To Identify the Receptive Vocabulary Skills of 3-4 years old Typically Developing Bangla Speaking Children

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DECLARATION

I declare that the work presented here is my own. All sources used in the study have been cited appropriately. Any mistakes or inaccuracies are my own. I also declare that for any publication, presentation or dissemination of information of the study. I would be bound to take written consent of my supervisor.

Signature: ____________________________ Date: ____________________________

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Bachelor of Science in Speech & Language Therapy (B. SC. in SLT)
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Honorable Parents

And

Beloved Brother
Acknowledgement

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Executive Summary

All typically developing children are able to acquire language. Most normal children follow the same pattern in language achievement. During the preschool years, the child acquires many self-help skills, including dressing and feeding. Vocabulary development begins in infancy. Vocabulary knowledge is a good predictor of later learning skill. As different countries have different language so vocabulary development may be different according to culture, social, geographical aspects. Receptive vocabularies are help to communicate with others and help to develop later language skills. In Bangladesh there are no receptive vocabulary checklists and it is difficult to know that what types of words are develop in early ages, which words are understood most frequently and what are the difference between Bangla speaking children with other languages.

The main objective of the study was to identify the Receptive Vocabulary Skills of 3-4 years old Typically Developing Bangla Speaking Children.

Considering the aim and objectives of the project the investigator decided to use the quantitative research model and cross-sectional type of descriptive survey design. it is the most suitable research method for the project because of its flexibility in assessing children in naturalistic settings using elicitation procedure. Fifty participants were selected by using convenience sampling who are typically developed children of 3-4 years old. The investigator used the PPVT-III as her research tool which is a widely acceptable both as a clinical tool and as a research measurement. The investigator used the modified and translated score shit (set 1-6) of PPVT–III and picture manual to collect data. The investigator conducted face to face interview with the children to compete the score shit through verbal communication. Investigator conducted a pilot study in Mirpur before starting the main data collection.

The result shows that the translated version of PPVT-III is useful for Bangladeshi context. By using it the investigator found the receptive vocabulary of the 3-4 years old typically developing Bangla speaking children.

Key Words

Receptive Language, Development, Typically Developed.
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List of Abbreviation

SLT: Speech & Language Therapy

PPVT: Peabody Picture Vocabulary Test

TRV: Total Receptive Vocabulary

ASHA: American Speech and Hearing Association
1.1 Introduction

Human beings express and share knowledge, ideas, thought, and feelings with another people in everyday aspects by using language (Capone, n.d.). Language is the source of human life and power. Language is a complex system and it develops quickly and provides the base for later language and literacy learning (Dickinson & McCabe, 2001 and McCartney, 2002; as cited in Adkins, 2012). A language is a code whereby ideas about the world are represented through a conventional system of arbitrary signals for communication. All typically developing children are able to acquire language. Most normal children follow the same pattern in language achievement (Bloom & Lahey, 1978). Language is the main tool of communication and it is also the primary way of establishing and sustaining social relations (Magwa & Mustasa, 2007). Children become communicators within the family and the community context (Evangelou, Sylva and Kyriacou, 2009). All over the world, children begin to acquire language as representations of sounds they hear (Hoff, 2005 as cited in Evangelou, Sylva and Kyriacou, 2009).

According to Hao (2008), early vocabulary development is an essential milestone in children’s language development and also a dependable predictor of children’s later language skills. So it is necessary to know about vocabulary development for better language development.

During the preschool years, the child acquires many self-help skills, including dressing and feeding. Increased memory enables him or her to solve problems with less dependence on physical input, to understand temporal concepts, and to recall the past. Language skills develop rapidly during the preschool (Owens, 2001).

People within Bangladesh are also deprived from therapy services, which are essential for the treatment and rehabilitation process. Treatment and rehabilitation for people with a disability in Bangladesh is grossly inadequate due to shortage of health services (Momin, 1995). From statistics of 2001, there were 0.2 physicians per thousand people (Rural Poverty Portal, 2007).

Speech and language therapy is an established profession in many countries of the world but still very new in Bangladesh. There is no culturally appropriate assessment tool for assessing
receptive language development in Bangladesh. Generally Speech and language Therapists work with patients with communication difficulties and help them to communicate effectively.

Speech and Language therapists (SLT) assess and treat children and adults with communication disorders (Shipley & McAfee, 2004). According to the current literature on language development, intervention options and language impairment, it can be stated that the result of language assessment is a very vital source of information regarding the intervention of children with language impairment (Streng et al., cited in Anam, 1996). At first the SLTs have to assess both the children and adults to get relevant information as much as possible so that an accurate diagnosis and appropriate recommendations can be made (Shipley, 2004).

The PPVT-III is one of the populated standardized assessment tool for language and it was originally developed in 1959 (Dunn & Dunn, 1959), and a revised version including two alternative forms was developed in 1981 (Peabody Picture Vocabulary Test—Revised [PPVT–R] Forms L [PPVT–RI] and M[PPVT–Rm]; Dunn & Dunn, 1981). A third version (Peabody Picture Vocabulary Test—3 [PPVT–3]), also with two alternative forms, was developed in 1997 (PPVT–3 Forms A [PPVT–3a] and B [PPVT–3b]; Dunn & Dunn, 1997). A fourth version (Peabody Picture Vocabulary Test—4 [PPVT–4]; Dunn & Dunn, 2007]) with two alternative forms was developed in 2007 (PPVT–4 Forms A [PPVT–4a] and B [PPVT–4b]) (Hoffman, Templi& Rice, 2012). There is no culturally appropriate assessment tool for assessing receptive language development in Bangladesh but it has a great necessity in the country and that is why the investigator selects the tool to translate it to use as a data collection tool.

Bangladesh has one of the highest population densities in the world with more than 156 million people (Indexmundy, 2008). The number of people with disabilities is also high in Bangladesh. Among them hearing & speech disabilities 28%, visual 31%, leprosy & goiters 8%, physical 28%, mental 5% and around 50% of this total are children (Bangladesh Protibandhi Kallayan Somiti, 2007). It is found in (Momin, 2003) that according to the estimation of WHO there are approximately 10% of the total population in developing countries suffering with disability across all cultures and languages.

Gaskill described (2007) in her article that there may be up to 20% of people with disabilities in developing countries like Bangladesh, and at least half of them have communication
difficulties. Childhood disabilities are more common in developing countries (Pruthvish, 2006). Law, Boyle, Harris, Harkness & Nye reviewed many studies about language impairment and found a wide range of estimates (from 0.6% to 32.2%) for the prevalence of language impairment in preschool children (as cited in Luinge, Post, Wit & Goorhuis, 2006). This study aims to identify the Receptive Vocabulary Skills of 3-4 years old Typically Developing Bangla Speaking Children.

1.2 Background and Literature Review

Language is the media of communication. It is a tool for social use or a socially shared code for representing concepts with others. Language learning and its use are determined by biological, cognitive, psychological and environmental factors (Owens, 2001). The process of developing language starts at very early stage in human life. When a child is born s/he learns and develops new skills stage by stage and none of this development comes overnight (Capone, n.d.). Within the family and community context children become well communicators (Evangelou, Sylva and Kyriacou, 2009).

Vocabulary is commonly assessed with standardized, norm-referenced tests. It is important to know whether these measures portray children’s vocabulary knowledge as it is manifested in daily life (Ukrainetz & Bomquist, 2002).

Children attached meaning to the sounds which they hear and these included into their vocabulary (Baquedano-Lopez, 2003 as cited in Evangelou, Sylva and Kyriacou, 2009). According to Hoff (2006), North American and Asian cultures showed different result in language acquisition. North American middle class and educated mothers talk more with children about objects including nouns where the Asian mothers use more verbs and fewer nouns during conversation (Hoff, 2006). According to Hoff & Elledge (2005), there are structural differences between English and Asian languages and cultural difference has also impact on children’s’ early language development.

According to (Choi & Gopnik, 1996; Tardif, 1996; Tardif, Gelman, & Xu, 1999 as cited in Hoff, 2006), the early vocabularies of English speaking children are more dominated by nouns. Italian and Argentine children produced significantly more words for people (e.g., aunt, grandmother) (Hoff, 2006).

According to Hoffman, Templin, & Rice (2012) PPVT is well suited to the identification of children’s vocabulary acquisition and for identification of children with language impairments. Thomas-tate, Washington, Craig & Packard (2006), had conducted a study with African American typically developing preschoolers and kindergartners where they found
that PPVT-3 is unbiased and appropriate for using as a data collection tool. The PPVT-3 measures receptive single-word vocabulary. The examiner stated a word and the child pointed to one of four pictures that best represented the test word. The words illustrate nouns, verbs, or adjectives. The normative sample for this test was representative of the United States, stratified for geographic region, economic level, race and ethnicity, with approximately 100 participants at each age level. (Ukrainetz & Bomquist, 2002).

1.3 Rationale for the Study
So far the investigator’s knowledge goes, there is no study has been conducted on receptive vocabulary development of 3-4 years old typically developing Bangla speaking children. Sometimes it becomes hard to find out the actual language development of Bangla speaking children due to the lack of studies. Some vocabularies of Bangla language are not similar with English language or some English vocabularies may have developed rapidly than Bangla. It is very necessary to know about receptive vocabulary development for both the typically developed children and the children with language delays and disorders. Many researchers developed vocabulary norms in a variety of languages but still there are no receptive vocabulary norms in our country.

The investigator translated the PPVT-3 (receptive language assessment tool) to make a culturally suitable assessment tool which will be used to provide normative data about typically developing Bangladeshi children. The result of this study will act as a baseline against which to measure children with language impairment. Clinical SLTs and SLT students will then be able to assess whether a Bangla speaking child’s receptive language development is in the normal, delayed or disorder level, and provide early intervention when necessary.

So by the above information the investigator finds that receptive language development of 3-4 years old children will be very helpful for SLTs, and that is why the investigator will translate the tool PPVT-III in order to assess typically developed Bangladeshi children and to find out the receptive vocabulary development. The result of the investigation can then be used in clinical therapy settings with language impaired children.

1.4 Operational Definition
Receptive Vocabulary
Receptive vocabulary refers to words that a person can comprehend and respond to, even if the person cannot produce those words. According to Daniel Liden (2007) “An individual’s
receptive vocabulary includes all of the words that one recognizes and understands upon hearing or reading them”.

**Development**
‘Development is a continual process beginning with conception and ending with death. Although physical changes may be the most obvious, we also change socially, intellectually and personally. Yet despite change, we remain in some respects the same, which gives our lives a measure of continuity’ (Wilfrid & Zanden, 1993).

**Typically Developed**
According to Owens (2001), children attain certain skills or abilities at predictable ages. Although there is some individual variation, most children without disabilities reach such milestones as walking and talking at about the same age. Normal development follows a predictable pattern (Owens, 2001). Children following the predictable pattern during development are the typically developing children.

1.5 **General Objective**
Receptive Vocabulary Skills of 3-4 years old Typically Developing Bangla Speaking Children.

1.6 **Specific Objectives**
- To identify the receptive vocabulary development of typically developing Bangla speaking children from 3-4 years old.
- To identify the applicability of PPVT-III for typically Bangla speaking children from 3-4 years old.
2.1 Design of the study

Considering the aim and objectives of the project the investigator decided to use the quantitative research model and cross-sectional type of descriptive survey design. The investigator felt that it is the most suitable research method for the project because of its flexibility in assessing children in naturalistic settings using elicitation procedure. Quantitative research is used because data is collected from a number of participants (Hicks, 2000). A descriptive survey design was chosen for this study as it was the best means to get as much as information as possible. Hoffman, Templin & Rice (2010) used quantitative research design during their study to find out the receptive language development among African and American children.

The survey is the method of collecting information from a sample of the target population, usually by personal interviews (face to face), postal or other self-completion questionnaire methods (Bowling 1998; Bailey 1997). The survey design is usually cheaper and quicker than experimental designs and confounding variables can be controlled for during data analysis (Hicks, 1999). Descriptive statistics are used in conjunction with a survey method (Hicks, 1999).

In order to collect data about the stages of speech sound development in Bangla speaking children, it was decided to use a cross-sectional design rather than a longitudinal design. According to Benett-Kaster, T. (1998), cross-sectional and longitudinal data provide similar types of information. This kind of design provides information about differences in development among different age groups, rather than changes with age in the same person (Papalia, Olds, Feldman, 2004 and Papalia & Olds, 1992).

In Bangladesh there are no developmental receptive language pattern exists for this age range of population that can be used to assess when it would be needed. For this reason investigator chose to work on this population.

2.2 Study Place

This study was conducted in home environment at Mirpur (Rupnagar Abashik) of Dhaka of Bangladesh. There are many advantages of using a natural environment. From natural environment investigator gets an idea that is actually which language a child uses in his/her
everyday life (Harris, 1990, as cited in Anam, 1996). This is because home environment is the most familiar place for children and it was also helpful for the investigator to collect the actual information. Investigator was able to build up relationship with the children easily. Ukrainetz and Blomquist (n.d.) continued their study in the childcare centers with the present of their parents in individual session.

2.3 Study Population
The population can be defined as all those people who possess the characteristics in which the researcher is interested (Hicks, 2000). The target population of this study includes all typically developing 3-4 years old Bangla speaking children. Ukrainetz and Blomquist (n.d.) completed their study with 28 normally developing preschool children.

2.4 Sample size
It is very difficult to establishing the best size of sample since this decision depends very largely on the research which is being undertaken (Hicks, 1999). The total number of participants was 50. This study project was in course curriculum, and there were verities of limitations, for example short time. So that investigator completed this study with 50 participants. Ukrainetz and Blomquist (n.d.) completed their study with 28 final participants.

2.5 Sampling procedure
The participants were selected by using convenience sampling. By using convenience sampling researchers can get more participants simply (Bailey, 1997). Bowling (1998) stated that by using convenience sampling the subjects were chosen according to the researchers benefit. A convenience sample is a group of individuals who are available for study (Hicks, 2000). Convenience sampling involves the enrollment of available subjects as they enter the study until the desired sample size reached. In convenience sampling the investigator establishes inclusion and exclusion criteria and those individuals who fit with selected factors. In this study the investigator selected 50 children of typically developing and who are 3-4 years old. So it can be said that the investigator used convenience sampling to conduct this study. Ukrainetz and Blomquist (n.d.) completed their study by using convenience sampling procedure by 45 minutes individual session.

2.6 Sample Characteristics
2.6.1 Inclusion Criteria
For the children to be suitable for inclusion in the study, they had to fulfill all of the following criteria:

i. Children should be between the age of 3-4 years
ii. Children brought up from a Bangla speaking home.
iii. First language should be Bangla.
iv. All family members spoke only Bangla to the children.
v. Both boys and girls were included
vi. Parents indicate no concern regarding children’s physical, psychological, cognitive and language development.
vii. Children from both small and extended families will be included

2.6.2 Exclusion Criteria:

i. Visual and hearing impairments
ii. Developmental disabilities
iii. Family history of language impairments and developmental disabilities

2.6.3 Rationale for Inclusion and Exclusion criteria
According to Owens (2001), receptive language makes rapid progress from 2-4 years of age that is why the investigator selected the age range to find out the receptive vocabulary development of this age range. If the participants had any difficulty in the process of their overall development the aim of the project would not be achieved (Wells, cited in Anam, 1996). So that the investigator included vi and vii number of inclusion criteria. From evidence it was found that inadequate communication skills are linked to hearing deficits (Schonweiler, Ptok, &Radu, Shriberg, Friel-Patti, Flipsen & Brown, cited in Erikson, Westerlund & Berglund, 2002) and that is why the investigator selected the inclusion criteria and those exclusion criteria.

2.7 Data Collection Tool
The investigator used the PPVT-III as her research tool which is a widely acceptable both as a clinical tool and as a research measurement. The original edition was developed by Dunn in 1959. The PPVT-III edited in 1997 by Dunn and it is an individually administered, untimed, norm-referenced, wide-range test. It has 17 sets of 12 items each and each item consists of four black and white illustrations arranged on a page called a Picture Plate. The item sets are arranged in order of increasing difficulty. The Peabody Picture Vocabulary Test –III serves as
an assessment tool of receptive language, listening comprehension and it requires little or no oral response. The investigator used the translated and modified score shit and picture manual of PPVT-3 to interview the children of 3-4 years old. The investigator used consent form. The checklist, picture manual and consent form presented in annexure. The investigator also used pen, pencil during data collection.

2.8 Data Collection Procedure

The investigator used the translated score shit (Form-B, set 1-6) of PPVT–III (Dunn & Dunn, 1997) and picture manual to collect data. The investigator conducted face to face interview with the children to complete the score shit through verbal communication. Before interview the investigator made good rapport with the children and the parents and explained the parents about the aim and objectives of the study. The examiner stated a word and the child pointed to one of four pictures that best represented the test word. The words were picturable nouns, verbs, or adjectives. The investigator took the written consent from the parents (mother/father). Informed consent is an official statement developed by the researcher that informs study participants of the purpose and scope of study (Depoy & Gitlin, 1998). After that the investigator administered to each child individually in a room that was free from distractions. It was administered according to published guidelines by the investigator in the home environment. Each subjects’ responses were scored according to the established scoring criteria.

2.9 Pilot Study

Investigator conducted a pilot study in Mirpur before starting the main data collection. The pilot study is helpful for the investigator to be ready for any unexpected happenings during the main study (Anam, 1996). From the pilot study investigator knew how much time is needed to complete the assessment in each age group and if investigator would face any unexpected situation he/she would be aware during final data collection (Anam, 1996). A pilot study is necessary to conduct before starting data collection because it helps the investigator to improve their data plans (Momin, 2003). The pilot study was conducted to check the appropriateness of the pictures of the PPVT-3 for our culture. The investigator chose 6 children from 2 age groups where each group consist 3 children and 1 male child and they were not included in main study after conducting the pilot study investigator needed to consider some points based on Bangladeshi cultural aspects. Investigator found that five pictures of the tool were not well known to the children and they were not culturally
appropriate. That is why the investigator changed those pictures and included culturally adapted pictures. The investigator engaged the children in free play activities to make rapport build up with them and then the investigator collected through data collection tool by picture naming and after the data collection the investigator gave reinforcement (chocolate, chips).

2.10 Data Analysis
Data was analyzed by descriptive statistical techniques. It is good to give ‘the percentages and means for all the criteria to understand subjects and variables’ (Bailey, 1997). According to Bailey (1997), there are many ways to show descriptive data, such as table, pie chart, and graph. In this study data were presented in tables.

2.11 Ethical Consideration
At first when the researcher submitted the proposal and it was approved then take permission from ethical board. Researcher took permission from head (Acting) of Speech & Language Therapy department, academic authorities of BHPI. Written inform consent in Bangla was given to all parents of the participants prior to the completion of the study and also received a written form from every participant’s parents including signature. Participant’s parents were also informed verbally about the study purpose and their role in the study. The investigator did not mention the name or identity in the documents. The investigator did ensure confidentiality of all information obtained. The study participants were voluntary. All participants had rights to withdraw their participation from the study. Researcher was taken proper permission where it’s necessary. The investigator did not hamper the activity of parents and children during data collection.
3.1 Result

The main objective of this study was to identify the Receptive Vocabulary Skills of 3-4 years old Typically Developing Bangla Speaking Children. Data was analyzed by descriptive statistical technique. Demographic information of participants and the findings of the study are presented below-

3.1.1 Demographic information of the participants (3-3.6 years old):

<table>
<thead>
<tr>
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Table-3.1: Demographic information of the participants (3-3.6 year old)

3.1.2 Demographic information of the participants (3.7-4 years old):

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<tr>
<td>27</td>
<td>4</td>
<td>G</td>
<td>40</td>
<td>4</td>
<td>G</td>
</tr>
</tbody>
</table>

Table-3.2: Demographic information of the participants (3.7-4 year old)
At the above the investigator showed the numeric number of the participants through the tables. In this study participant was 50 children and age range was 3-4 years old.

### 3.1.3 Performance in receptive vocabulary

<table>
<thead>
<tr>
<th>Age group</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1 (3-3.6 years old)</td>
<td>3.404</td>
</tr>
<tr>
<td>Group 2 (3.7-4 years old)</td>
<td>3.7168</td>
</tr>
</tbody>
</table>

Table-3.3: Performance in receptive vocabulary

Table 3.3 showed the mean of total receptive vocabulary of both age groups. The performance of group 2 is higher than group 1 because according to Owens (2001) by increasing age the language acquisitions also increased.

### 3.1.4 Set/Task Analysis:

The investigator calculated the percentage of the responses for each individual set/task of the total participants (n=50). At first the investigator divided the children into two age groups 3-3.6 year old and 3.6-4 year old and then the investigator showed the percentage of correct responses through the bar charts which have given below.
Figure-3.1: Percentage of correct responses by 3-3.6 year old children in set 1.
Figure-3.1 showed the 3-3.6 years old age groups percentage of correct responses in the set 1 where 4 participants’ response were 100% and 21 participants’ response were above 90%.

Figure-3.2: Percentage of correct responses by 3-3.6 year old children in set 2.
Figure-3.2 showed the 3-3.6 years old age groups percentage of correct responses in the set 2 where 9 participants’ responses were above 80% and 6 participants’ responses were above 70%, 8 participants’ responses were above 65% and 2 participants’ responses were 58%.

Figure-3.3: Percentage of correct responses by 3-3.6 year old children in set 3.
Figure-3.3 showed the 3-3.6 years old age groups percentage of correct responses in the set 3 where 2 participants’ responses were 100% and 7 participants’ responses were above 70%, 8 participants’ responses were 50-60%.

Figure-3.4: Percentage of correct responses by 3-3.6 year old children in set 4. Figure-3.4 showed the 3-3.6 years old age groups percentage of correct responses in the set 4 where 2 participants’ responses were 58% and 15 participants’ responses were above 45%, 8 participants’ responses were above 40%.

Figure-3.5: Percentage of correct responses by 3-3.6 year old children in set 5. Figure-3.5 showed the 3-3.6 years old age groups percentage of correct responses in the set 5 where 1 participant response was 62% and 24 participants’ responses were above 40%.

Figure-3.6: Percentage of correct responses by 3-3.6 year old children in set 6.
Figure-3.6 showed the 3-3.6 years old age groups percentage of correct responses in the set 6 where 4 participants’ responses were more than 50% and 21 participants’ responses were less than 50%.

![Correct Responce (3.7-4 year old)](image)

Figure-3.7: Percentage of correct responses by 3.7-4 years old children in set 1. Figure-3.7 showed the 3.7-4 years old age groups percentage of correct responses in the set 1 where 18 participants’ responses were 100% and 7 participant’s responses were above 90%.

![Correct Responce (3.7-4)](image)

Figure-3.8: Percentage of correct responses by 3.7-4 years old children in set 2. Figure-3.8 showed the 3.7-4 years old age groups percentage of correct responses in the set 2 where 7 participants’ correct responses were 100% and 18 participant’s correct responses were above 80%.

![Correct Responce (3.7-4)](image)

Figure-3.9: Percentage of correct responses by 3.7-4 years old children in set 3.
Figure-3.9 showed the 3.7-4 years old age groups percentage of correct responses in the set 3 where 5 participants’ correct responses were 100% and 20 participant’s correct responses were above 50%.

Figure-3.10: Percentage of correct responses by 3.7-4 years old children in set 4.

Figure-3.10 showed the 3.7-4 years old age groups percentage of correct responses in the set 4 where 2 participants’ correct responses were 65% and 22 participants’ correct responses were above 40%.

Figure-3.10: Percentage of correct responses by 3.7-4 years old children in set 5.

Figure-3.10 showed the 3.7-4 years old age group’s percentage of correct responses in the set 5 where 4 participants’ responses were above 60% and 21 participants’ responses were above 40%.

Figure-3.11: Percentage of correct responses by 3.7-4 years old children in set 6.
Figure-3.11 showed the 3.7-4 years old age group’s percentage of correct responses in the set 6 where 11 participants’ correct responses were 65% and 14 participants’ correct responses were above 40%.
In this study the investigator included 50 participants. The investigator determined to divide the children in two age groups which were 3-3.6 years old and 3.7-4 years old. Within the particular age group 25 children were 3-3.6 years old and 25 were 3.7-4 years old. Investigator aimed to find out the development of receptive vocabulary of 3-4 years old children.

50 Children participated in this study. Age range was (3-4) years and age range was divided into 2 sub groups. Each age group has equal number of participants 25. 3-3.6 years old age group has 4 participants were 3.2 years old, 6 participants were 3.3 years old, 5 participants were 3.4 years old, 5 participants were 3.5 years old and 5 participants were 3.6 years old. 3.7- 4 years old age group has 3 participants were 3.7 years old, 2 participants were 3.8 years old, 4 participants were 3.9 years old, 3 participants were 3.10 years old, 2 participants were 3.11 years old, 10 participants were 4 years old. The total participant of group 1 (3-3.6 year old) was 25 and group 2 (3.7-4 year old) was 25. The investigator used 72 vocabularies including noun, verb etc. out of 204 vocabularies. During the test the highest score of group 1 was 51 and the highest score of group 2 was 58. According to Owens (2001), the performance of language acquisition increased by the age and the investigator also found that the mean of receptive vocabularies of the children increased by the age. The mean of group 1 was 3.404 and the mean of group 2 was 3.7168. So the receptive vocabulary skill of group 2 is higher than group 1. According to Dunn (1997), the mean score of receptive vocabulary of 3-4 years old English speaking children is 3.974 so it can be seen that there is no significant difference between the receptive vocabulary of English speaking children and Bangla speaking children.

The investigator calculated the percentage of the responses for each individual set/task of the total participants (n=50). The investigator also counted the responds of the each age group children. There were total 17 sets in the tool PPVT-III but due to time shortage the investigator studied on 6 sets where there were 72 receptive vocabularies.
Figure-3.1 showed the 3-3.6 years old age groups percentage of correct responses in the set 1 where 4 participants’ response were 100% and 21 participants’ response were above 90%. As almost 80% participants got above 90% correct response so that it can be said that the vocabularies were acceptable for Bangladeshi context. Williams, Marks, Bialer (n.d.) found in their study that 60% participants had correct responses and that is why they applied the PPVT as a clinical tool for American children.

Figure-3.2 showed the 3-3.6 years old age groups percentage of correct responses in the set 2 where 9 participants’ responses were above 80% and 6 participants’ responses were above 70%, 8 participants’ responses were above 65% and 2 participants’ responses were 58%. As almost 40% participants got above 80% correct response so that it can be said that the vocabularies were acceptable for Bangladeshi context because Ukrainetz and Blomquist (n.d.) in their study found 45% participants responded correctly towards the sets of PPVT.

Figure-3.3 showed the 3-3.6 years old age groups percentage of correct responses in the set 3 where 2 participants’ responses were 100% and 7 participants’ responses were above 70%, 8 participants’ responses were 50-60% . As the age range was 3-3.6 years old that is why due to the increasing difficulty the score decreased. But as 100% children responses for the set that is why this set was appropriate for Bangladeshi context. Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so it is applicable.

Figure-3.4 showed the 3-3.6 years old age groups percentage of correct responses in the set 4 where 2 participants’ responses were 58% and 15 participants’ responses were above 45%, 8 participants’ responses were above 40%. As Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so set 4 is applicable.

Figure-3.5 showed the 3-3.6 years old age groups percentage of correct responses in the set 5 where 1 participant response was 62% and 24 participants’ responses were above 40%. But as Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so set 5 is applicable for the Bangladeshi context.

Figure-3.6 showed the 3-3.6 years old age groups percentage of correct responses in the set 6 where 4 participants’ responses were more than 50% and 21 participants’ responses were less than 50%. But as Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so set 5 is applicable for the Bangladeshi context.
Figure-3.7 showed the 3.7-4 years old age groups percentage of correct responses in the set 1 where 18 participants’ responses were 100% and 7 participant’s responses were above 90%. As almost 72% participants got 100% correct response so that it can be said that the vocabularies were acceptable for Bangladeshi context. Williams, Marks, Bialer (n.d.) found in their study that 60% participants had correct responses and that is why they applied the PPVT as a clinical tool for American children.

Figure-3.8 showed the 3.7-4 years old age groups percentage of correct responses in the set 2 where 7 participants’ correct responses were 100% and 18 participant’s correct responses were above 80%. As almost 30% participants got 100% and 70% participants got above 80% correct response so that it can be said that the vocabularies were acceptable for Bangladeshi context. Williams, Marks, Bialer (n.d.) found in their study that 60% participants had correct responses and that is why they applied the PPVT as a clinical tool for American children.

Figure-3.9 showed the 3.7-4 years old age groups percentage of correct responses in the set 3 where 5 participants’ correct responses were 100% and 20 participant’s correct responses were above 50%. As almost 20% participants got 100% and 80% participants got above 80% correct response so that it can be said that the vocabularies were acceptable for Bangladeshi context. Williams, Marks, Bialer (n.d.) found in their study that 60% participants had correct responses and that is why they applied the PPVT as a clinical tool for American children.

Figure-3.10 showed the 3.7-4 years old age groups percentage of correct responses in the set 4 where 2 participants’ correct responses were 65% and 22 participants’ correct responses were above 40%. As the sets of the PPVT_III arranged in order of increasing difficulty that is why the scores of the participants were getting poor. But As Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not get less than 3 so set 4 is applicable.

Figure-3.11 showed the 3.7-4 years old age group’s percentage of correct responses in the set 5 where 4 participants’ responses were above 60% and 21 participants’ responses were above 40%. As Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so set 5 is applicable.

Figure-3.12 showed the 3.7-4 years old age group’s percentage of correct responses in the set 6 where 11 participants’ correct responses were 65% and 14 participants’ correct responses were above 40%. As Dunn (1997) told that when the children get the score less than 3 only then the test can be stopped and here the participants did not got less than 3 so set 4 is applicable.
The PPVT-III consists 17 sets and every set has a starting age that means each set is a start point for an individual age. The investigator used 6 sets where there were 72 vocabularies. By the study the investigator found that the Bangla speaking children of 3-4 year old have almost similar receptive vocabulary of the English children. According to Dunn and Dunn (1997) the mean of English speaking children of 3-3.6 year old children were 40.6 and by the study the investigator found the mean of 3-3.6 year old Bangla speaking children were 44.84. According to Dunn and Dunn (1997), the mean of English speaking children of 3.6-4 year old children were 55.5 and by the study the investigator found the mean of 3.6-4 year old Bangla speaking children were 52.6. So it can be seen the mean scores are approximate close that is why the investigator found that the tool PPVT-III may can use for the Bangla speaking children and it also can be said that the Receptive vocabulary development of the English and the Bangla speaking children are approximate close. Finally all the findings from this study suggested that the receptive vocabulary skill of 3-4 years old Bangla speaking children can be identified by using PPVT-III and the receptive vocabulary is almost close to the English speaking children.
Limitations:

There were some limitations during conducting the study. These are:

1. In this study sample was taken more from middle class family. But socio economic status can verify the results. So if the sample were from all social classes the result could give a broad understanding of vocabulary acquisition.

2. The tool has 17 sets but due to time consuming the investigator could not modify all sets.

3. Due to time consuming the investigator selected 3-4 year old age group children.

4. The number of participants in this study was not representative.

5. Lack of available literature was another limitation of this study.
Recommendation:
Research on some aspects such as speech, language, etc. of Bangla language is still needed. If anyone wants to conduct a study in the future regarding receptive vocabulary development of the Bangla language, they can follow the below-mentioned recommendation:

1. In the same study, can be conducted on 4-91 year old population because the tool can be used for children and adults both.
2. Further study should be conducted on the modification of the expressive vocabulary tool.
3. Further study should be conducted on receptive vocabulary development of lower and higher class children.
4. Further study should be conducted on receptive vocabulary development of children of working and non-working mothers.
5. This study should be conducted with the rest sets (set 7-set 17) in Bangladeshi context.
6. The same study can be conducted including a larger sample size than present time for generalization of the result.
Implications:

As there were no findings on receptive vocabulary assessment tool of Bangla speaking children of 3-4 year old in Bangladesh, the findings of this study can be used in the following purposes:

1. Speech and language Therapists can use it as an assessment tool of receptive vocabulary in school and clinical setting.
2. The SLT students can use the findings for their study purpose to get a concept about receptive language development.
3. The findings will separates normal developing child from child with developmental delay/disorder.
4. Parents will have a clear idea about receptive vocabulary development; it will help them to early identification of language delay/disorder so that they can take steps as early as possible.
5. This study has a great implication on Bangla language there is no established data about receptive vocabulary.
6. This study will help to understand the difference between Bangla language and others language.
Conclusion

In Bangladesh still there is no assessment tool is available based on research (Anam 1996). The present study attempted to know about the receptive vocabulary development and to check the applicability of the language tool PPVT-III. Such information is important for children with language disorder. Norms are helpful for estimating approximately how well a child’s receptive vocabulary is developing and it can be checked through the tool. Speech and Language Therapy is a new profession in Bangladesh. No research was done before in Bangladesh about receptive vocabulary development. So it is necessary to provide some evidence about language area and also about the assessment tool. At the end of the study the result is that the modified tool of PPVT-III can be used the Speech and Language Therapists as an assessment tool of receptive vocabulary the receptive vocabulary of Bangla speaking children and English speaking children has no significant change.


Bangladesh Protibandhi Kallayan Somiti, 2007


Impact Foundation Bangladesh, 2002


Momin, AKM 2003, *DISABILITY, CRP, Dhaka*


Annexure - 1

পরীক্ষণ ক

পরীক্ষণ কলবারে, “আমার কাছে তোমাকে দেখালের মত কিছু দিবি আছে। আমি চাই তুমি আমার সাথে কিছু দিবি দেখো।” একটি বড়দের ক্ষেত্রে বলবারে, “আমি জানিতে চাই তুমি কেন দিবির নাম জান।”

পরীক্ষণ ক পরীক্ষণ বলবে, “এই পৃষ্ঠার সব ছবিগুলো দেখো।” এরপর ঐ পৃষ্ঠার সব ছবিগুলো এক এক করে আঙ্কুরু দিয়ে দেখাতে হবে এবং বলতে হবে, “আমি যে নাম বলব তুমি সেই ছবিটির উপর আঙ্কুরু রাখবে। এখন একবার চেক্টা করি। বলের উপর আঙ্কুরু রাখ।”

যদি শিষ্টিটি সাহায্য ছাড়াই সঠিকভাবে পারে তাহলে পরীক্ষণ বলবে, “ভাল! এবার অন্যটা চেক্টা করি কুকুরুর উপর আঙ্কুরু রাখ।” যদি তা সাহায্য ছাড়াই কুকুরুর ছবিতে আঙ্কুরু রাখতে পারে তাহলে পরীক্ষণ বলবে, “ভালো!” তারপর পরীক্ষণ খুব খুব উত্তরে তুলে নেবে।

যদি শিষ্টিটি চুক করে তাহলে বলের উপর আঙ্কুরু রেখে পরীক্ষণ বুঝিয়ে বলবে, “তুমি চেক্টা করেছ। তিনি এটা বলে। এখন আবার চেক্টা করা। বলের উপর তোমার আঙ্কুরু রাখ।” শিষ্টিটি ব্যক্তিগত পরীক্ষণের উপর দিয়ে না পারবে পরীক্ষণ তত্ত্ব সাহায্য করে যাবে। সঠিক উত্তরটিতে দিয়ে পারলে পরীক্ষণ বলবে, “ভাল! এবার অন্যটা চেক্টা করি। কুকুরুর উপর তোমার আঙ্কুরু রাখ।”

যদি প্রবাজন হয়, তাহলে পরীক্ষণ শিষ্টিটি বল স্থানাঙ্কের মত করে সাহায্য করবেন। তত্ত্ব পর্যায় শিষ্টীটি সাহায্য ছাড়া সঠিক উত্তর দিয়ে পাড়ে না, তত্ত্ব পর্যায় পরীক্ষণ প্রশিক্ষণ চালিয়ে যাবে কলা (৩) এবং চামচ (১) শনাঙ্কার সাথে পরীক্ষণ খুব খুব উত্তরে যেতে যাওয়ার আগে।

লোট

পরীক্ষণকে অনেক কৌশল অবলম্বন করতে হবে শিষ্টিদেরকে সঠিক উত্তর স্থানাঙ্কের জন্য। অনেক শিষ্টিদের বেশি সাহায্য প্রদান হয়। যেমন-সঠিক ছবিটির উপর আঙ্কুরু রাখতে হতে পারে পরীক্ষণকে যখন তিনি বলবে, “বলের উপর তোমার আঙ্কুরু রাখ।” এরপর পরীক্ষণ শিষ্টীটি আঙ্কুরু ছবিটির উপর রেখে শিষ্টীটিকে তার মত করতে বলতে পারে। যেসব শিষ্টিদের অত্যন্ত কষ্টের সাথে চাঁদাও অন্যায়া যারা আঙ্কুরু দিয়ে থেকে পারে না, তাদের ক্ষেত্রে চেক্টা করতে হবে যেনা হায়।

কয়েকবার প্রশিক্ষণের পরেও যদি কোন শিষ্টী সঠিক উত্তর দেখাতে না পারে তাহলে পরীক্ষণ একে দিয়ে এবং প্রায় নায়কের তালিকার এর সাথে বর্ণনা করে লিখে দেবে কোন শিষ্টীটির সাথে PPVT-III পরীক্ষণটি করা যাবে না।

পরীক্ষণ খ

পরীক্ষণ বলবে, “এই পৃষ্ঠার সব ছবিগুলো দেখো।” এরপর পরীক্ষণ খ এর প্রতিটি ছবি আঙ্কুরু দিয়ে দেখায়ে এবং বলবে, “কাঁদছি ছবিটির উপর আঙ্কুরু রাখ।”
যদি সাহায্য ছাড়াই সঠিক উত্তর দেখাতে পারে তাহলে পরীক্ষক বলবে,“ভাল! এখানে অন্যটা চেষ্টা করি। যুমাছে- ঘরটি দেখাও।” যদি শিশুটি সঠিক উত্তর দেখাতে পারে তাহলে প্রশিক্ষন ব্যাবহার বন্ধ করতে হবে। এরপর পরীক্ষক পরীক্ষার আইটেমের সাথে পরিচিত করার এবং প্রাপ্ত নামার অনুসারে শুরুর আইটেম থেকে পরীক্ষা করা শুরুতে হবে।

যদি শিশুটি ভুল করে তাহলে পরীক্ষক সঠিক উত্তর “কাঠামো” এর উপর আঙুল রেখে বুঝিয়ে দিবে এবং বলবে, “তুমি চেষ্টা করেছ কিন্তু এই ঘরটি “কাঠামো” এর। এখন আবার চেষ্টা করুন।” “কাঠামো ঘরটি দেখানো।” যতক্ষণ পর্যন্ত সঠিক উত্তর দেখানোর জন্য শিশুটির সাহায্য প্রয়োজন হয়, পরীক্ষক ততক্ষণ সাহায্য করবে এবং তারপর বলবে, “ভাল! এখানে অন্যটা চেষ্টা করি। যুমানো- ঘরটি দেখানো।” যদি প্রয়োজন হয় পরীক্ষক প্রশিক্ষন চালু রাখতে হয় প্রকল্পটি সাহায্য ছাড়াই সঠিক উত্তর দেখাতে না পাবে। তারপর শুরুর আইটেম এর সাথে পরীক্ষক পরিচিত করবে।

নোট

প্রশিক্ষন আইটেম ক এর মত পরীক্ষককে কৌশল অবলম্বন করতে হবে শিশুটিকে সঠিক উত্তর দেখানোর জন্য। যদি শিশুটি কঠিনতার প্রশিক্ষন করার পরেও সঠিক উত্তর দেখতে না পারে তাহলে পরীক্ষক পরীক্ষা বন্ধ করবে এবং প্রাপ্ত নামার তালিকার উপর পরীক্ষক বর্ণনা করে বুঝিয়ে দিবে, কেন শিশুটির সাথে PPVT-III করা যাবেনা।

কিভাবে পরীক্ষার আইটেম পরিচিতি করালো হয়?

পরীক্ষক বলবে, “ভাল! এখন আমি আরও কিছু ঘর দেখাতে যাচ্ছি। প্রতিটি আপনি জিজ্ঞাসা করবে এবং তুমি সঠিক ঘরটি দেখাবে।” যখন আমরা পরেরগুলো দেখাবো, তুমি হয়তো বিশ্বিদে না হতে পারবো যে কোনটি দেখাবো, কিন্তু আমি চাই তুমি সব ঘরগুলো তালিকায় দেখে এবং সেভাই গছায় করে যেটা সঠিক মনে হয়।” দেখা ও …
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Annexure -3

Permission Letter

Date: 14/09/2014
To
Head (Acting)
Department of Speech & Language Therapy
Bangladesh Health Professions Institute (BHIPI)
CRP, Chapain,
Savar, Dhaka

Subject: Prayer for seeking permission to conduct the research.

Sir,

With due respect I state that I am a 4th year student of B. Sc. in Speech and Language Therapy of BHIPI, the academic Institute of CRP. I am sincerely seeking permission to conduct the research project as the partial fulfillment of the requirements for the degree of B. Sc. in Speech and Language Therapy. The title of my research is ‘Suitability of Peabody Picture Vocabulary Test 3 (PPVT3) for 3-4 years old typically developing children in Bangladesh’. The main objective of study is the translation and modification of the tool in the context of Bangladesh and application to typically Bangla speaking children from 3-4 years old to check the suitability of the tool.

Now I am seeking your kindness to approve me to start the research project and I would like to assure that anything of my research project will not harmful for the participants.

So, I therefore pray and hope that your honor would be kind enough to grant me the permission of conduction the study as a part of my course.

Your Obediently,

-------------
Masuma Suraya
4th year student of B. Sc. in Speech and Language Therapy Department,
Bangladesh Health Professions Institute (BHIPI),
CRP, Savar, Dhaka

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Annexure -4

Permission Letter from BHPI for Data Collection

Permission Letter

Date: 14/09/2014

To

Head (Acting)

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Chapain,

Savar, Dhaka

Subject: Prayer for seeking permission to conduct the Data Collection.

Sir,

With due respect I state that I am a 4th year student of B. Sc. in Speech and Language Therapy of BHPI, the academic Institute of CRP. I am sincerely seeking permission to conduct the data collection of the research project as the partial fulfillment of the requirements for the degree of B. Sc. in Speech and Language Therapy. The title of my research is ‘Suitability of Peabody Picture Vocabulary Test 3 (PPVT3) for 3-4 years old typically developing children in Bangladesh’. The main objective of study is the translation and modification of the tool in the context of Bangladesh and application to typically Bangla speaking children from 3-4 years old to check the suitability of the tool.

Now I am seeking your kindness to approve me to start the data collection for research project and I would like to assure that anything of my research project will not harmful for the participants.

So, I therefore pray and hope that your honor would be kind enough to grant me the permission of conduction the data collection and will help me to conduct a successful study as a part of my course.

Your Obediently,

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Masuma Surayea

4th year student of B. Sc. in Speech and Language Therapy Department,

Bangladesh Health Professions Institute (BHPI),

CRP, Savar, Dhaka

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<tr>
<th>Course Coordinator</th>
<th>Comments and Signature</th>
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<tbody>
<tr>
<td>Md. Jahangir Alam</td>
<td>Proud for your data collection</td>
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<td>Head (Acting)</td>
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<td>Department of Speech and Language Therapy</td>
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