Why does not my child speak – doctor?

At birth, a child cannot speak, but he can send a powerful message of his needs - by crying. This is a child's first method of communication. This communication is however, largely uni-directional. The child cries, the adult caters!

Communication demands reciprocation. I can only "communicate" to you, if you reply. But this does not need you necessarily to "say" anything. You may as well communicate to me by a nod, a gesture or a sound (as the poet famously said "Na Bola Kotha"). This is called Body Language or Non-verbal Communication.

The first sign of this Reciprocal Communication usually starts in a child at around 6 to 8 weeks of his life. The child not only start smiling, he smiles to adult's smiling and talking (responds back). Often, he also starts to pout his lips and coos (vocalisation).

While Reciprocal Smiling (also called Social Smile) heralds the first Reciprocal Communication cascade, cooing or vocalisation becomes the first milestone in a road to learn how to "speak".

Vocalisation starts with vowel sounds only; like "ooo", "aaa", "eee"

It takes another 6 to 7 months before the child can reach the next milestone of Speech – babbling, which is a combination of vowels and consonants like "Ma", "Ah" "Da" etc. This is called single syllabled babble. These are largely meaningless babbles.

Communication none-the-less, continues through various non-verbal methods like head nodding (parents often misinterpreting this as child's refusal), eye expressions, hand holding in outstretched fashion (communicating "pick me up") etc.

When a child learns to progress to the speech stage of double syllabled babble and then on to a string of syllables that are used for babbling, such vocalisations hardly have any other communicative intent than getting an adult's attention.

Curiously, this babble phase is replaced by a brief phase of a month or so, when the child goes quiet, around 8½ and 9½ months. Considerable anxiety is aroused in parents, if this "silent" interlude gets prolonged.

Some children do not utter another word until they are 3 year old! But that this is nothing to worry about once reviewed by a specialist with expertise in Speech, Language, Communication and Medical conditions that can cause speech problems.

Speech and Language has two very important pathways. One is called Receptive Speech. This involves **hearing** the speech and **understanding** it.

Hearing loud sound is different from hearing well and hearing soft sounds is different from hearing clear enough for Speech Discrimination. It is extremely important that a hearing deficit is detected as early as possible and certainly by 9 months of age, when the phase of meaningful speech is supposed to evolve.
Inability to hear has so many devastating consequences in a child's life that an Universal Hearing Screening is now an essential part of New Born Screening Programme of any advanced western civilisation.

Understanding also progresses through stepwise phases. Understanding from a given situation (*e.g.* Parents dressing up indicates going out pretty soon, getting cup and plate out means fighting with food will soon begin etc.). This is Situational Understanding. This stage is followed by understanding of Gestures (*e.g.* waving hand means good bye, out-stretched palm means asking to give etc.). Then the child learns to identify a single key word in a sentence (*e.g.* if you say "go and get the ball", the child may only know what a ball is, the rest he interprets through his situational understanding and gestures. Gradually and through few more stages, the meaning of an entire sentence eventually dawns on him by 3 to 5 years of age!

Expressive Speech or Verbal Language complements Receptive Speech.

Verbal speech develops through stages of learning single words, then to learn to join two words to mean a sentence and then to start simple sentences. Learning to use verbs, adjectives, pronouns etc. keep happening as time progresses.

There are a multitude of conditions that can go wrong to stop a child from speaking, not speaking too well or speaking gibberish!

The easiest examples are those with structural problems of speech producing organs *viz.* tongue, mouth or voice box. It is also not so difficult to comprehend that a child who cannot hear may not learn to speak!

However, where a child can hear well, their Internal Language gets going. This is best exemplified in case of Cleft Palate, where a child is born with a gap in his roof of mouth. It is sometimes accompanied by the birth defect of a gap of the lip (Cleft Lip). Once the gap is surgically and orthodontically repaired, expressive speech soon returns.

A common misconception is that a tongue-tie is the cause of the child's speech delay. Some parents go to ENT doctors to get throat reviewed too (nothing wrong there as long as the child gets a hearing test done or at least advised!).

Speech delay can none-the-less, may be part of a number of other complex medical conditions. Isolated Speech Delay, Speech and Language Delay, Speech/Language Delay/Disorder (which are all different conditions), Communication Delay/Disorder or Global Developmental Delay to name a few. Difficulty in Communication should be closely looked at by a specialist due to the possibility of Autism, Autistic Spectrum Disorder, High Functioning Autism or Asperger Syndrome. In Asperger Syndrome, children often start clear speech very early in their life, but their Language Development remains relatively delayed. This makes their communication disordered.

Various dysmorphisms (medical conditions, often from birth, which makes a child looking odd or different *e.g.* Down's Syndrome, Fragile-X Syndrome, Golden Haar Syndrome etc.) are commonly associated with speech and language difficulties. Other conditions like certain epilepsies (Tourett Syndrome), psychiatric conditions (Schizophrenia), other physical/medical conditions (CNS – Cerebral Palsy/Bulbar Palsy; Endocrinal – Hypothyroidism etc.) etc. can interfere with Receptive and/or Expressive pathway of the Speech Development.

Moreover, a child with a speech problem may feel more frustrated than another child as he cannot express himself well enough to be understood. This often makes the child very active. This feature, as well as a tendency to have behavioural problem in autistic spectrum disorder often gets misinterpreted by unwary health professionals as Hyperactivity Disorder.

Hyperactivity is a distinct group of Neuro-Development disorder and should not be labelled against every child who seems to be uncontrollable or misbehaving. A Developmental Paediatrician has the expertise to suspect, separate, diagnose and manage these complex groups of disorders.

The good news is that most of the children, not speaking before 3 years of age are likely to turn out to be "normal". However, an early visit to the right doctor to get clarification and reassurance is the key to dispel any unnecessary fear. The benefit on the other hand, is that of picking up any problem early so that with early intervention, its potential long-term consequences can be minimised to a great extent.

At birth however, it is wise to request for an Oto-Acoustic Emission [OAE] test done, complemented by Brain-Stem Evoked Response Audiometry [BERA], as necessary. ["Nabajataker kache ayee ongikaar" as another poet said]!

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