



Development of Questioning Levels in Urdu for Typically Developing Children

Numrah Asif *

Corresponding Author: Numrah Asif,

Copy Right: © 2023 Numrah Asif, This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Received Date: January 23, 2023

Published Date: February 01, 2023

DOI: [10.1027/marpt.2023.0111](https://doi.org/10.1027/marpt.2023.0111)

Abstract

Objective: The purpose of the present research was to develop a tool, to evaluate the receptive and expressive language, that is culture relevant and easy to understand. Sometimes it's easy to assess the receptive and expressive language in children. But sometimes it becomes difficult to assess the disorder because some checklists and tools are available according to one language only.

Methods: This study was divided into two phases. The first phase of present study was to develop the tool questions in Urdu. For that purpose, children were observed informally while attending school. Questions were generated in Urdu in collaboration with the school teachers. All possible questions were noted down and a final draft was made. It was sent to the professional speech and language pathologists for validation of content. After the validation, the second phase was started in which the developed tool was administered on the children. A sample of 52 typically developing Urdu speaking children of 3-6 years of age was recruited through convenient sampling technique. The tool was administered on children and descriptive statistics was done to generate frequencies.

Results: Based on the results from data analysis, the responses of the children on the developed tool was found out. The results were supported by previous literature and were found to be consistent.

Conclusion: It was concluded from the study that the developed tool can be used to assess the receptive and expressive language in Urdu speaking children. All items had maximum content validity and frequencies. It can be used to assess the receptive and expressive language in typically developing children.

Keywords: Communication; receptive language; expressive language; assessment; blank level of questions; typically developing children.

Introduction

Communication is the act of conveying messages that are meaningful from one individual or group of people to a different by using signs, symbols, and semiotic rules that are understood by both parties. Communicating with others includes speech and language. Speech is a kind of vocal communication that is aided by using language in humans (Arnold, 2015). The purpose of this research was to develop a tool, to evaluate the receptive and expressive language, that is culture relevant and easy to understand. Receptive and expressive language play an important role in daily life of children. Sometimes it's easy to assess the receptive and expressive language in children. But sometimes it becomes difficult to assess the disorder because some checklists and tools are available according to one culture only. The difference in culture makes it difficult to apply that particular tool to assess the language of children of different cultures.

Language

Language is defined as a systematic and meaningful use of spoken or written symbols through which humans express themselves (Robert Henry Robins, Language, 2020).

Receptive language

Receptive language is defined as the understanding of both words and gestures. Receptive Language is the ability to grasp what is being said to you. During childhood development, understanding usually develops first and expressive language develops afterwards.

Receptive language assessment. There are several ways to assess the receptive language of the child. It assesses the understanding of spoken language of the child by looking at a variety of areas that include understanding of different words, instructions, range of sentence structures and abstract language.

Expressive language

Expressive language is all about how an individual expresses his thoughts and feelings. This includes words and grammatical rules that describes that how phrases, sentences and paragraphs are made by

combining the words, likewise the use of various gestures and facial expressions. In order to find out if the child has mastered these stages correctly, we need assessment methods which are as follows:

Expressive language assessment. In this assessment the child's spoken language skills are evaluated. It specifically looks at these areas such as semantics, morphology and syntax, that are a part of spoken language. The speech and language pathologist use this approach to demonstrate the expressive language skills that the child has mastered and the expressive skills that the child has failed to master.

Blank Level of Questions

Marion Blank's model of language use encourages the person who is asking questions of a child/children to simplify and restructure his/her language to a level at which the child can understand. The Blank model can be used in everyday exchanges with different children within the same group. Consequently, this model can be used effectively in the classroom and in multiple situations around the home. How children and adolescents respond to language along this language abstraction continuum can be assessed informally in a book sharing activity.

This is a tool that was developed by Marion Blank and colleagues. It is especially used for the assessment of receptive and expressive language in children. In this tool, variety of questions are asked from the children. Some of the questions are basic in nature and are asked to assess the understanding of the child about simple but concrete information. Some questions are more complex in nature and those are asked from the child to assess the understanding of abstract information.

There are four levels that come with examples. The first level is about matching perception in which the child talks about objects that are actually present. In this level the child is asked to look at the object that is present in front of the child. The child's understanding of these questions usually develops at the age of three years. Then the next level is selective analysis of perception in which there is a talk about features of the stimuli that are less obvious such as pictures of objects. The child starts understanding these questions at the age of four years approximately.

The next level is the one in which the correct order of perception is done. Then the child is required to look at objects in a variety of new ways. The child starts to understand this type of questions at four years of age. The next level is reasoning about perception in which the child is asked about the reasons of why things happen in a way they do. The child is asked to make future predictions based upon past experiences. The child starts to understand these questions at five years of age and that continues to develop at six years of age (Marion Blank, 94 1978).

Citation: Numrah Asif "Development of Questioning Levels in Urdu for Typically Developing Children."

Typically developing children

Children who do not receive any special education services are considered typically developing children. The functional and intellectual abilities of these children is considered norm based. The typically developing child can perform the activities like the standard deviation of mean of the performance of all the children. There are some behaviors that are created to be norm based by the speech and language pathologists. The children who can talk complete sentences, who can initiate and maintain the conversation according to these norms are told to be typical. There is an age range according to which children acquire their developmental norms. The children who follow these norms are typically developing children 104 (Webster, 2020).

Material/Subjects/Patients and methods

Method

The present study consisted of two stages. At each stage the respective methods were used for the purpose of developing an assessment tool that is culture relevant. Blank level of questions was an effective tool for checking the receptive and expressive language of children.

Stage 1: Development of Questioning Levels

In this stage the tool was created. Inspiration was taken from Blank level of questions (Marion Blank, 1978). It was thoroughly read and compared to the information used among Urdu national children. Participants were selected through convenient sampling and pilot study was done. Children were observed while talking at home and in schools. The textbooks of children were also used to find relevant information. The textbooks that are used in school, contain items that need questions to be asked from the children. Age appropriate questions were generated in Urdu. These questions were generated by collective observation of researcher and teacher. For that purpose, those teachers were selected who had 16 years of education and 5 years of teaching experience. The children that were selected for observation were typically developing children or 3-6 years of age. For the purpose of content validation, the professional speech and language pathologists having Ph. D. or Master's degree and 5 years of professional experience were selected.

Procedure

Topic was approved by Department Doctoral Program Committee and it was finalized. Permission letter was taken from the Director of Centre for Clinical Psychology, University of the Punjab. After permission, the process of test construction was started. To device a tool, levels were made according to age of children. Questions were generated for specific age ranges. Questions were created according to the understanding level of the child. The items were generated at first. Those questions were included that were frequently asked by the teachers. Then those were discussed with the teachers. There were some questions that were not appropriate and were discarded. Some questions were similar in nature and thus those were discarded as well. Teachers and researcher created questions collectively. Final product was generated. Generated items were taken to the experts for the purpose of feedbacks and content validation. For that purpose, the speech and language pathologist were selected. The feedbacks were taken from the speech and language pathologists. Those feedbacks were incorporated into the generated tool. Then final product was made.

Stage 2: Piloting

In this stage, the end product was applied. Piloting was done. Children were recruited for piloting. Questions were asked from the kids. Cues were used at some points. Convenient sampling technique was used. A sample of 52 children was taken ($M= 2.50$; $SD= 1.129$). Both boys and girls were selected. Age range was 3-6 years.

Table 1 shows the sample descriptive such as frequencies and percentages of demographics. Sample demographics were categorized by age, gender, birth order, no of siblings, family system and class. The kindergarten age for Pakistani children is 3-6 years (Sarah, 2009), that's why participants were selected from these age groups. Values were given to each variable. Such as gender; Boy=1, girl= 2; birth order; 0= 1st born child, 1= 2nd born child and 2= 3rd born child; siblings; 1= only child and 2= have siblings; family system; 1= nuclear and 2= joint; class; 1= play group, 2= nursery, 3= prep and 4= one.

Procedure

Pilot study was conducted. For the application of developed tool, young children (52 boys and girls; age range: 3-6 years; M= 2.50; SD= 1.129) were recruited from the school. Children were selected, through convenient sampling, from school. Those children were recruited who were able to understand and speak Urdu. Typically developing children were recruited. Information about the data collection process and research purpose was clearly told to the school authority. Permission from the school was taken. Teachers of the school arranged some children randomly. A calm and quiet class was selected. Individual session of the children was conducted. The tool was administered on children. Questions were asked from the children. Cues were used to ask some of the questions.

Results

The present study aimed at developing Questioning Levels in Urdu for Typically Developing Children. The content validity index was calculated. Content validity form was applied and reviews were taken from the professionals. After the review was taken. The values were counted out and a table was created. Table 2 shows the responses of the professionals about the tool items. The values were given scores and were calculated to find out the content validity index.

The table 2 explains content validity index of the items. All the scores have an interpretation value. It explains how relevant and clear the items are. In this table, the items with value 1 means that the item is relevant. The items with value 0.5 mean that the item is not clear and relevant and it needs to be rewritten. The items with value 0.8 mean that the items are clear and relevant but still need some revision. In these levels 28 items were relevant, and 1 item of level IV scored 0.8 on content validity scale and it needed to be revised. The 24 items out of 29 were clear with 1 score. Three items scored 0.5 which meant that those were not clear. Two items scored 0.8 on content validity index and it meant that those need to be revised. In the final draft, there were some changes that were suggested by the speech and language pathologists during content validation process. The speech therapists disagreed with some questions and suggested to alter some others. In level I, 7th question was considered unclear. It the that suggested was It ”. ” of instead ”چ یز یں یاد رکھتا. ” as is write to suggested was 2nd question should be written as ”خذ ما کا آواز“ instead of ”یعہ ذر کا شور“. In level II, the 6th question was told to be creating confusion (چت. تا. ش).

”جملہ مکمل ک. ریا ” of instead. فرق “. The speech therapists suggested to write it either as ”م یں پہ چان 180“ or ”فرق کی. ن. ش. ایڈ بی ک. ریا.“. ”The 3rd question suggested was written be to suggested was question 3rd The ”.

” as written be to suggested was question 1st III, level In ”. ”جملہ ”ا یک دوسرے کے سا تھ استعمال ہونے والی ”ا. ش. تا کی. ن. شاید ہی ک. ریا نے والی ” of instead “خ تم ک. ریا ”1 ”چ یزوں کی ش. تا. چت کر یں.

Citation: Numrah Asif “Development of Questioning Levels in Urdu for Typically Developing Children.”

MAR Pathology Volume 01 Issue 04

www.medicalandresearch.com (pg. 7)

گئے؟ میں کرتا کبم توئی گبو یارش) was کسی دوسرے کے ساتھ۔ ”In the 4th question استعمال ہو (۔ It was told to be unclear and the speech therapist suggested that it completely considered was question 7th The ” as written be should senseless. The speech therapist suggested to write it in a different way.

The data was analyzed using statistical package for social sciences version 21.0. Data was analyzed using descriptive statistics and frequencies were generated about the responses given by the children on the items. Data was analyzed separately according to the age range of children. First the data of 3-years-old children was analyzed and their responses were noted down. The table 3 shows the frequency and percentages of responses of the 3-year-old children. The children had to attend the questions of level I only. The 5th question of level I had the lowest frequency ($f= 10$; $\%=76.9$) because 3 out of 13 children found the item too difficult to answer. In table 4, the frequency and percentages of responses of 4-year-old children were shown. These children had to attend all questions of the level I and level II. In the responses, the 3rd question of level II had the lowest frequency ($f= 05$; $\%= 38.5$) because that question was difficult for the children. Many children were unable to answer that question that was objective nature. Their idea of objective type question was not properly developed yet. The table 5 shows the frequency and percentages of responses of 5-year-old children. The children had to attend the questions of level I, II and III. In the responses of children, the question 3 of level II had the lowest frequency ($f= 04$; $\%= 30.8$). That question was difficult for children. they were unable to fill the blank. Only 4 out of 13 children responded correctly and other 9 did not give any response to that item. The table 6 shows the frequency and percentages of responses of 6- year-old children. The children had to attend all questions of all 4 levels. In the responses of children, the question 3 of level 2 had the 2nd lowest frequency ($f= 09$; $\%= 69.2$) In level IV, question 8 was with lowest frequency ($f= 03$; $\%= 23.1$). In all the frequencies, the lowest was 03 that was the last question on level IV. Children were unaware about the creation of things. Why things are made the way they are. Children were unaware of the properties of earth such as solid, liquid, gas and air. The rest of the responses were accurate and had optimum frequencies.

Characteristics	f (%)
Age	
3 years	13 (25%)
4 years	13 (25%)
5 years	13 (25%)
6 years	13 (25%)

Gender	
Boy	23 (44.2%)
Girl	29 (55.8%)
Birth order	
First born	26 (50%)
Middle born	18 (34.6%)
Last born	08 (15.4%)

M=Mean; f = Frequency; %= percentage

Table 1 Descriptive characteristics of demographics of the participants (N=52)

Discussion

The present study was conducted to develop questioning levels in Urdu for typically developing children. Content validity index was used to check the validity of developed tool. After the application of tool, the descriptive analysis was done to check the frequencies of right are wrong responses by the children. The items had different frequencies depending upon the responses of the children and according to the age and understanding of the children.

The validity index was calculated for the items present in the tool. It explains how relevant and clear the items are. Results were shown in the form of table. The results were identified by the study of Rodrigues et al. (2017). The items were created and were validated by content validity index measure. The content validity of individual items was reported to be high (I-CVI range: 0.50-1.00). The method of content validity index calculation was supported by this research.

The frequencies of the data were generated by descriptive analysis of data. The results were identified by the study of Thompson, C.B. (2019). The numeric value frequency of females (f=201, 56.6%) was higher than the frequency of males (f=154, 43.4%). The results revealed a consistent pattern. Only one item had inconsistent response.

Children of 4 years of age were unable to respond to that item (level 2; question 3) because it was objective in nature. Their awareness of objective type question was not accurately developed. The children responded to their age appropriate questions and ignored the questions that were difficult.

There were some responses that had lower frequencies such as the 8th question of level four required the children of 4 years of age to tell about the properties of the item. They were unable to respond because their awareness of properties of earth was not developed. They had no idea about the solid, liquid and gas features.

The questions that are created in this tool were finalized by professional speech and language pathologists. Those question contained words that are linguistically and culturally appropriate for Urdu speaking (Pakistani) children. The cues that were provided while administering the tool were also culturally and linguistically appropriate.

Conclusion

It was concluded from the study that the developed tool can be used to assess the receptive and expressive language in Urdu speaking children. All items had maximum content validity and frequencies. It can be used to assess the receptive and expressive language in typically developing children.

References

1. Arnold, G. E. (2019). Speech. Encyclopædia Britannica. Retrieved from <https://www.britannica.com/topic/speech-language>.
2. Alony, S., & Kozulin, A. (2007). Dynamic assessment of receptive language in children with down syndrome. *Advances in Speech–Language Pathology*.
3. Baldassari, C. M., Schmidt, C., Schubert, C. M., Srinivasan, P., Dodson, K. M., & Sismanis, A. (2009). Receptive language outcomes in children after cochlear implantation. *Original Research–Pediatric Otolaryngology. Otolaryngology–Head and Neck Surgery*.
4. Brown, J. D., & Hudson, T. (1998). The Alternatives in Language Assessment. *Tesol Quarterly*.
5. Camilleri, B., & Law, J. (2007). Assessing children referred to speech and language therapy: Static and dynamic assessment of receptive vocabulary. *Advances in Speech– Language Pathology*.
6. Carlino, F. C., Lamônica, D. A. C., & Alvarenga, K. F. (2010). Assessment of receptive and expressive auditory and visual functions in pre-term children. *Pró-Fono Revista de Atualização Científica*.

7. Chaffee, C. A., Cunningham, C. E., Gilbert, M. S., Elbard, H., & Richards, J., (1990). Screening effectiveness of the Minnesota child development inventory expressive and receptive language scales: Sensitivity, specificity, and predictive value. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*.
8. Expressive vs. receptive language. (2019). *Speech and Language*. North shore pediatric therapy.
9. Expressive language assessment. (2020).SLT for kids. Retrieved from <https://sltforkids.co.uk/speech-clinic/services/assessments/expressive-language-assessment/>.
10. Hayward, D. V., Stewart, G. E., Phillips, L. M., Norris, S. P., & Lovell, M. A. (2014). Language, phonological awareness, and reading test directory: Canadian Centre for Research on Literacy & Canadian Language and Literacy Research Network. Research Gate.
11. Kordonowy, J. (2017). Blank level of questions. Kaleidoscope preschool program; Wichita state university. Therapy focus.
12. Kwok, E. Y., Brown, H. M., Smyth, R. E., & Cardy, J. O. (2015). Meta-analysis of receptive and expressive language skills in autism spectrum disorder. *Journal of Research in Autism Spectrum Disorder*.
13. Lely, H. K. J. V. D., Jones, M., & Marshall, C. R. (2011). Who did Buzz see someone? Grammaticality judgement of wh-questions in typically developing children and children with Grammatical-SLI. *Lingua*.
14. LIB150. (2012, July 20). APA Style Reference Page. Retrieved from <https://www.youtube.com/watch?v=tuEb1RC1auw>.
15. Morgan, L. (2015). APA Referencing guide and how to use the word referencing tool. Retrieved from <https://www.youtube.com/watch?v=V-wZFfCnPa8>.
16. Osberger, M. J. (1986). Language and learning skills of hearing-impaired students. Monographs; A publication of American speech-language-hearing association.
17. Receptive language assessment. (2020).SLT for kids. Retrieved from <https://sltforkids.co.uk/speech-clinic/services/assessments/receptive-language-assessment/>.
18. Richter, B., Eißele, S., Laszig, R., & Löhle, E. (2009). Receptive and expressive language skills of 106 children with a minimum of 2 years' experience in hearing with a cochlear implant. *International Journal of Pediatric Otorhinolaryngology*.

19. Robins, R. H., & Crystal, D. (2020). Language. Encyclopædia Britannica. Retrieved from <https://www.britannica.com/topic/language>.
20. Rodrigues, I. B. (2017). Development and validation of a new tool to measure the facilitators, barriers and preferences to exercise in people with osteoporosis. BMC Musculoskeletal Disorder.
21. Ruhl, K. L., Hughes, C. A., & Camarata, S. M. (1992). Analysis of the Expressive and Receptive Language Characteristics of Emotionally Handicapped Students Served in Public School Settings. Journal of childhood communication disorders.
22. Skwerer, D. P., Jordan, S. E., Brukilacchio, B. H., & Flusberg, H. T. (2015). Comparing methods for assessing receptive language skills in minimally verbal children and adolescents with autism spectrum disorders. Autism.
23. Thompson, C. B. (2009). Descriptive Data Analysis. Air Medical Journal.
24. Washington, J. A., & Crag, H. K. (1999). Performances of At-Risk, African American Preschoolers on the Peabody Picture Vocabulary Test—III. Language, speech, and hearing services in schools.
25. Webster, J. (2020) Typical and Not "Normal". ThoughtCo. Retrieved from <https://www.thoughtco.com/typical-and-not-normal-3110879>
26. What Is Child Development? Definition, Theories & Stages (2015). Study.com. Retrieve from <https://study.com/academy/lesson/what-is-child-development-definition-theories-stages.html>.
27. Wolters, P. L., Brouwer, P., Civitello, L., & Moss, H. A. (1997). Receptive and expressive language function of children with symptomatic HIV infection and relationship with disease parameters: a longitudinal 24-month follow-up study. AIDS, 333 11(9), 1135.
28. Young, G. A., & Killen, D. H. (2002). Receptive and expressive language skills of children with five years of experience using a cochlear implant. Annals of Otology, Rhinology & Laryngology. 111, 802-806.
29. Yusoff, M. S. B. (2019). ABC of Content Validation and Content Validity Index Calculation. Education in Medicine Journal.