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COMMUNICATIVE COMPETENCY SKILL: A CROSS SECTIONAL STUDY AMONG ADOLESCENTS WITH ORAL FACIAL CLEFTS

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ABSTRACT ***Objectives:*** The aim of this study were to describe the communication competency among adolescents with Oral Facial Clefts (OFC). The study also aimed to explore the influence of gender and age group on communication competency. ***Setting And Sample:*** 86 adolescents who are undergoing for staged surgical procedure for Oral Facial Cleft at Charles Pinto Centre for Cleft Lip and Palate at Jubilee Mission Medical College and research Institute, Thrissur, Kerala. ***Material And Method:*** Adolescents with Oral Facial Clefts completed the Communication Competency Scale (CCS) developed by Wiemann. ***Results:*** Adolescents with Oral Facial Clefts had low communicative competency. The data also reveals there is no significant difference between gender and age group on communication competency. Data also suggest early adolescents with Oral Facial Clefts may perceive speech as less competent. The need for an interdisciplinary approach in. the comprehensive management of individuals with Oral Facial Cleft is well recognized.

KEYWORDS : Oral Facial Clefts, Adolescents, Communicative Competency Scale.

INTRODUCTION

A Cleft of the lip and/palate (Oral Facial Clefts) is one of the most commonly occurring congenital conditions with a global estimated incidence of 1 in 700 births. Adolescents with OFC often demonstrate multiple problems such as feeding difficulties, developmental issues, abnormal speech, hearing loss, orthodontic abnormalities and possibly psychological issues. The long-term care of individual with a cleft condition involves multidisciplinary treatment and surgical interventions at both fixed and varying time points. Even with early cleft repair, some children exhibits cleft palate speech characterized by nasal or, facial grimace, abnormal nasal airflow and altered voice quality (Roopa Nagarajan et al, 2009). Furthermore, in the development of a child, communication plays an imperative role. In children with OFC, however, there is a higher risk for communication difficulties when compared to normal children. A majority of preschoolers even after surgical repair demonstrate delays in speech sound development and have typical cleft palate speech. **(Jones et al, 2003).**

A profile of communication disorder in 129 individuals with repaired Cleft lip and /palate above the age of three years from a district in South India, revealed that 38% had normal and age-appropriate communication skills. Forty three percent of 129 individuals exhibited abnormalities in articulation and resonance. A serious threat in the development of speech was observed in Cleft Palate individuals. Many children remained unable to create adequate intra oral pressure for normal speech, in spite of surgical closure of palate. **(Roopa Nagarajan et al, 2009)**

Evidence also shows that communication issue among adolescents with OFC along with other concerns definitely results in burden for the parents and becomes a huge stress for them. Survey among 102 adolescents with OFC aged between 13-19 years along with their parents was assessed in terms of appearance, speech ability and intelligibility. About the way they talk 69% was found to be very pleased about their appearance. Nineteen percent rated themselves as moderately understandable and 8.5% as not understandable (Strauss et al, 1988). A controlled study to determine the satisfaction with speech and facial appearance among preadolescent's girls and boys with unilateral Cleft Lip and Palate shows a significant difference in both groups related to hearing, nasal, aesthetic function and appearance of lip. **(Van Lierde et al , 2012)**

Study on social impact on individual with communication disorder associated with OFC shows children and adolescents with hearing loss associated with cleft lip and palate are not disadvantaged when referring to economic, family, school and social repercussions in relation to those who do not having disorders.

Both groups experience the worsening of living with the aesthetic and functional impairment caused by anomaly **(Talita Fernanda et al, 2015).**

Communication plays an important role in the development of children. There is a higher risk for the communication difficulties for children with cleft lip and/or palate than the healthy controls. The impact was observed in the following areas of communications like pre-linguistic behavior, speech, voice, resonance, language and hearing **(Kummer, 2001)**. Careful review of literature shows a variety of communication impairments among adolescents with OFC. Primary purpose of this investigation was to study the communicative competency of adolescents with OFC.An additional purpose of the study was to examine the influence of gender and and different age group of adolescents on communication competency.

MATERIAL AND METHODS

Eighty-six adolescents who were undergoing for staged surgical procedures for OFC at Chares Pinto Centre for cleft lip and Palate at Jubilee Mission Medical College and Research Institute, Thrissur was selected. None has intellectual disability and OFC associated syndromes. Subjects were classified in to three age groups like, early, middle and late adolescents. There were 23 early adolescents,42 middle adolescents and 21 late adolescents. By adopting simple random sampling technique Communication Competency Scale adopted by Wiemann was administered to 85 adolescents who met the inclusion and exclusion criteria.

Communication Competency Scale (CCS) created by Wiemann to measure communicative competence is a standardized inventory with 36 items in Likert scale that ranged from strongly agree to strongly disagree. The possible range of score of CCS is 36 to 180 with absolute mean of 108.Individuals high in CCS above 108 are generally more sensitive, flexible and assertive than those lower in CCS. Of the 36 items in the draft scale 30 items were selected for the final tool after the item analysis.

RESULTS

Table1: Classification According To Level Of Communication Competency.

Level of CCS	Frequency	Percent
Low CCS	27	31.4
High CCS	59	68.6

The above table (1); depicts that out of 86 adolescents with OFC 27 (31.4%) are having communication problem where as 59 (68.6%) adolescents are more competent in communication.

Table 2: Comparison Of Communicative Competency Among Male And Female Adolescents With Oral Facial Clefts.

Gender	N	Mean	SD	t	P-value
Male	31	115.26	13.542	0.157^{ns}	0.567
Female	55	114.69	19.793		

ns- non significant

Table (2) shows that difference between gender on communication of

adolescents with OFC. It implies there is no true difference found between male and female on Communicative Competency.

Table 3: Result Of ANOVA For Comparing Communicative Competency Score Among Different Age Group.

Source	Sum of square	Df	Mean square	F	P- value
Between Group	439.769	3	219.885	0.6966^{ns}	0.501
Within Group	26224.289	83	315.955.		

ns : non significant

Table (3) since the obtained P-value is 0.501 which is greater than 0.05 level it can conclude that there is no significant difference in the communicative competency score among three age groups of adolescents.

Table 4: Mean And Standard Deviation Of Communicative Competency Score Among Different Age Groups

Age group	N	Mean	Standard deviation.
Early adolescents	23	111.35	16.65
Middle adolescents	42	116.79	17.30
Late adolescents	21	115.00	19.81

Even though ANOVA shows that there is no significant difference in the communicative competency among three age group of adolescents, comparatively less mean value obtained for the early adolescents with other age groups depicts that early adolescents are experiencing with communicative competency problem.

DISCUSSION AND CONCLUSION

Only very few studies have undertaken an in-depth analysis of communication problems among adolescents with OFC.The result of these studies are difficult to compare because different age and gender groups and different methodologies were used. The present study determines the communication competency among 86 adolescents with OFC.Low level of communication competency was reported by 31.4% of adolescents. The study provide insight in the development of cleft associated problems among adolescents.

The result of ANOVA for the present study for comparing the communication competency among different age group of adolescents showed no significant difference, even though mean value shows less communicative competency for early adolescents. The study findings are in conformity with the findings Strauss et al (1998) of that 9% of 13–18-year-old adolescents thought that their main problem was speech, while 13% mentioned their appearance, where as parents rated vice versa. Many participants in the present study mentioned that it was primarily when they heard themselves on recordings that they become aware of the way they sounded and that this insight was painful. This alarms the need for improving speech as the most important part of treatment.

A " t " value test showed no significant difference between the gender on communicative competency among 86 adolescents . Investigator also agrees to the fact that these data are based on adolescent self-report and may reflect their wish to maintain positive self esteem. The assessment of the Phonological process was not the purpose of the study. To what extent the communicative competency among early adolescents has affected their quality of life is a subject for future research.

Investigator also agrees to the fact that multiple variables known and unknown can affect children's speech performance. The age, type of oral facial cleft, type and training of surgery and presence of normal hearing are known variables. **(Jocelyn et al:1996).** Adolescents are an important age group and its members deserve attention from the family, school and rehabilitation team. Since it is marked by curiosities, biological and emotional changes and a greater appreciation of one's body image.

As a member of health care team, speech pathologist works closely with the cleft surgeon and other team members to ensure time assessments and appropriate management. In older children accurate assessments is required to identity those children who would benefit from speech therapy or secondary surgery for optimizing speech outcomes. In other words, the main goal should be not to correct speech sound disorders but also to provide with the necessary abilities for becoming effective and efficient person with oral communication.

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