

Influence Of Speech Disorders On The Development Of Social Skills Among Preschoolers In Meru County, Kenya

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Abstract:

The purpose of this study was to determine the relationship between speech disorders and development of social skills among preschoolers in Meru County. Speech disorders hinder young children's ability to communicate and are often associated with a number of behavioral problems arising in the preschool classroom. The study used a population of 56 respondents comprising of 32 children, and 24 educators. The schools that were used were identified through simple random sampling. This study was based on Lev Vygostky's social development theory and it used the quasi experimental research design. A non-participant observation method guided by a calibrated observation schedule was used to collect data from children, interview schedule based on questions from Speech Participation and Activity Assessment of Children (SPAA-C) was used to gather data from teachers and questionnaires with questions adapted from the Children's Communication Checklist second edition by D.V.M. Bishop was used to collect data from the teachers and school administrators. Piloting of the study tools was done in two kindergarten schools. Qualitative data was analyzed thematically while Statistics Package for Social Sciences (SPSS) was used to analyze quantitative data. The study statistically established that preschoolers without speech disorders recorded higher mean scores across all the five social skills under observation, compared to their colleagues with speech disorders. The children with speech disorders lacked self-confidence leading to poor participation in verbal activity. In addition, they had poor conflict solving skills leading to aggression and violence. Moreover, they were not only unable to make and maintain friendships, but could also not seek for help and express their needs. Therefore, the study concluded that speech disorders have a significant negative influence on the development of social skills among preschool age children. The study recommends that the government should embark on training and recruitment of SLPs to cater for the huge deficit, act on the policies available in the CBC curriculum on partnerships between SLPs and teachers to help learners with speech disorders, roll out training teachers and creating awareness on all the other stakeholders on how to respond to speech disorders and their effects among preschool age children.

Keywords: Influence, Speech Disorders, Social Skills, Preschoolers

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I. INTRODUCTION

Background information

Speech and language play a major role in how a child develops and grows and these two are interdependent on assorted issues of social, cognitive and emotional behaviours (Sajaniemi et al., 2010). This implies that competence in speech and language will aid a child to learn new things, be sociable, be self-confident and perform well in a classroom situation². Speech contributes directly to the child's social and emotional wellbeing whether it is in the ability to cooperate, form friendships or to self-regulate⁸. As a result, a child with an impairment in speech and language is more likely to experience difficulties in other areas of development like physical, emotional, cognitive and social learning as compared to normally developing children without speech and language disorders (SaLD).

According to¹, a speech disorder refers to impairment in articulation, voice and fluency which affects one's capacity to speak a language that is clear and comprehensible. In general, speech disorders include voice disorders (dysphonia), fluency disorders like stuttering and stammering and disorders of articulation and phonology like cleft/ lip palate.

A speech disorder is either developmental or acquired. The latter often occurs after the speech learning process is complete, usually as a result of damage to either the central integrative organ or to the peripheral articulatory musculature. This discussion is more specifically concerned with developmental disorders. Developmental speech disorders are often congenital defects that can be observed during the critical speech

formative age of 2 – 4 years (Mwihaki, 2003). Focusing on developmental speech disorders is vital because this is a critical age for speech and language development among children and it is also important for early intervention.

The specific implications of Speech and Language Disorder on the social and emotional development of children, for example, are that the child's ability to relate with both peers and adults may be impeded⁷. Furthermore, children with SaLD may have problems in following directives, expressing their needs and ultimately managing their emotions⁷. According to³ children with SaLD may become anxious and frustrated when they are misunderstood by others and in many instances choose to abstain from social interactions. Studies have shown that 40% of infants suffering from SaLD demonstrate undesirable behaviors such as anger (Daalet al., 2007) withdrawal from peers (Kok et al., 2013), and difficulties in controlling their emotions (Tevevovsky, 2009). Ultimately, speech disorders will impede the social and emotional growth of children. Moreover, it might prove difficult learning how to read and spell for children with SaLDs because in their verbal production they will need to be able to relate sounds with letters and then segment those parts in order to successfully learn to read and spell, this can slow their pace in class work further putting them at a disadvantage.

A global statistical analysis of various studies has shown that "speech delay" affects 2.3% to 24.6% of children (Law et al., 2000). Research conducted in the United States of America shows that of 6,624 pre-k students in 25 states enrolled in educational programs, 74.7% are receiving speech-language pathology services for "articulation/intelligibility" (Mullen & Schooling, 2010). 12.0% of 4 to 5-year old children were found to have speech that was "not clear to others" in Australia⁴ and 3.4% of 4-year-olds were clinically found to have speech sound disorders (Eadie et al., 2015). According to community research carried out among pre-school children in Australia, although 51.4% of children had been diagnosed clinically to have speech sound disorders, they weren't receiving any targeted services (McLeod et al., 2013). This clearly shows that speech disorders are prevalent among children though sufficient research lacks in Africa and particularly Kenya to clearly show the prevalence therein.

Closer home, in South Africa, Speech-language Pathologists (SLPs) and audiologists have served learners in schools for a long time. Over the years, the role was diversified from attending to specific affected children to attending to all learners along with their teachers. The specific role of the SLTs is to attend to various disorders, ranging from language, articulation, fluency, voice/resonance to swallowing disorders. These disorders may also necessitate the SLT to offer counselling and educational services to the parents, guardians and family members of the affected (Wium et al., 2015). Interventions are critical at the school level to avert the life-altering effects of speech disorders. When a child's speech is impaired the child's interaction with peers and adults especially in a classroom situation is significantly compromised. The frustrations that result in failed attempts to communicate may form early dents in the child's interest in being part of group activity or even forming meaningful partnerships and friendships. Being made fun of and being given unpleasant nicknames based on their inability to speak well may injure the child's self-confidence. Moreover, angry outbursts may ensue when the affected children are unable to solve their problems verbally leading to violence from such children.

In Kenya, there is widespread ignorance and misconception surrounding speech disorders. The majority of the people with speech disorders are overlooked, dreaded, pitied, mimicked, made fun of, considered helpless, in most cases deprived of opportunities by being hidden and in rare cases given pathological care⁶. This necessitates measures to be taken to expose the plight of children affected by speech disorders. This will be the beginning of solving the issue.

Statement of the Problem

Studies in developed countries and a few developing states have proven that speech disorders are prevalent among pre-schoolers. Pre-schoolers suffering from these speech disorders go through a gamut of challenges in their initial years of school which if not well addressed may dent the rest of their school life and ultimately even their adult life. One of the areas of child development that speech disorders may affect in pre-schoolers is their social skills. Speech is an integral part of communication in children, when a child's speech is impaired the child's interaction with peers and adults especially in a classroom situation, is significantly compromised. The frustrations that result in failed attempts to communicate may form early dents in the child's interest in being part of group activity or even forming meaningful partnerships and friendships. Being made fun of and being given unpleasant nicknames based on their inability to speak well may injure the child's self-confidence. Moreover, angry outbursts may ensue when the affected children are unable to solve their problems verbally leading to violence from such children. In order to fulfil the need, "to uphold, protect and ensure the full and equal enjoyment of all human rights and essential freedoms by all people living with disabilities"¹⁰, it's necessary to get the children with speech disorders the resources needed to meet their functional and educational needs⁹. This can only be achieved by establishing the challenges these children face and the extent to which these challenges may affect their social skills development.

There is, however, a lack of sufficient research in the developing countries especially in Africa to make well-informed and accurate conclusions on the extent of the social challenges experienced by pre-schoolers that result from speech disorders. While there is a well-established field in Speech Therapy in the developed countries (where the biggest chunk of research has been carried out), in Africa only South Africa has an established practice while some countries like Kenya have very limited practitioners who mainly practice privately. Besides, there is minimal technological and knowledge advancement in Africa as far as speech disorders are concerned which is coupled with the poor levels of education among the parents and caregivers of the pre-schoolers making the situation dire for these children. In fact, there is widespread ignorance about speech disorders in Africa. It is therefore deduced that accurate assumptions cannot be made in Africa and especially in Kenya based on research made elsewhere owing to the difference in technology and knowledge advancement in the specific area of speech pathology and awareness of speech disorders and challenges experienced through them by the public.

The current study sought to address this gap in knowledge by establishing the extent to which speech disorders affect the development of social skills among pre-school children and to recommend relevant actions to help the children avert the psychosocial challenges associated with these disorders in Meru which is a representation of a typical Kenyan and indeed African population.

Study Objective

The objective of the study was to determine the relationship between speech disorders and social skills of pre-schoolers while interacting with other children and teachers in and outside the classroom.

Significance of the Study

The current study may be valuable to the policymakers. The study may inform the education policymakers on the importance of taking care of children with speech disorders' needs as a way of providing for their right to access quality basic education. This is by forming relevant policies and creating awareness. The study may therefore help alleviate the widespread ignorance among parents on how speech disorders affect the social behaviours of their children and therefore inspire them to seek therapy for their children with speech disorders. Furthermore, the study may help the children with speech disorders by exposing the challenges they face making worthwhile interactions in class. The teachers may be enabled to identify learners with speech disorders and recommend them for professional care.

Theoretical Framework

This study was guided by Lev Vygotsky's social interaction theory (Vygotsky, 1934). Vygotsky argues that speech is social in origins. He proposed that human psychological development came as people interacted with the social environment. According to him, children learn how to regulate their behaviors by simply internalizing words and observing thought patterns of adults near them like their parents and guardians and the speech of peers.

Vygotsky suggests that language is learned from others and, at first, used entirely for affective and social functions. He believed that social interactions play a key role in growing individual functioning. According to him, children's advancement would be greatly hindered if they were left to explore on their own because interaction with peers and linguistically advanced individuals is critical for the child's development. In fact, the miles that could be covered with adult guidance and help from peers outweigh what the child can achieve all alone. It would be impossible for children to widen the boundaries of their knowledge if this were not possible

According to Wertsch (1984) the adult carries out negotiations with children through semiotic mediation, similar to what has been referred to as scaffolding (Wood et al., 1976), assisted performance (Tharp et al., 1984), or controlled complexity (McNamee, 1979). This is all meant to bring out the ways that adults use to help their children engage in activities, and thus enhance their children's intellectual, social, and/or linguistic development. Wertsch's term gives emphasis on negotiation through language, though the other ways of mediation such as demonstration, gesturing, etc. may as well aid the interaction between an adult or the peers and a child through showing, sharing, commenting, questioning, and requesting requires speech and language. As a result, the chances of interaction among children, peers and adults greatly grow the children's conversational and social skills. With the development of conversation and social skills, Vygotsky's theory makes these kinds of interactions the major method by which children acquire behaviors and cognitive processes relevant to the communities they dwell and these kinds of interactions are facilitated by speech and language. Intervention by more knowledgeable individuals and peers plays therefore a very crucial role in the development process in this context The theory thus outlines the necessity of dealing with speech and language issues early, as failure to do so could leave a child with limited language and limited social skills.

II. METHODOLOGY

Area of Study

The study was carried out in Meru County in Kenya. It was conducted in two randomly chosen ECDE Centres in one urban sub-county, one rural sub-county, one-arid sub-county and one highland sub-county. Meru was chosen because it is able to represent almost all possible population scenarios available in Kenya; Meru has remote pastoral populations, densely populated highland populations and urban populations. Children with speech disorders in these populations may face varying challenges and this helped to cover most of the challenges faced and represent Kenya better.

Research Design

This study mainly used quasi-experimental research as the research design of choice. This design allowed the researcher to test the assumption that speech disorders influence the social skill development of preschool-age children after a statistical analysis of the results. It also allowed the researcher to study behaviour as it occurs in daily life.

Population and Sampling Design

A multistage sampling technique was applied. Meru County was purposively selected. Simple random sampling was used to identify the schools. Purposive sampling was used to identify children with speech disorders; the researcher required the teachers to fill an adapted Children’s Communication Checklist developed by D.V.M. Bishop; this helped identify the children that meet the criteria of being speech impaired and random sampling was used to pick the focus children without speech impairment. The researcher used these children’s teachers and school administrators.

Data Collection

The study used a non-participant observation method where the researcher observed children with and without speech difficulties participating in a language activity given; taking notes and scoring as guided by a calibrated observation schedule. The observation was done on the pre-schoolers in the classroom setup and also outside of the classroom as they interacted with both their peers and the teacher the key focus was to observe if the pre-schoolers displayed desirable social skills like Speaking, confidence, participation in oral group activities, invitation to oral I play and activities and participation in physical group activities.

Semi-structured interviews were also used by the researcher to collect data from the classroom teachers. Semi-structured interviews encourage spontaneous conversation whereby the respondents share their own experiences and what they've observed as far as the research focus is concerned ⁵. The interview questions used in this study were incorporated from the Speech Participation and Activity Assessment of Children (SPAA-C) (McLeod, 2004). The questions provided helped gather information on the speech difficulties experienced by these children and the impact on their social life. The researcher grouped the probe questions into themes that included: aggression and violence, making friends and socializing, participating and being invited to group activities, and finally offering and asking for assistance.

III. RESULTS AND DISCUSSIONS

Relationship between Speech Disorders and Social Skills of Pre-Schoolers

In order to determine the relationship between speech disorders and social skills of pre-schoolers while interacting with other children and teachers in and outside the classroom, the study examined the aforementioned objective by comparing mean scores of pre-schoolers with speech disorders (D1) against mean scores of those without speech disorders (D0). The results are indicated in table 3.1;

Table 3.1: Analysis of Mean Scores

Socials Skills	Learner Type	N	Mean	Std. Deviation	Std. Error
Offers to speak	D1	16	2.20	.676	.175
	D0	16	2.69	.704	.176
Appears confident when asked to speak	D1	16	1.75	.856	.214
	D0	16	2.75	.775	.194
Participates in oral group activities	D1	16	2.00	.894	.224
	D0	16	2.81	.750	.188
Gets invited in oral play and activities	D1	16	2.19	.750	.188
	D0	16	2.81	.655	.164
Participates in physical group activities	D1	16	2.63	.719	.180

	D0	16	3.00	.516	.129
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Findings in table 3.1 indicates that pre-schoolers without speech disorders (D0) recorded higher mean scores across all the five social skills compared to their colleagues with speech disorders. Therefore, the lower scores by the pre-schoolers may be attributed to their speech order conditions. As such, it can be hypothesized that speech disorder lowers social skills among pre-schoolers. However, there was need for statistical verification of this hypothesis by undertaking independent sample test whose results are indicated in table 3.2;

Table 3.2: Independent Sample Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Offers to speak	Equal variances assumed	.276	.603	-1.964	29	.059	-.487	.248	-.995	.020
	Equal variances not assumed			-1.966	28.980	.059	-.487	.248	-.995	.020
Appears confident when asked to speak	Equal variances assumed	1.093	.304	-3.464	30	.002	-1.000	.289	-1.590	-.410
	Equal variances not assumed			-3.464	29.703	.002	-1.000	.289	-1.590	-.410
Participates in oral group activities	Equal variances assumed	1.659	.208	-2.784	30	.009	-.813	.292	-1.408	-.217
	Equal variances not assumed			-2.784	29.115	.009	-.813	.292	-1.409	-.216
Gets invited in oral play and activities	Equal variances assumed	.515	.479	-2.510	30	.018	-.625	.249	-1.133	-.117
	Equal variances not assumed			-2.510	29.467	.018	-.625	.249	-1.134	-.116
participates in physical group activities	Equal variances assumed	5.550	.025	-1.695	30	.100	-.375	.221	-.827	.077
	Equal variances not assumed			-1.695	27.227	.102	-.375	.221	-.829	.079

Results of the t-test indicates that the effects of speech disorder on the pre-schoolers' social skills was statistically significant for three of the five skills tested including; Appears confident when asked to speak, Participates in oral group activities, and Gets invited in oral play and activities as indicated by p-values of 0.002, 0.009, and 0.018 respectively. However, the effects on the learners' skills on "Offers to speak" and "participates in physical group activities" were not statistically significant as indicated by p-value of 0.059 and 0.100 in that order. Therefore, it can confidently be declared that speech disorder lowers pre-schoolers' confidence when asked to speak, participation in oral group activities, and getting involved in oral play and activities. This shows that speech disorders have a negative influence on the development of social skills.

Behaviour of Pre-Schoolers with Speech Disorders in Social Contexts

The researcher issued interview questions to the class teachers of the pre-schoolers with and without characteristics of speech disorders. The interview questions were meant to further probe on how the behaviour of pre-schoolers with characteristics of speech disorders and those without differed in social contexts; inside and outside the classroom. The researcher grouped the probe questions into themes that included: aggression and violence, making friends and socializing, participating and being invited to group activities, and finally offering and asking for assistance.

Aggression and Violence

In this area, the researcher was able to find out that some of the children were involved in fights in school. It was observed that aggression was more common among the older pre-schoolers of 5 years than the younger ones of 4 years and below. This is because the younger ones are not really aware of the speech errors apart from the very conspicuous cases. Most of these fights were meant to counter bullies who made fun of the way the children spoke. One specific case of the focus children S6, his teacher reported,

'Whenever S6 has a severe episode of stammer he will even hit me because of the inability to put across what he wants to say.'

This child was reported to hit other children if made fun of or hitting himself when frustrated.

Some other behavior that was reported among these children was throwing things or banging desks when frustrated by failure to express themselves as reported S11' teacher:

'S11 is always in fights with his classmates sometimes even members of different classes'.

In as much as even the children without speech disorders were also involved in conflicts within the classroom, it was reported that their involvement in conflicts were often more verbal than physical in nature. Most of their conflicts could also be resolved easily by speaking them out or being reported to the teacher.

Making Friends and Socializing

Generally, children with speech disorders were reported to tend to avoid situations that would require them to express themselves. The teachers observed that most of these children are introverts. Some of them will prefer physical group activities like ball games to role-play games that are quite popular in this stage. For instance, S15's teachers said,

'the girl enjoys her company most to playing with other children in her class.'

S11, S6, S1 and S 16's teachers reported that they are generally not motivated in making oral interactions with classmates. They do not find a lot of pleasure playing games that would have them speak as confirmed by S1 teacher:

'S1 for instance will remain put in his desk most of the time making doodles in his art book. He is however very active in the field while playing football.'

Most of the pre-schoolers without speech disorders were however reported to enjoy conversations in and out of class. The teachers said that most of them get in trouble making noise in class. They are therefore liked and involved in the affairs of the classroom by their peers. They have definite friends in class and among other pupils.

Participating and Being Invited In Group Activities

When given group activities like acting out a scene in Religious Studies, it was reported that the older pre-schoolers with speech disorders of five years will find it harder to participate as compared to the younger pre-schoolers. However, they mostly will participate well in field activities like tag of war challenge during physical education lessons. It was also reported that the older children will openly volunteer and even be invited to participate in physical activities more often than the oral activities which they mostly shy from as reported by S1 teacher.

'S1 naturally lights up when they have a PE lesson where he naturally excels. His team will mostly win in games and many children want to be in his team.'

The opposite is however true in class activities that require speaking. The younger pre-schoolers who displayed signs of speech disorder generally participated in all class activities that never required them to speak. At this stage some are not really segregated by the others. It is however evident that they too preferred the physical activities over linguistic ones. The contrary was reported for pre-schoolers without characteristics of speech disorders who participate in most of the activities that they like, whether verbal or physical. They are easily assigned roles in play and study activities.

Offering and asking for assistance

There was no clear pattern observed when it came to pre-schoolers who were asked for assistance. For example, when borrowed personal effects, a number of them would be quite willing to give out while others would not. The same is also true among the children without speech disorders. On the flipside, when it came to asking for assistance, it was reported that pre-schoolers with speech disorders found it quite difficult. This challenge was observed to be more pronounced among the older pre-schoolers of age 5 than the younger ones. At age 5, pre-schoolers have already familiarized with the school and know how to ask for permission when they want to for instance attend to a call of nature. This fact applied to all focus children without characteristics of speech disorders. There were clear challenges among the children with speech disorder-like characteristics. The teacher of S6 for example said,

'I have to generally allow him to be going out whenever he feels like answering to a call of nature without asking for permission.'

This was after she observed that he would rather soil himself than ask for permission.

The teachers also said that even when wronged the children who displayed signs of speech disorders would prefer to fight out the differences to reporting to teachers. When faced with bigger bullies the reports would more often be made by other children who witnessed the bullying rather than the victims. S11's teacher said that she had asked him many times to report whenever someone made fun of him but he was still reported to fight instead.

From the statistical data of the observation made and the reports made by class teachers, there are substantial differences between the social milestones of pre-schoolers with and without characteristics of speech disorders. Those with characteristics of speech disorders showed inferior self-confidence, no desire to express themselves, inability to ask for assistance, poor friend making skills, poor conflict management skills compared with those that did not exhibit any characteristics of speech disorders. These findings are consistent with studies done in Australia (Robertson & Ohi 2016) that showed that the most rampant SaLD were related in a direct way with emotional and social challenges experienced by children. Specifically, retreating from circumstances that necessitated some kind of interaction (89%) and an injured self-confidence (72%), were acknowledged as regular behaviours exhibited by young learners with SaLD besides, 67% of the teachers involved suggested young learners with SaLD showed challenges in putting their emotions in check and could exhibit externalized behaviors, such as aggression (65%).

IV. CONCLUSIONS AND RECOMMENDATIONS

Conclusion

It was concluded that there is a significant relationship between speech disorders and development of social skills among pre-schoolers. Speech disorders adversely affect the social skills of pre-schoolers. Their social interactions with others is greatly hindered their interactions with others, hence making it difficult for them to make friends. They also tend to be reserved and at times violent. Moreover, they experience decreased interest in school. It is therefore imperative for stakeholders in speech therapy practice and relevant government ministries to work together to form relevant policies that can, not only, help alleviate the widespread ignorance among parents on how speech disorders affect the social behaviours of their children and therefore inspire them to seek therapy for their children with speech disorders, but also help the children with speech disorders overcome their social skills challenges in school and at home.

Recommendations

Practice Recommendations

- i) Awareness should be made on speech disorders among parents and teachers
- ii) Preschool and lower primary teachers should be trained on how to identify speech disorders and advice parents accordingly
- iii) More speech therapists should be trained and deployed to cater for the shortage.
- iv) Children should see specialists rather than be left to self-correct as behaviours and attitude formed may be hard to correct
- v) The lower primary and preschool teachers be trained on the best methods to deal with children with speech disorders

Policy Recommendations

- i) One of the key competences in Competency Based Curriculum (CBC) is communication and collaboration. Government should make policies that will guide on how children with speech and language disorders will see specialists so as to favourably develop this key competency same as children without speech and language disorders.
- ii) Policies on sensitization on speech disorders should be put in place to address the huge gap in information that exists among parents, teachers and society at large.
- iii) Training facilities for speech therapists should be increased to cater for the shortage of speech therapists in Kenya.

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