

RESEARCH ARTICLE



Effect Of Language Disorder In Language Acquisition and Learning: Igbo Language Perspective.

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Abstract

This study examined the effect of language disorder in acquisition and learning of Igbo language in secondary schools in Enugu state. Two research questions guided the study. A survey research design was used for the purpose of the study. The sample of the study was 98 Igbo language teachers in public secondary schools in Enugu state, selected using proportionate stratified random sampling technique. A 18-item statements/questionnaire was used to collect data from the respondents. The instrument was validated by two experts in Igbo language and one from Measurement and Evaluation, all from the University of Nigeria, Nsukka. The instrument yielded reliability co-efficient of 0.91 using Cronbach Alpha method. The results were analyzed using mean scores. The result shows that the causes of language disorder during acquisition are genetic/ biological components like low birth weight, prematurity, general birth complications, male gender, family history and environmental factors like low/poor parental education, emotional disorders, poor stimuli during childhood among others. The findings of the study equally revealed that the effects of language disorder in learning of Igbo language in secondary school is learning disabilities which manifest in; inability to pronounce and tone marks Igbo words, poor spelling and distorted writing while coping Igbo language note or during dictation, negative attitude towards learning Igbo language, inability to express or engage in meaningful contribution in Igbo class and in age-appropriate social interaction in Igbo language among others. It was recommended among others that teachers should ensure that all activities that stimulate written Igbo language should be carried out in a playful way (games), parents should encourage their children to read by reading them stories, playing rhyming games that help with phonological awareness among others.

Key words: Language disorder, speech disorder, language acquisition, language learning, Igbo language.

1 | INTRODUCTION

Language has long been described as a verbal or written code for conveying information to others, and speech refers to oral communication (Nelson, 2016). All languages include words (vocabulary), word formation (morphology), and sentence structure (syntax), and speech includes the pronunciation of the sounds (phonemes) of the language. Language acquisition encompasses acquisition of the social rules for communicating and

conversing in society (pragmatics). These rules include participating appropriately in conversations, as well as using and comprehending appropriate gestures and facial expressions during social interaction (Voeller, 2019). The communication and social aspects of speech and language must be coordinated rapidly and fluently when one is speaking.

Speech and language are central to the human experience, they are the vital means by which people convey and receive knowledge, thoughts, feelings, and other internal experiences. According to Brown,

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Effect Of Language Disorder In Language Acquisition and Learning: Igbo Language Perspective.

(2014), acquisition of communication skills begins early in childhood and is foundational to the ability to gain access to culturally transmitted knowledge, to organize and share thoughts and feelings, and to participate in social interactions and relationships. On the other hand language learning is a conscious process that takes place in organized settings like school. Speech and language skills allow a child to engage in exchanges that lead to the acquisition of knowledge in his or her community and this facilitates learning of the language in the educational arena. Communication skills are crucial to the development of thinking ability, a sense of self and full participation in Igbo society and school setting (Donald, 2016). For an Igbo child to acquire all these communication skills, it means that language development took place in a child without interruption and learning of language will be easy and whereby the acquisition is not successful, it will hinder learning of that language in school, which means that the child has language disorder. Language disorder is characterized by deficits in the acquisition and learning and use of language (Igbo language) as a result of difficulties related to vocabulary comprehension and Igbo sentence structure. This study tends to find out the effect of language disorder in acquisition and learning of Igbo language.

2 | STATEMENT OF PROBLEM

Igbo language is a tonal language and like any other indigenous language, its acquisition is through immersion from birth, while learning the language is in school setting. Igbo language is one of the three major Nigerian languages which is a subject of study in Nigeria primary and secondary schools and a course of study in higher institutions. Acquiring and learning of Igbo language is necessary for every Igbo child to be functional in the society. These areas of functioning include acquiring and using information, attending to and completing tasks, interacting and relating with others, moving about and manipulating objects, caring for one, maintaining health and physical well-being and gaining proper development for academic excellence in school. However, it has been observed that some children have impairment or combination of impairments which have lead to

mark and severe functional limitations in order to be found disabling or having communication difficulties. This communication difficulties which might be language, fluency, speech, or pragmatic language impairment otherwise known as language disorder goes a long way in hindering learning of Igbo language in schools. It has been observed that some Igbo language students at secondary school level find it difficult in pronouncing, tone marking, spelling and use of Igbo language in expressing themselves. Could this poor condition be attributed to language disorder? Thus this study tends to find out the causes of this language disorder during acquisition and its effect in learning of Igbo language in secondary schools.

Research Questions

The following research questions guided the study. It is guided by two research questions.

1. What are the causes of language disorder during acquisition?
2. What are the effects of language disorder in learning of Igbo language in secondary school?

Igbo language acquisition and learning

Igbo language, just like any other language is a social instrument of interaction used for communication by Igbo people. Igbo language as one of three major languages in Nigeria is studied as a subject in primary and secondary schools level and then as a course in higher institutions in Nigeria. Ruth (2016) described language as a dynamic force or process instead of a product. Language generally is defined as a conventional system of arbitrary symbols, combined systematically to store and exchange information. Hill (2017) asserted that language is an example of higher cortical function, and its acquisition and learning is based on a genetically defined anatomic and functional structure, and on verbal stimuli provided by the environment. Language acquisition is unconscious process of acquiring language by immersion, while learning is seen as a conscious process of acquiring language in schools. William (2018) noted that there are processes or stages in language acquisition, and it is only when this acquisition took place normally that learning of that language will be effective in school.

According to Williams, before children can speak, they use their eyes, facial expression and gestures

to communicate with others. They can also distinguish sounds of speech. Learning the linguistic code is dependent upon the acquired knowledge about objects, actions, places, properties, among others. Hill added that it results from the complex interaction between innate biological abilities and environmental stimuli, advancing according to neuropsychomotor development. Although the level of efficiency with which language is acquired, is not well established, it is common knowledge that children from different cultures (Igbo culture) follow the same global path of language acquisition. According to Hill, while still in uteri, they learn the sounds of their native language, and in their first months of life, they distinguish these sounds from those of other languages. Two distinct phases of language acquisition and development exist: the pre-linguistic phase, with vocalization of sounds but no words, which persists up to the 11-12th month of life; and the linguistic phase, when infants start to utter single but meaningful words. Later on, language expression becomes complex. This is a continuous process that occurs in an orderly and sequential fashion, with considerable overlapping of different developmental stages. Badon (2014) opines that language acquisition encompasses the development and learning of four interdependent systems: pragmatic (communicative use of language in a social context), phonological (perception and production of sounds to form words), semantic (processing of meaning), and grammatical (use of syntactic and morphological rules to combine words into meaningful sentences). David (2017) is of the opinion that the phonological and grammatical systems constitute the language form and the pragmatic system describes how language should be adapted to specific social situations in order to convey emotions and reinforce meanings. In view of Voeller (2019), intention to communicate may be expressed nonverbally through facial expression, signs, and also by children's ability to answer questions, wait for their turn/observe turn taking, make questions and discuss their point of view. This communicative competence shows that knowing to adapt language to a given situation and knowing the rules for social communication is as important as semantic and grammatical awareness. However, it is imperative to know that some children are unable to acquire these communicative skills that are fundamental to human being and this is what is

termed as language disorder. Therefore, disruptions in communication development are broadly classified as speech disorders and language disorders.

Concept of language and speech disorder

Language disorder is characterized by deficits in the acquisition and use of language as a result of difficulties related to vocabulary comprehension and sentence structure. Language disorder or language impairment is defined as impairment of expression and comprehension because of a disruption in the acquisition of vocabulary (words), word formation, and sentence structure. According to Hills (2017) Language disorders are disorders that involve the processing of linguistic information, involving grammar (syntax and/or morphology), semantics (meaning), or other aspects of language. Smith (2019) defined language impairment as difficulty understanding speech, expressing oneself verbally and with correct pronunciation and being understood. These deficits are apparent in both the expression and reception of spoken, written, and sign language communication. In the same vein, speech disorder is defined as disruption in the production of the phonetic aspects of words, phrases, and sentences so that communication is partially or, in severe cases, completely unintelligible to listeners. According to Yamaki (2016), speech and language disorders are disruptions in communication development that can have wide-ranging and adverse impacts on the ability not only to communicate but also to acquire new knowledge and participate fully in society. Yamaki further asserted that most children acquire speech and language by a seemingly automatic process that begins at birth and continues through adolescence. Typically, basic communication skills are developed (although not complete) by the time a child enters kindergarten, enabling the child to begin learning from teachers and interacting fluently with peers and caregivers (WHO, 2006). In severe cases of language disorder, a child experiences extreme difficulty using correct words and proper grammar and may also have difficulty comprehending what others are saying. Williams (2018) added that severe disruptions in speech or language acquisition thus have both direct and indirect consequences for child and adolescent development, not only in communication but also in associated abilities such as reading and academic achievement that depend on speech and

Effect Of Language Disorder In Language Acquisition and Learning: Igbo Language Perspective.

language skills. When combined with other developmental risks, such as poverty, Williams, emphasized that severe speech and language disabilities can become high-impact, adverse conditions with long-term cognitive, social, and academic sequelae and high social and economic costs. Smith further emphasized that language impairment involves weaker language acquisition and use than expected at a given age. Difficulties can be connected to one or more areas: vocabulary, grammar or communication skills. These difficulties should be severe enough that they affect functional communication, social participation, mastery in school subjects and professional life.

There are many ways to differentiate various types of language and speech impairment. Internationally, there has been a change in the way language impairment is divided. Instead of two categories, expressive and receptive speech, it is now common to use the more general term communication difficulties (Voeller, 2019). Communication difficulties can be divided into several subcategories, and these constitute developmental difficulties connected to speech, pronunciation and communication. In support of the above, Williams added that communication disturbances include the following diagnostic categories: difficulties with sounds of speech, stuttering beginning in childhood and difficulty with using speech (pragmatic impairment). The current American diagnostic system (Diagnostic and Statistical Manual of Mental Disorders, 5th edition, DSM-5) recommends that communication difficulties be divided into 4 subcategories namely.

[noitemsep,nolistsep,topsep=5pt]Language Impairment: This is difficulties which can be connected to one or more areas: vocabulary, grammar or communication skills, which affect functional communication, social participation, mastery in school subjects and professional life. Speech impairment: This is Fluency impairment, beginning in childhood (stuttering): Pragmatic language impairment: Pragmatic language impairment is when a child has difficulty using speech in a social setting. There may be problems holding a conversation in daily life situations, conveying information, or in basic narration of storylines.

Speech and language disorders can be categorized as primary, meaning the disorder does not arise from an underlying medical condition (like cerebral palsy, Down syndrome, hearing impairment), or secondary, meaning the disorder can be attributed to another condition. According to Smith (2019) there is also language disorders which manifest in two different ways: receptive language disorders (where one cannot properly comprehend language) and expressive language disorders (where one cannot properly communicate their intended message). According to Cooper (2019), some children have language impairment in connection with developmental problems, such as a autism spectrum disorder (ASD) or Down syndrome, learning disorders, ADHD, developmental language disorder (DLD), and aphasia, among others. Language disorders can affect both spoken and written language, and can also affect sign language; typically, all forms of language will be impaired.

Given the complex nature of speech and language development, multiple factors can contribute to deficits in their acquisition and use, like motor impairments, processing deficits, cognitive impairments among others. Cooper (2019) added that biological components such as low birth weight, prematurity, general birth complications, and male gender, as well as family history and low parental education can increase the chance of developing language disorders. Copper noted that there are several effect of speech and language disorders on language acquisition in children. This manifest on a child's ability to have meaningful conversations and engage in age-appropriate social interaction. These disorders are serious disabilities with long-term ramifications for cognitive and social-emotional development and for literacy and academic achievement which have lifelong economic and social impacts. According to Hill (2017), these disruptions are evidenced in increased risk for learning disabilities, behavior disorders, and related psychiatric conditions. Learning disabilities refer to the abnormal development of reading and written skills, and logical and mathematical thinking, and may be associated with oral language impairment. Learning disabilities are believed to be closely related to a past history of developmental language disorders. Learning disabilities are concerned with abnormal development of ver-

bal and/or written expression and reception. Therefore, the early detection of these disabilities prevents later educational and social consequences. Examples of learning disabilities are dyslexia, dysgraphia and dysorthographia. Dyslexia is a learning disability characterized by specific reading and writing difficulties of environmental origin (related to learning style), where reading and writing ability is reduced or lost due to brain damage. Dysgraphia (distorted or incorrect writing) and dysorthographia (spelling disability that is unexpected for a given age or level of education) are written language disorders assessed through copying, dictation, and spontaneous writing) among other.

3 | METHODOLOGY

The research design employed for the study was descriptive survey which involves obtaining information from respondents based on the responses from a section of respondents which represent the entire population used for the study. According to Nworgu (2006) when a survey centers on describing some variables in relation of a given population, the descriptive survey research design is the most appropriate. The area of the study was all the public secondary schools in Enugu state. The population of the study was all the Igbo language teachers in public secondary schools in Enugu state. The sample of the study consisted of 98 Igbo language teachers, drawn through purposive proportionate stratified random sampling technique. A 18-item questionnaire was used to collect data from the respondents. The instrument was structured on a 4-points likert type scale on which the respondents reacted to. The items in the questionnaire were weighted as follows: Strongly Agree (SA)-4 points, Agree (A)- 3 points, Disagree (D) -2 points and Strongly Disagree (SD) -1point.

The criterion mean of acceptance is 2.50. The instrument was face validated by two senior lectures in Igbo language and one in measurement and evaluation, all from the University of Nigeria, Nsukka. The Cronbach Alpha, Co-efficient method was used to

determine the reliability of the instrument. It yielded a co-efficient of 0.90. A total of 66 copies of the instrument were administered and retrieved. The data was analyzed using mean scores. Any item statement with mean rating of 2.50 and above was accepted value while item statement with a mean rating less than 2.50 was rejected.

4 | RESULTS

The results of the data collected from the study are presented in table 1 and 2 according to the research questions.

Research Question One

What are the causes of language disorder during acquisition?

MEANS TABLES= Causes of language disorder during acquisition

/CELLS MEAN COUNT STDDEV.

Descriptives

[DataSet1] SPSS DATA & RESULTS\ Causes of language disorder during acquisition.

Group Statistics					
		N	Mean	Std. Deviation	Std. Error Mean
Igbo language teachers' response	Item 1	98	3.4039	1.02151	.19463
	Item 2	98	3.1727	1.00311	.26297
	Item 3	98	2.85027	0.64121	.26297
Igbo language teachers' response	Item 4	98	3.0039	0.53151	.19463
				0.00000	
	Item 5	98	3.2527	0.54321	.26297
	Item 6	98	3.4127	0.66321	.26297
Igbo language teachers' response	Item 7	98	3.0039	0.75151	.19463
	Item 8	98	2.5418	0.51237	.28354
Grand Mean & St.Dev.			3.06	0.81	

Independent Samples Test			
Igbo language teachers' response	Equality of Variances		Sum of square
	F	Sig.	
Between groups	62.143	.000	67.78
Within groups	54.244		813.52

Independent Samples Test			
Igbo language teachers' response	Equality of Means		
	Std. Error Difference	95% Confidence Interval of the Difference	
		Lower	Upper
Between groups	.42736	-.99878	.65234
Within groups	.47252	-1.01229	.71585

Effect Of Language Disorder In Language Acquisition and Learning: Igbo Language Perspective.

Table 1. Mean responses of Igbo language teachers on the causes of language disorder during acquisition.

S/N	Statement	Mean	St.D	Decision
Genetic/biological components				
1	low birth weight	3.40	1.02	Accepted
2	prematurity	3.17	1.00	Accepted
3	general birth complications	2.85	.64	Accepted
4	male gender	3.00	.53	Accepted
5	family history	3.25	.54	Accepted
Environmental factors.				
6	Low/poor parental education	3.41	.66	Accepted
7	emotional disorders	3.00	.75	Accepted
8	poor stimuli during childhood	2.54	.51	Accepted

Grand Mean = 3.06

Research question 1 identified the causes of language disorder during acquisition. Table 1 indicates that items 1-8 were all above the criterion level of 2.50 which shows that they are the causes of language disorder during acquisition. Items 1-8 had mean scores of 3.40, 3.17, 2.85, 3.00, 3.25, 3.41, 3.00, 2.54, with respective standard deviation of 1.02, 1.00, .64, .53, .54, .66, .75, .51 and a grand mean of 3.06 which is above 2.50 criterion mean, it shows that the above items identified are the causes of language disorder during acquisition.

Research Question Two

What are the effects of language disorder in learning of Igbo language in secondary school?

MEANS TABLES= Effects of language disorder in learning of Igbo language in secondary school.

/CELLS MEAN COUNT STDDEV.

Descriptives

[DataSet1] SPSS DATA & RESULTS\ Effects of language disorder in learning of Igbo language in secondary school.

Group Statistics					
	N	Mean	Std. Deviation	Std. Error Mean	
Igbo language teachers' response	Item 9	98	2.5939	0.69151	.19463
	Item 10	98	3.5621	0.62321	.26297
	Item 11	98	3.0028	0.68153	.26297
Igbo language teachers' response	Item 12	98	2.8733	0.53321	.19463
	Item 13	98	3.1029	0.49321	.26297
	Item 14	98	3.2523	0.67151	.26297
Igbo language teachers' response	Item 15	98	3.0034	0.48237	.19463
	Item 16	98	3.1113	1.05151	.28354
	Item 17	98	2.5023	1.00334	.19463
	Item 18	98	2.6116	0.57234	.28354
Grand Mean & St.Dev.			3.01	0.84	

Independent Samples Test			
Igbo language teachers' response	Equality of Variances		Sum of square
	F	Sig.	
Between groups	81.021	.000	59.93
Within groups			628.47

Independent Sample Test			
Igbo language teachers' response	Equality of Means		
	Std. Error Difference	95% Confidence Interval of the Difference	
		Lower	Upper
Between groups	.51034	-.83469	.72135
Within groups	.65172	-1.02318	.82146

Table 2: Mean responses of Igbo language teachers on the effects of language disorder in learning of Igbo language in secondary school?

S/N	Statement	Mean	St.D	Decision
	Igbo students with language disorder have learning disabilities (abnormal development of verbal and/or written expression and reception) which manifest in:			
9	Poor spelling while coping Igbo language note or during dictation.	2.59	.69	Accepted
10	Inability to pronounce and tone marks Igbo words.	3.56	.62	Accepted
11	Poor learning style in studying Igbo language.	3.00	.68	Accepted
12	Distorted writing while copying Igbo language note.	2.87	.53	Accepted
13	Negative attitude towards learning Igbo language.	3.10	.49	Accepted
14	Difficulty in comprehending Igbo words and sentence structure.	3.25	.67	Accepted
15	Inability for one to express him/herself verbally in Igbo language.	3.00	.48	Accepted
16	Find it difficult to engage in meaningful conversations and in age-appropriate social interaction during Igbo class.	3.11	1.05	Accepted
17	Inability to contribute appropriately during Igbo class.	2.50	1.00	Accepted
18	Inability to understand Igbo lessons.	2.61	.57	Accepted

Grand Mean = 3.01

Table 2 revealed the effects of language disorder in learning of Igbo language in secondary school. This is so as table 2 indicates that items 9- 18 were all above the criterion level of 2.50. Items 9- 18 had mean scores of 2.59, 3.56, 3.00, 2.87, 3.10, 3.25, 3.11, 2.50, 2.61, with respective standard deviation of .69, .62, .68, .53, .49, .67, .48, 1.05, 1.00, .57, and a grand mean of 3.01 which is above 2.50 criterion mean. This shows that the above items identified the effects of language disorder in learning of Igbo language in secondary school.

5 | DISCUSSION OF FINDINGS

The findings of this study revealed that the causes of language disorder during acquisition are genetic/ biological components like low birth weight,

prematurity, general birth complications, male gender, family history and environmental factors like low/poor parental education, emotional disorders, poor stimuli during childhood among others. The above findings are in line of the observation made by Smith (2019) and Cooper (2019) who asserts that several factors related to the etiology of developmental dyslexia have been identified to be the cause of language disorder and these includes cognitive deficits, neurological (neuroanatomical and neurophysiological) factors, genetic and environmental factors.

The findings of the study show that the effects of language disorder in learning of Igbo language in secondary school is that Igbo students with language disorder have learning disabilities (abnormal development of verbal and/or written expression and reception) which manifest in: poor spelling while coping Igbo language note or during dictation, inability to pronounce and tone marks Igbo words, poor learning style in studying Igbo language, distorted writing while copying Igbo language note, negative attitude towards learning Igbo language, difficulty in comprehending Igbo words and sentence structure, inability for one to express him/herself verbally in Igbo language, difficult to engage in meaningful conversations and in age-appropriate social interaction during Igbo class, inability to understand Igbo lessons among others. The above findings are in line of the observation made by Edet, (2018), Voeller, (2019) and Cooper (2019) who asserts that language disorder has both educational and social consequences, and one with language disorder cannot properly comprehend language nor communicate their intended message.

6 | CONCLUSIONS

Igbo language, like any other indigenous language is acquired through immersion and then learned in school for one to be functional member of the society. However, the effectiveness of learning Igbo language depends on successful acquisition of the language. The inability of one to acquire this language successfully is termed language disorder. Language disorder is a developmental disorder which is identified when expected functional skills in children fail to emerge.

There are various causes or factors that lead to language disorders and learning disabilities. These underlying factors that contribute to developmental disorders are likely to have been present well before the signs are manifest in the child's development, thereby affecting learning of Igbo language in school. It is also noted that children identified with such disorders had residual learning disabilities and poor academic achievement in Igbo language.

7 | RECOMMENDATIONS

Based on the forgoing, the researcher recommended as follows:

1. Teachers should ensure that all activities that stimulate written Igbo language should be carried out in a playful way (games), so that children find pleasure in reading and writing Igbo language.
2. Government should provide adequate games and other teaching materials that will facilitate teaching students with language disorder.
3. There should be in-service training for teachers to equip them on how to handle students with language disorder.
4. At home, parents should encourage their children to read by reading them stories, playing rhyming games that help with phonological awareness, playing games with Igbo letters and drawings for them to get acquainted with writing Igbo language.
5. Students with language disorder will be encouraged to engage with activities related to phonological processing.

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