person with a mild intellectual disability.

- Can participate in and contribute to their families and their communities.
- Will have important relationships in their lives
- May find the subtleties of interpersonal relationships and social rules difficult to fully understand. They sometimes behave awkwardly or inappropriately in social situations.
- May learn to read and write, with appropriate teaching. People who have intellectual disability are likely to have difficulty with academic learning and their reading and writing may be at a basic level. Some people may not have had the educational support they needed to learn to read or write and may be self –conscious about this. It is important to be sensitive when asking people to read information or complete written forms.

Children with a moderate Intellectual disability

A moderate intellectual disability is defined as an IQ between 35 and 50. A person with a moderate intellectual disability.

- Will have important relationships in their life and life probably form valued and lasting friendships.
- Will enjoy a range of activities with families, friends and acquaintance.
- May learn to recognize some words in context, such as common signs including 'Ladies', 'Gents' and 'Exit'.
- Will need lifelong support in planning and organization of lives and activities.

Children with severe or profound intellectual disability.

A severe intellectual disability is defined as an IQ between 250 and 35. A profound intellectual disability is defined as an IQ below 20. A person with a severe or profound intellectual disability:

- Will usually recognize familiar people and may have strong relationships with key people in their lives.
- Is likely to have little or no speech and will rely on gestures, facial expression and body language to communicate the needs or feelings. Communication systems for people with this level of disability generally rely on photographs or objects to support understanding. For example, a cup or a photograph of a cup may be used with the spoken question: 'would you like a drink?'
- Will require lifelong help with personal care tasks, communication and accessing and participating in community facilities, services and activities.

Diagnostic Statistical Manual (DSM) places less emphasis on the degree of impairment and more on the type of intervention needed. About 85 percent of people with intellectual disabilities fall into the mild category and may even achieve academic success. People with moderate intellectual disability have fair communication skills, but cannot typically communicate on complex levels.

People with profound intellectual disability require round-the-clock support and care.

WESTERN STUDIES

Pijinacker, Hagoort, Buitelaar, Teunisse and Geurts (2009) examined pragmatic inferences in high functioning adults with Autism and Asperger syndrome. A behavioral study was carried out on high-functioning adults with autistic disorder, Asperger syndrome and matched controls to observe whether they are capable of deriving scalar implicatures, which are generally considered to be pragmatic inferences. The findings suggest that the combined ASD group performed similarly to the control group, although there was a difference between subjects with autistic disorder and Asperger syndrome which further on indicating potential differentiation between these disorders in pragmatic reasoning. Hence the results suggest that verbal intelligence is a constraint for task performance in autistic disorder but not in Asperger syndrome.

Verhoeven (2010) studied Pragmatic Language Impairment (PLI). The results show that early assessment of pragmatic competence may benefit early detection of children at risk of behavioral problems. Due to the relationship between pragmatic competence, behavioral problems and possible underlying disorders such as autism and attention-deficit hyperactivity disorder (ADHD), early assessment of pragmatic competence may also provide an early marker for the detection of autism or ADHD.

Lindsay (2012) studiedPragmatics Intervention for Individuals with Intellectual Disabilities transitioning to Employment. The result of the study concluded that for individuals with intellectual disabilities who present with pragmatic deficits, obtaining and sustaining employment can be challenging and pragmatic intervention is warranted. As speech-language pathology continues to grow as a profession and adapt as a discipline, it is hoped that speech-language pathologists become more involved in this type of assessment, intervention and support. The role of the speech-language pathologist working with these individuals is to help them communicate effectively and, ultimately, improve

their quality of life. For individuals with intellectual disabilities, that often means getting and keeping a job.

Diken (2014) studied on Pragmatic language skills of children with developmental disabilities in Turkey language. The result of the study revealed that the majority of the participants exhibited very poor pragmatic language skills. The results of the correlation analysis revealed a significant negative correlation between Autism Index scores and pragmatic language skills Index scores. The results also revealed significant differences in Turkish Version of the pragmatic language skills Inventory (TV-PLSI) scores between children with Autism Spectrum disorder and children with Intellectual disability (ID). Children with ID had a higher.

Rodas and Jan Blacher (2017) studied structural and pragmatic language in children with Children with autism spectrum disorder (ASD). Participants were 159 young children (4–7 years old) with ASD and their mothers. Result suggested that Pragmatic language, was inversely related to child anxiety and co-occurring externalizing behaviors. Structural language skills positively predicted child anxiety. These findings suggest that children with ASD may be at heightened risk for anxiety and externalizing disorders due to their pragmatic language deficits.

Martin and Losh (2018) did a study on Multi method analysis of Pragmatic skills in young children and Adolescents with Fragile X Syndrome (FXS-ASD), Autism spectrum disorder, and Down syndrome. Results suggested that both similarities and differences in the pragmatic profiles observed across different neuro-developmental disabilities, including idiopathic and FXS-associated cases of ASD, as well as an important sex difference in FXS-ASD.

Kapalkova and Monika (2018) studied on Receptive language skills in Slovak-speaking children with Intellectual disability. The findings appear to support the view that receptive language skills follows the same developmental route in children with ID as similar as seen in younger typical developing, suggesting that language development is a robust process and does not seem to be differentially affected by ID even when delayed.

INDIAN STUDIES

Anjana (1999) studied the pragmatic abilities of children with autism spectrum disorders (ASD's) in comparison with typical developing matched for age range between 3-6 years. Pragmatic skills of all the participants were assessed on parameters adapted from the test by Roth and Spekmann (1984). The results indicated quantitative and difference between the two groups. The group of children with ASD used language predominantly for non-social or quasi-social purpose, exhibited higher turn taking behavior during the parent child interaction and used more of off topic utterances.

Biji (2003) examined the pragmatic skills in children with pervasive developmental disorders (PDD's). This test incorporated pragmatic skills namely greeting, labeling, negation, affirmation, turn taking, closing conversation, eye gaze and proximity. The results of the study were compared with the normative data given by Thankam (2002). Results concluded that children with PDD had poorly on the pragmatic skills the normative data given by Thankam (2002) and the performances on the pragmatic skills namely greeting, eye gaze, affirmation, negation, proximity, closing conversation, labeling was better compared to other skills due to the effect of intervention program during which these aspects received more attention.

Shilpashri (2010) observed pragmatic skills in children with autism spectrum disorders. The study showed that among the 14 pragmatic skills that were initiated by the caregiver, the response for labeling was mastered only in few children with ASD. It also showed 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 the (Mental Age) MA age matched normal and the verbal autistic children. These differences are noticeable in syntactic and pragmatic aspects as compared to the phonological of semantic aspects.

Kumari and Pallavi (2016) studied Pragmatic skills in children with different types of Learning Disability. The results of this study indicate that poorer performance for verbal aspects and better performance for paralinguistic aspects in all children with Learning Disability. The children with mixed type of learning disability had poorer performance on verbal and non-verbal aspects of pragmatics when compared to all other groups of children with and without learning disability.

Mathew and Sukumaran (2018) examined the extent of functional ability skills among adults with intellectual disability in relation to the presence or absence of mother, degree of disability, duration of special school and regular school education and present status. The results indicated that most of the adults with mild intellectual disability have moderate level functional skills while adults with moderate, severe and profound intellectual disability are in nonfunctional level.

Kumaraswamy (2018) did a study on descriptive analysis of language in Kannada speaking children with Intellectual disability. The data obtained from subjects with intellectual disability is compared to the data obtained with the reference group. The result of the present study has a very prominent indication of the delay in language development in subjects with intellectual disability.

Scientific studies related to pragmatic skills in children with Intellectual Disability has not been carried out in Malayalam Language. The present study helps in identifying the pragmatic skills in children with Intellectual disability which can also be used in screening, diagnosis and intervention.

NEED FOR THE STUDY

Pragmatics is the study of the relationship between languages which affects the whole communication. Language disordered children deviate in pragmatic skills when compare to typical developing children.

Research on pragmatics especially in children with Intellectual Disability is limited in Malayalam language. The present study is therefore an attempt to investigate the pragmatic abilities in children with Intellectual Disability and to compare these findings to the communicative behaviours in typical developing.

The children with Intellectual Disability (ID) Have deficits in pragmatics along with other components of language in varying degrees throughout their lives.

AIM OF THE STUDY

Aim of the present study was to analyze the pragmatic abilities in Malayalam speaking children with Intellectual Disability of mental age 4-5 and 5-6 years and mental age matched typical developing children.

1) To compare the findings with typical developing children for assessment and planning better therapeutic intervention.
2) To compare these findings to the communicative behaviors in typical developing children.

CHAPTER-III

METHODOLOGY

The aim of the study was to investigate the pragmatic abilities in children with Intellectual Disability and to compare the findings with typical developing children for assessment and planning better therapeutic intervention.

Subjects

30 children with Intellectual disability within the age range of 8-13 years (mental Age: 4-5 & 5-6) and 20 typical developing children of age range (4-5 yrs and 5-6 yrs).

Inclusion criteria

1) Malayalam as a native language.
2) Children who were attending special school for at least 3-4 years and with a mental age 4-5 and 5-6 years.
3) Children with Intellectual disability with mild to moderate severity.

Exclusion criteria

1) Children with severe Intellectual Disability.
2) Children with any physical or sensory handicap.
3) No history of any Speech, Language, cognition and neuropathology in normal population.

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 (Subba Rao,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.

Materials used for sample collection

Pictures description (Zoo, Park, Objects, Cricket, Busy street) **(Appendix-1)**

General conversation (Name, School Name, Family members, How did you come?)

Answering questions were asked on the topic (Glass, Pen, Book)**(Appendix-1)**

Different parameters used for pragmatics are;

I. Response for eye contact.
II. Smiling
III. Response for gaze exchange.
IV. Response for joint attention.
V. Response for request of object and/ or action.
VI. Response for Labelling.
VII. Answering questions.
VIII. Response for Negation.
IX. Response for turn taking.
X. Response for conversational repair.
XI. Response for topic initiation.
XII. Response for topic maintenance.
XIII. Response for comment/ feedback.
XIV. Response for adding information.

Scoring

Following is the rating scale

Scores Description

0	No response
1	Contextually inappropriate response
2	Contextually appropriate nonverbal/ gestural response
3	Contextually appropriate one word response without any Elaboration.
4	Contextually appropriate one word with minimal
5	Elaboration.
6	Contextually appropriate response with extensive Elaboration.

Analysis

The collected sample was transcribed and analysed. Each correct response was given a score of 1 and incorrect -1, Unwanted response was given a score of 0. The obtained score were further analyzed using Z test and the results are discussed in the next chapter.

CHAPTER- IV

RESULTS AND DISCUSSION

Children with Intellectual disability are a new significant group of children who present varied communication deficits. It's only recently that research attention is focused on Intellectual disability particularly verbal Intellectual disability in the Indian context.

The present study was carried out to find out the pragmatic abilities in Malayalam speaking children with Intellectual Disability and to compare it with mental age matching typicalchildren and the result are discussed below.

	Typical developing children		Intellectual disability		Testing proportions Z test	
	Freq	%	Freq	%	p	
RESPONSE FOR EYE CONTACT	10	100.0%	14	70.0%	.063	
SMILING	10	100.0%	12	60.0%	.027	Sig
RESPONSE FOR GAZE EXCHANGE	9	90.0%	14	70.0%	.232	
RESPONSE FOR JOINT ATTENTION	8	80.0%	17	85.0%	.732	
RESPONSE FOR REQUEST OF OBJECT / ACTION	6	60.0%	16	80.0%	.253	

RESPONSE FOR LABELLING	9	90.0%	19	95.0%	.609	
ANSWERING QUESTIONS	8	80.0%	19	95.0%	.207	
RESPONSE FOR NEGATION	9	90.0%	18	90.0%	-	
RESPONSE FOR TURN TAKING	10	100.0%	15	75.0%	.094	
			10	50.0%	.609	
RESPONSE FOR TOPIC INITIATION	5	50.0%	9	45.0%	.798	
RESPONSE FOR TOPIC MAINTANENCE	6	60.0%	9	45.0%	.445	
RESPONSE FOR COMMENT/ FEEDBACK	6	60.0%	9	45.0%	.445	
RESPONSE FOR ADDING INFORMATION	8	80.0%	10	50.0%	.125	

Table 4.1: showing percentage scores between the group of typical developing children and children with Intellectual disability

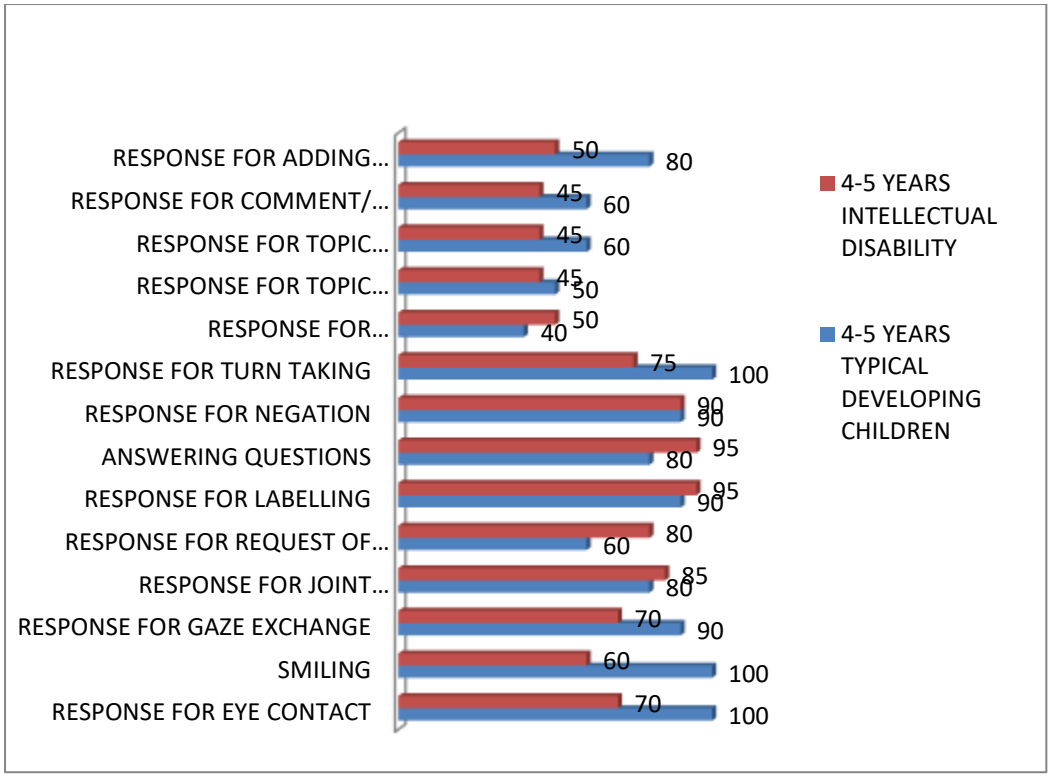

Fig 4.1: showing the percentile of pragmatic skills in Intellectual disability and age matched typical developing children

From the above table and figure shows that there is a significant difference only for the task of response for smiling. (p=.027) and no significant difference was noted for other tasks.

	Typical developing children		Intellectual disability		Testing proportions Z test	
	Freq	%	freq	%	p	
RESPONSE FOR EYE CONTACT	9	90.0%	19	95.0%	.609	
SMILING	10	100.0%	19	95.0%	.478	
RESPONSE FOR GAZE EXCHANGE	10	100.0%	19	95.0%	.478	

RESPONSE FOR JOINT ATTENTION	10	100.0%	19	95.0%	.478	
RESPONSE FOR REQUEST OF OBJECT / ACTION	10	100.0%	20	100.0 %	-	
RESPONSE FOR LABELLING	10	100.0%	20	100.0 %	-	
ANSWERING QUESTIONS	10	100.0%	20	100.0 %	-	
RESPONSE FOR NEGATION	10	100.0%	19	40.0%	-	
RESPONSE FOR TURN TAKING	10	100.0%	19	95.0%	.478	
RESPONSE FOR CONVERSATIONAL REPAIR	10	100.0%	12	60.0%	.027	Sig
RESPONSE FOR TOPIC INITIATION	7	70.0%	11	55.0%	.436	
RESPONSE FOR TOPIC MAINTANENCE	7	70.0%	11	55.0%	.436	
RESPONSE FOR COMMENT/ FEEDBACK	7	70.0%	12	60.0%	.596	
RESPONSE FOR ADDING INFORMATION	7	70.0%	8	40.0%	.133	

Table 4.2: showing percentage scores of between the group of typical developing children and children with intellectual disability.

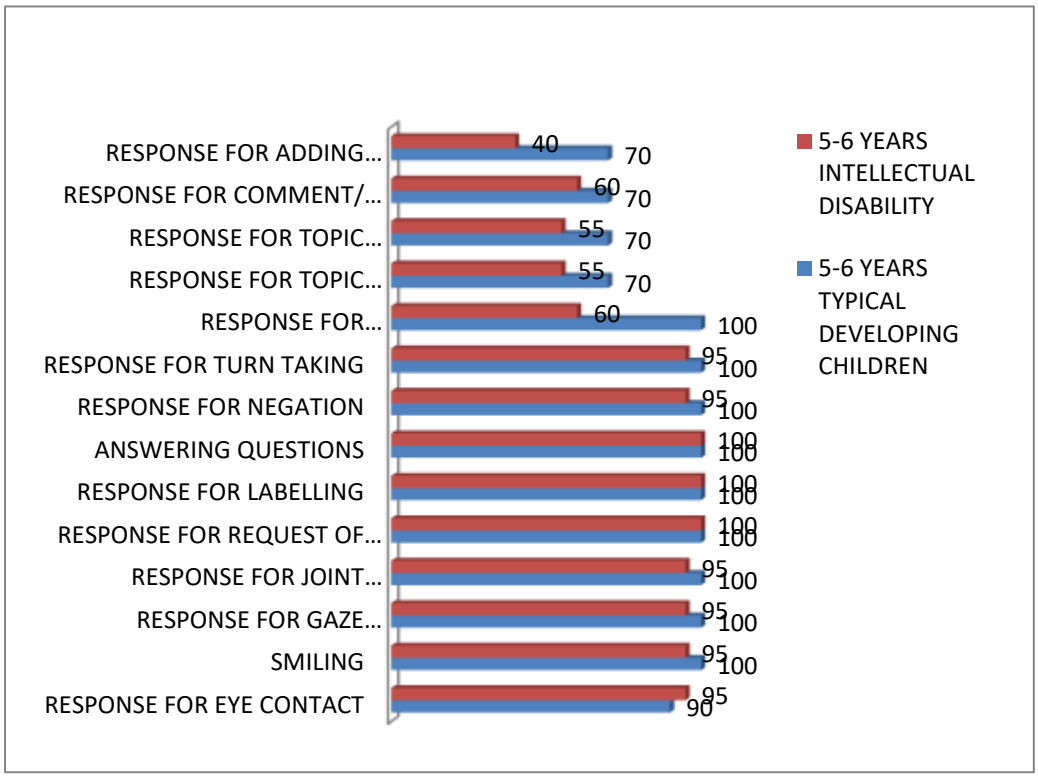

Fig 4.2: showing the percentile of pragmatic skills in Intellectual disability and age matched typical developing children

From the above Figure and table raw scores which shows that there is a significant difference for response for conversational repair (p=.027) and no significant difference was noted for other tasks.

	4-5 YEARS		5-6 YEARS		Testing proportions Z test	
	Freq	%	freq	%	P	
RESPONSE FOR EYE CONTACT	10	100.0%	9	90.0%	.318	
SMILING	10	100.0%	10	100.0%	-	
RESPONSE FOR GAZE EXCHANGE	9	90.0%	10	100.0%	.318	
RESPONSE FOR JOINT ATTENTION	8	80.0%	10	100.0%	.153	
RESPONSE FOR REQUEST OF OBJECT / ACTION	6	60.0%	10	100.0%	.038	Sig

RESPONSE FOR LABELLING	9	90.0%	10	100.0%	.318	
ANSWERING QUESTIONS	8	80.0%	10	100.0%	.153	
RESPONSE FOR NEGATION	9	90.0%	10	100.0%	.318	
RESPONSE FOR TURN TAKING	10	100.0%	10	100.0%	-	
RESPONSE FOR CONVERSATIONAL REPAIR	4	40.0%	10	100.0%	.009	HS
RESPONSE FOR TOPIC INITIATION	5	50.0%	7	70.0%	.373	
RESPONSE FOR TOPIC MAINTANENCE	6	60.0%	7	70.0%	.645	
RESPONSE FOR COMMENT/ FEEDBACK	6	60.0%	7	70.0%	.645	
RESPONSE FOR ADDING INFORMATION	8	80.0%	7	70.0%	.612	

Table 4.3 showing the raw scores of within the group of age matched typical developing children

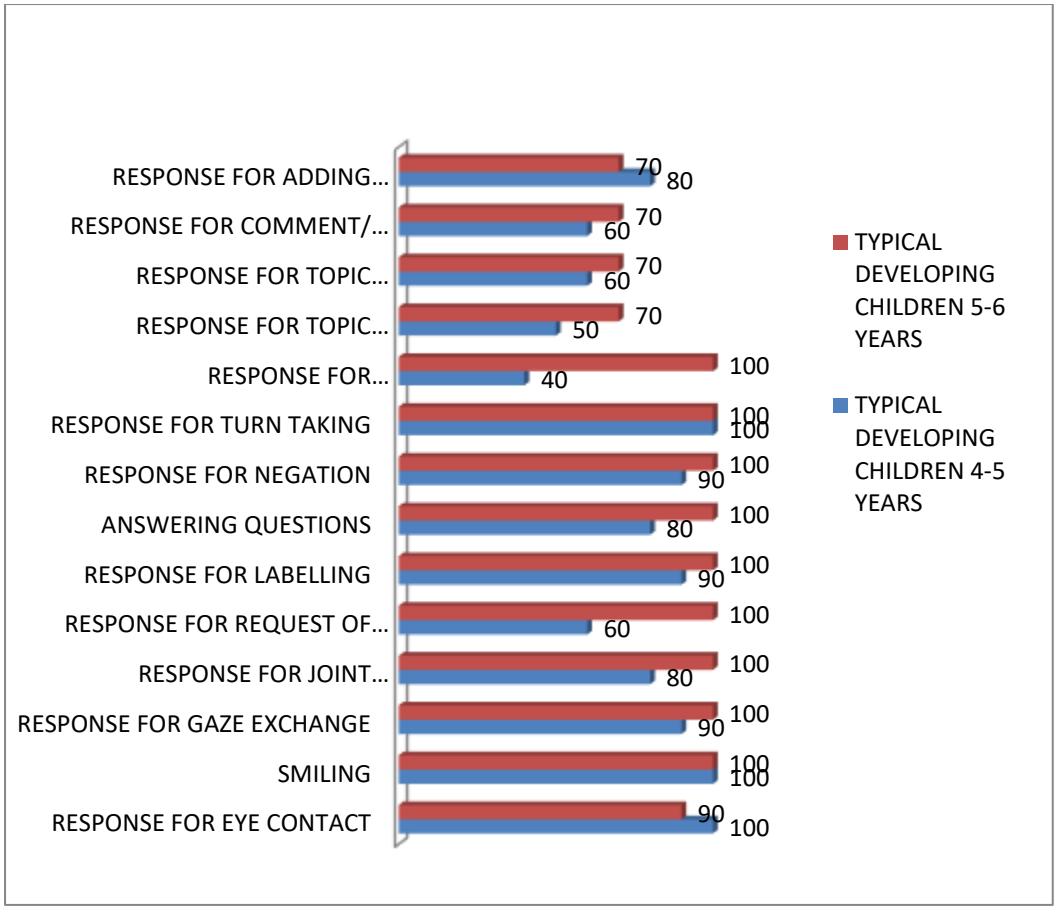

Figure 4.3:showing the percentile of pragmatic skills age matched typical developing children

From the above figure and table shows that there is a significant difference for conversational repair. (p=.027) and no significant difference was noted for other tasks.

	4-5 YEARS		5-6 YEARS		Testing proportions Z test	
	freq	%	Freq	%	p	
RESPONSE FOR EYE CONTACT	14	70.0%	19	95.0%	.044	Sig
SMILING	12	60.0%	19	95.0%	.012	Sig
RESPONSE FOR GAZE EXCHANGE	14	70.0%	19	95.0%	.044	Sig
RESPONSE FOR JOINT ATTENTION	17	85.0%	19	95.0%	.298	
RESPONSE FOR REQUEST OF OBJECT / ACTION	16	80.0%	20	100.0%	.042	Sig
RESPONSE FOR LABELLING	19	95.0%	20	100.0%	.318	
ANSWERING QUESTIONS	19	95.0%	20	100.0%	.318	
RESPONSE FOR NEGATION	18	90.0%	19	95.0%	.552	
RESPONSE FOR TURN TAKING	15	75.0%	19	95.0%	.085	
RESPONSE FOR CONVERSATIONAL REPAIR	10	50.0%	12	60.0%	.529	
RESPONSE FOR TOPIC INITIATION	9	45.0%	11	55.0%	.531	
RESPONSE FOR TOPIC MAINTANENCE	9	45.0%	11	55.0%	.531	
RESPONSE FOR COMMENT/ FEEDBACK	9	45.0%	12	60.0%	.348	
RESPONSE FOR ADDING INFORMATION	10	50.0%	8	40.0%	.529	

TABLE 4.4: Showing within the age group of Intellectual disability

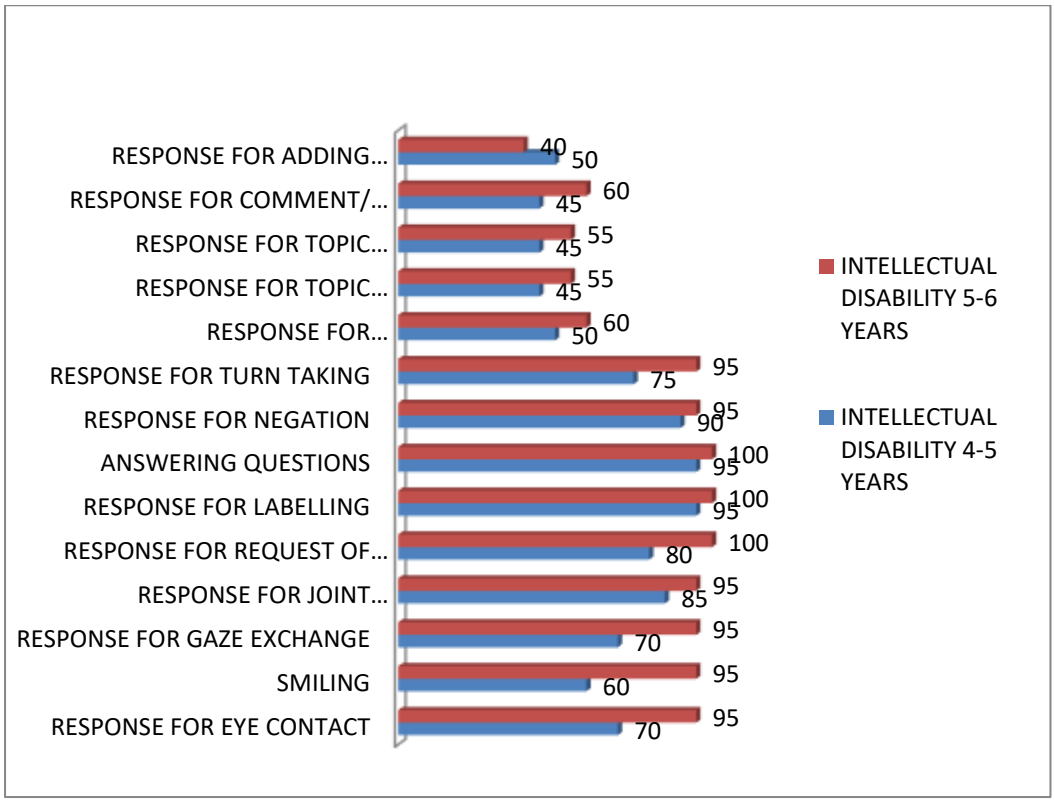

Figure4.4:showing the percentile of pragmatic skills in Intellectual disability children

The above figure and table show the ratings for different parameters of pragmatics of Intellectual disability with the mental age range of 4-5 years and 5-6 years. This shows that there is a significant difference in response for smiling (p=.012), response for gaze exchange (p=.044), response for request of object/ action (p=.042) and response for eye contact (p=0.44) and no significant difference was noted for other tasks.

DISCUSSION

From the above results it is very clearly evident that children with Intellectual disability with the mental age 4-5 and 5-6 years performed poorly compared to typical developing children with age range 4-5 and 5-6 years. There was a significant difference noted only for smiling (p= .027), when compared with typical developing children & Intellectual Disability with chronological age 4-5 years. Significant difference was seen only for response for conversational repair (.027) when compared with typical developing children & Intellectual Disability with chronological age 5-6 years. Significant difference was seen for response for conversational repair (p=.038) and response for request of object/action (p=.038) when compared within the age group of typical developing and also there is a significant difference for response for eye contact (p=.044), smiling (p=.012), response for gaze exchange (p=.044) and response for request of object/action (p=.042) when compared within the age group of Intellectual Disability of age group 4-5 years & 5-6 years. This study is in accordance with Hatton (2009) where people with Intellectual disabilities they have developed and spoken language skills. Hatton study result reveals that childhood, the development of pragmatic languages skills, the use of such skills in adulthood, and the links between the use of pragmatic language and quality of life.

The present study served as a measure of pragmatic abilities in children with Intellectual Disability. Typical developing children performed significantly better when compare to children with intellectual disability matched on mental age and also, 5-6 years old group showed better performance than 4-6 years old group (in both typical developing children and ID). The study reveals that pragmatic abilities are primarily acquired in both typical developing and children with Intellectual Disability. The study thus served as a tool which indicated the importance of creating awareness largely among parents and teachers about the contribution of pragmatics for the purpose of communication.

CHAPTER-V

SUMMARY AND CONCLUSION

Language is a complex and dynamic system of conventional symbols that is used in various modes for thought and communication ASHA (1982). Pragmatics is the study of the relationship between languages which affects the whole communication. It is a pervasive aspect of language which affects the whole communication. Language disordered children deviate in pragmatic skills when compared to typical developing children. However, there have also been reports that some populations with disordered or delayed language, such as children with Intellectual disability have relatively poorer pragmatic skills.

The children with Intellectual Disability (ID) have deficits in pragmatics along with other components of language in varying degrees throughout their lives. Studies have shown that, more than 80% of children with Intellectual disability show language delays and requires professional intervention (SubbaRao and Srinivas, 1989; Bharat Raj, 1987; Prabu, 1968 and others, (cited by Selvi, 1999). The present study described about pragmatic abilities in Malayalam speaking children with Intellectual Disability of mental age 4-5 and 5-6 years and mental age matched typicaldeveloping children.

The aim of the present study is to investigate the pragmatic abilities in children with Intellectual Disability and to compare the findings with typical developing children for assessment and planning better therapeutic intervention. For this study 30 subjects with Intellectual disability within the age range of 8-13 years (mental Age: 4-5 & 5-6) and 20 typical developing children of age range (4-5 yrs and 5-6 yrs). The obtained data statistically analysed. The results indicated that children with Intellectual disability have poor pragmatic skills when compared to typical developed children. And also, 5-6 years old group showed better performance than 4-6 years old group (in both typical developing children and Intellectual Disability).The study points to the need of early identification and intervention which in turn helps in the development of pragmatic abilities.

CLINICAL IMPLICATION

Typical developing children performed better when compared to children with Intellectual Disability matched on mental age. As the age increases the performance of the language usage increases. The obtained data is useful speech language pathologist for a focused assessment, better intervention and monitoring progress in therapy.

Limitations of the present study

Lesser sample size

Age range of 4-5 and 5-6 only were taken for the study.

Limited parameters of pragmatic skills were selected.

Future implications

Study can be done in different age groups of intellectually disabled and typical developing children.

Study can be conducted on other dialects in Malayalam.

Detailed research work can be conducted in other disordered population.

CHAPTER-VI

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