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AND LANGUAGE STUDIES**

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**KNOWLEDGE AND ATTITUDES OF PUBLIC PRESCHOOL TEACHERS ON
SPEECH AND LANGUAGE PROBLEMS IN ADDIS ABABA, ETHIOPIA**

By – ELENI HILUF

December, 2025

Addis Ababa, Ethiopia

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A thesis submitted to Addis Ababa University's College of Education and Language studies, Department of Special Needs and Inclusive Education, in partial fulfilment of the requirements for the degree of Masters Science in Speech and Language Therapy

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Declaration

I, the undersigned, affirm that the thesis titled " knowledge and attitudes of public preschool teachers on speech and language problems in Addis Ababa, Ethiopia." is my original work. All the sources of information used in its preparation have been duly acknowledged.

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Acronyms

SLT- speech language therapists

ASHA- American speech and hearing association

SPSS- statistical package for social science

Abstract

Speech and language disorders are common in early childhood with prevalence of 6% around the globe. It's also confirmed that early detection of speech and language disorders and treatment in the critical period lead to better overall outcomes. Preschool teachers spend most of their time with children and they are the ones who notice if there is anything wrong or an unusual thing is going on with a child. Preschool teachers play a key role in detecting children with speech and language disorders. And they are one of the team members who should continuously be in contact with SLTs about the generalization of the learned abilities in therapy settings and to prevent dropouts. So this study aims to assess the knowledge and attitude of public preschool teachers in selected schools in Addis Ababa, Ethiopia. While conducting the research a cross-sectional study was employed among 150 public preschool teachers in Addis Ababa using a structured, self-administered questionnaire. The sampling procedure involved multistage and convenient sampling techniques. The questionnaire assessed socio-demographic data, knowledge levels related to speech and language disorders, and attitudes towards affected children. The data were analyzed using SPSS version 27, employing descriptive statistics to categorize knowledge as good, satisfactory, or poor, and attitude as positive or negative. And also inferential statistics analysis were performed to test hypothesis and examine significant differences between participant groups at 95% confidence interval ($p < 0.05$). Findings revealed that only 13.3% of teachers possessed good knowledge of speech and language disorders, while a majority (53.3%) demonstrated poor knowledge. Despite this, 59% of the participants exhibited positive attitude towards children with speech and language difficulties, supporting early identification and intervention strategies. Although preschool teachers generally hold positive attitudes toward children with speech and language problems, their knowledge levels remain inadequate. This gap emphasizes the need for targeted training programs, professional development, and collaborative efforts with speech-language pathologists to enhance early detection and support for affected children.

1. Introduction

1.1 Back ground of study

Communication is an art that lies in our daily life heart. It is how we exchange information, idea and our feelings with others. Communication is not just talking; it's making connections, understanding and being understood. This exchange is fundamental to building relationships, fostering social interactions, and nurturing personal well-being. Whether through a smile, a written note, or a heartfelt conversation, every act of communication contributes to the fabric of our social lives and personal growth (SLP, 2023).

As described by Feldman (2019), language, speech and communication have an important place in our daily lives and the main purpose of communication is the exchange of feelings and thoughts that are desired to be shared. Language is a formal system of words and symbols through which we communicate. We might do this through speaking, listening, reading, writing and viewing. Due to the nature of language, users have the ability to create and share infinite meanings (Beam Health Psychologists, 2023). Speech is a verbal communication tool. Speech is the production of sounds in the language by the movement of speech organs (lip, palate, tongue, vocal cords, chin, etc.)(Baglama, 2023), and it is one of the main ways in which we communicate with people (Beam Health Psychologists, 2023).

Communication isn't simply talking it's an exchange that goes both ways, a process where people share information and ideas. It's not just about what you say, but also about how you understand what others are trying to communicate. Expression comes in many different forms. Consider gestures, movements, using objects, making sounds, speaking, signing, showing pictures, using symbols, reading and writing words, and even using Alternative Augmentative Communication devices that support people in getting their message across (ASHA, 2018).

When discussing speech and language difficulties, we're referring to situations where a child finds it hard to connect with others. They might have difficulty in expressing what they are thinking or have a challenge in understanding what others mean. Sometimes communication is not about words only it also understands social rules as well. These difficulties don't always relate to other developmental needs. Sometimes they occur on their own, but other times they're part of broader conditions, such as general learning difficulties, autism spectrum disorders, or attention deficit hyperactive disorder (NHS Foundation Trust, 2025).

The preschool years are when children's language abilities develop rapidly. During this stage, vocabulary, syntax, morphology, and pragmatic skills all advance quickly. By the end of their first year, most children say their first words. Over the following two years, their vocabulary grows rapidly, and they begin using more complex grammar and sentence forms. By age five, they have mastered the basics of pronunciation and grammar, and they can communicate easily with others (Conti-Ramsden & Durkin, 2012).

When children start school, they are expected to have developed the speech, language and communication foundations needed to participate in learning in the classroom and the playground. In fact, it is estimated that approximately 24% of children have speech, language or communication difficulties at school entry (Beam Health Psychologists, 2023)

Speech and language disorders are among the most common developmental disorders in the preschool period (with a prevalence of 6%). More than half of the children, who have language delays between the age of 2 and 3, recover spontaneously but the ones who have persistent speech and language delay may have problems in cognitive and social development, if they are not diagnosed and treated early (ASHA, 2018).

Children with persistent speech and language disorders are reported to have difficulties in literacy and academic achievement throughout their school years (Felsenfeld et al., 1994). Speech and language disorders which have not been treated are also linked to the reading

difficulties, Catts (1994); Lindsay and Dockrell (2000); Schuele (2004) educational underachievement (Snowling et al., 2001) and behavioral difficulties(Uysal et al., 2019).

Speech and language disorders show up often in early childhood—about 10 to 15 percent of school-age kids deal with speech, language, or hearing issues (Topbaş, Konrot and Ege, 2002). These problems drag down academic performance and make it harder for kids to adjust socially and emotionally (Baglama, 2023).

Teachers play a crucial role in identifying the signs, push for diagnosis, with treatment and even in follow-up for children with this disorder (Aydın Uysal and Tura, 2018). Research also suggests that early identification of speech and language disorders and get treatment during this early year, it will lead to better outcome (Law et al., 2000; Boyle et al., 2010). In this case the main characters become the preschool teachers. They are usually the first ones to notice if there is something off and there notice set a stage for early intervention. The early detection shapes not only language skills but child's cognitive growth, social development and academic achievement too.

But teachers work doesn't end on the early detection. Once they go under therapy, preschool teachers work in collaboration with speech and language therapists, on generalizing of what the kid learn and applying the new skills learnt outside of therapy room. Working in team with therapists help prevent dropout from therapy and for persistent progress (Blackorby and Wagner, 1996; Uysal et al., 2019). Teachers are much more than educators, but crucial partners in supporting children with speech and language challenges.

Preschool teachers spend most of their time with children and they are the ones who notice if there is anything wrong or unusual thing is going with a child .It is very important to educate them about speech language problems and there sign and symptoms. And it's also very crucial letting them know how early detection and intervention to this problems have important role in the therapy process. This study seeks to explore the knowledge and attitudes of preschool teachers regarding speech and language problems in children. Specifically, it will examine the teachers' understanding of the nature of speech and language disorders, their ability to identify these issues, and the strategies they employ to assist affected children in the classroom.

Additionally, it will assess how teachers' attitudes towards these issues influence their approach to supporting students with speech and language difficulties.

1.2 Statement of the problem

Preschool teachers have a big responsibility. Teachers are usually the ones to notice when a child has challenges with speech or language, and their next step will determine the child's academic, social, emotional and overall future development. The problem is most teachers don't know enough about this topic. Some even think children with this difficulty as a negative light. The knowledge gap matters (Uysal et al., 2019).

In early childhood education, preschool teachers are usually the first to notice developmental challenges in children, including issues with speech and language. Since early childhood education is vital for academic success and social development, what preschool teachers know and how they feel about speech and language problems can greatly affect a child's chance to overcome these challenges. However, there is a significant gap in the training and preparation of preschool teachers to spot, handle, and support children with speech and language issues. Not having enough knowledge can lead to delays in identifying speech and language disorders, which results in missed chances for early intervention (L. M., & Kaderavek, J. N. (2004).

A large amount of international research shows that preschool teachers have different levels of awareness and training about speech-language disorders. In a study by Miller et al. (2018), researchers found that preschool teachers in the United States often lacked knowledge about early speech-language development and disorders. The lack in knowledge affects their ability to differentiate children who need help. The lack of knowledge is because of inadequate training for teachers and limited opportunities in professional development related to speech and language issues (Miller et al., 2018).

Edwards and Danks (2017) also studied preschool educators' viewpoints regarding speech-language disorders in United Kingdom. Despite the majority of educators wanting to assist students with speech issues, a lack of confidence on the part of the educator to deal with speech-

language problems led the educator to have an uncertain attitude toward the speech-language problems of students. The article concluded that providing improved training and resources would improve the educator's attitudes toward students with speech-language problems (Edwards & Danks, 2017).

Researches in Africa show similar results. The different studies include a study by Kamau and Njoroge (2020) which was done in Kenya that examined knowledge of preschool teachers about speech-language disorders. The result revealed that teachers had very little knowledge about early signs of speech and language disorder, this limited knowledge led to delayed identification and intervention for children with speech and language disorders. In another study conducted by Mwangi and Kinyanjui (2021) the result shows when teachers received training and resources to treat with speech and language disorders, their attitudes toward speech-language disorder and their ability to help children with speech and language disorders improved significantly.

A research conducted by Hassan and Ali in 2019 revealed challenges that educators face in identifying children with speech and language issues, which include lack of access for teachers to participate in professional development, limited resource for intervention, and almost zero collaboration with speech-language therapists. The research also addresses the importance of having comprehensive teachers training programs to elevate teacher's knowledge and attitude toward preschool children speech and language difficulties.

Previous studies equipped valuable insights into preschool teachers' knowledge and attitudes toward speech and language problems. There remains a notable gap in understanding how these factors directly impact the early detection and intervention of speech and language disorders. Most of the studies have studied either on knowledge or attitude separately, without exploring how both factors influence and interact the education process. In addition to this, many studies have been conducted in western contexts, which may not fully reflect the unique challenges tackled by preschool teachers in our country. This research aims to address this gap by investigating both the knowledge and attitudes of preschool teachers regarding speech-language problems in a specific local context.

1.2.1 Objective

General objective

The general objective of this study is to assess knowledge and attitude of public preschool teachers on speech language problems in Addis Ababa, Ethiopia.

Specific Objectives

1. To assess the level of knowledge of preschool teachers about speech and language disorders.
2. To assess the attitudes of preschool teachers towards children with speech and language problems.
3. To assess whether there is a statistically significant mean score difference among groups of background variables (age, gender, etc.) on attitude and knowledge of preschool teachers about speech and language disorder.

1.3 Significance of the Study

The finding from this study will provide deep understanding on the current knowledge and attitude of preschool teachers regarding speech and language problems. Perceptions of these factors are essential for developing targeted professionals development programs. Leveling up early intervention practices, and guaranteeing that preschool environments are more supportive for children with difficulties. This study also discusses how speech-language therapists and preschool teachers can collaborate to give support for children with language issues, which is relevant to improve teacher's knowledge and attitude.

The study will also offer recommendations for policymakers, educators, and researchers on how to enhance early childhood education frameworks to better address speech and language challenges. And since there is lack of enough literatures done in our country it also can be used

as a source of information and it's going to be an eye opener for the current state of speech language disorders.

1.4 Operational definition

- **Knowledge-** questions were delivered to study participants. Each correct response was given a score 1 and wrong answering 0. Modified bloom's cut off point was used to categorize the knowledge as good 80-100%, satisfactory 60-79% and poor below 60%.

- **Attitude-** it was assessed using Likert scale. The scoring system used: strongly disagree=1, disagree=2, neutral=3, agree=4, strongly agree=5. The responses were summed and a total score was obtained. Then the mean score was calculated. Those who scored the mean score and above were considered as having positive attitude, whereas those who scored below the mean value were categorized as negative in attitude towards speech language disorder.

2. REVIEW OF LITERATURE

Preschool years lay the foundation for how kids talk, understand, and relate with others. These early language skills don't just help with chatting on the playground they influence how children read, learn, and handle their emotions later in life. Research supports this because when children struggle with communication and those problems go unnoticed, they often face real difficulties, both in school and in their personal lives (Conti-Ramsden & Durkin, 2012). That's why teachers matter so much here. They see kids every day, spot those early warning signs, and can step in or refer children who need extra support (McLeod & McKinnon, 2007).

Studies from developed countries continue to illustrate a disconnect between what teachers know and how they feel about teaching. Take the case of the university of Sheffield study in the UK, researchers surveyed 89 teachers to see what they knew, believed, and felt about working with children diagnosed in preschool with speech or language impairment. The teachers generally had positive attitudes, but most said they hadn't received much if any formal training on issues related to speech-language. Instead, they have picked up what they know from their hands-on experience and reading books (Sadler, 2005).

In a survey conducted in Turkey 153 preschool teachers were asked about their knowledge of language and speech disorders. The results showed most teachers don't know much about these issues. Nearly half 46% said they've had little or no experience working with children who have speech or language impairments. Many admitted they don't feel equipped to teach kids with serious language problems (Uysal et al., 2019).

Researchers in Kerala, India set out to see how much do primary school teachers actually know, what their awareness is, and how they feel about their work. When questions were asked about their awareness, around 73% responded. Their knowledge score was an average of 73.67%. As for attitude, they hit 68.01%. So, upon viewing at these numbers, it's clear these have quite a firm grasp of the basics and a generally positive outlook (Paul, 2022).

Researchers in Turkey conducted a survey among 100 teachers and asked them what they think and know about speech disorders, especially in terms of parents and teachers. Every teacher in the study had a positive attitude. When asked about the need for therapy, they all agreed it's important. This study shows a strong, shared belief among teachers in the necessity of therapy for speech disorders (Örnekleme İmge Bora & Toğram, 2018).

Researchers conducted a survey of 469 primary school teachers in an urban districts of South Africa, to find out how they perceive stuttering. Most teachers showed positive attitudes, particularly in relation to what people who stutter can achieve. Still, many held onto some old misconceptions about the personality characteristics and causes associated with stuttering. Compared to other groups in the existing database, these South African teachers generally had a better outlook (Abrahams et al., 2016).

Across the contexts, an emerging pattern is evident teachers generally have positive attitudes, and limited knowledge about speech and language disorders. This discrepancy limits their ability to effectively identify and support children. Moreover, lack of structured training programs and collaboration with speech-language pathologists are repeatedly cited barriers (McLeod & McKinnon, 2007; Justice & Kaderavek, 2004).

Despite the growing recognition of speech and language disorders globally, there is a paucity of research in Ethiopia. Most available studies come from high income countries, whose educational and healthcare systems differ from the Ethiopian context. Thus, investigating Ethiopian preschool teachers' knowledge and attitudes will provide critical baseline data for designing teacher training, informing inclusive education policies, and improving early intervention system.

3. METHODOLOGY

3.1 Study design

Institution based cross sectional study design was conducted to assess the knowledge and attitude of public preschool teachers on speech-language problems.

3.2 Study site and population of the study

The study was conducted in Addis Ababa city, which has a population of more than 3.6 million people. Addis Ababa is Ethiopia's largest city, playing a central political, economic and symbolic role, with national political elites influencing the city's governance and physical transformation. Addis Ababa has a total of 2206 schools from this 566 of them are owned governmentally and the other 1640 are owned by private owners. There are 1,328,188 students in the city. And there are 70,746 teachers. Of these 39,753 of them teach in public schools 30,993 teach in private schools. Out of this 5079 are teachers of preschool in public schools(City Government of Addis Ababa Education Bureau | 2024)

3.3 Study population

All public preschool teachers working in Addis Ababa

3.4 Study unit

All public preschool teachers working in schools within the selected sub cities

3.5 Inclusion and exclusion criteria

- **Inclusion criteria** – all selected teachers, working in public schools in the selected sub cities and who are willing to participate.

- **Exclusion criteria**- a teacher who have not worked for at least 6 months

Teachers who are on their annual leave or sick leave during the data collection period

Teachers who have a special need child/or who have a child with speech and language problem

3.6 Sample size calculation and sampling procedure

The total number of public preschool teachers are 5079

The sample size is determined using single population formula $n = Z_{(\alpha/2)}^2 * p(1-p) / d^2$

n= desired sample size

$z_{\alpha/2}$ - z score which is 2.33 where, confidence interval= 98%

p= proportion of expected sufficient knowledge and attitude in %, p=50%

d is margin of error, d=10%

So, **n=136**

After adding 10% non-respondent rate the sample size will be 150.

3.6.1 Sampling procedure

Multi stage sampling was used to obtain representative sample of study participants. Out of the 11 sub cities Addis Ababa has 4 were selected using lottery method. And the sample size was allocated proportionally to each selected sub cities based on the number of the teachers in each sub cities. Then the participants were selected using convenient sampling technique until the sample size is fulfilled for the given sub city.

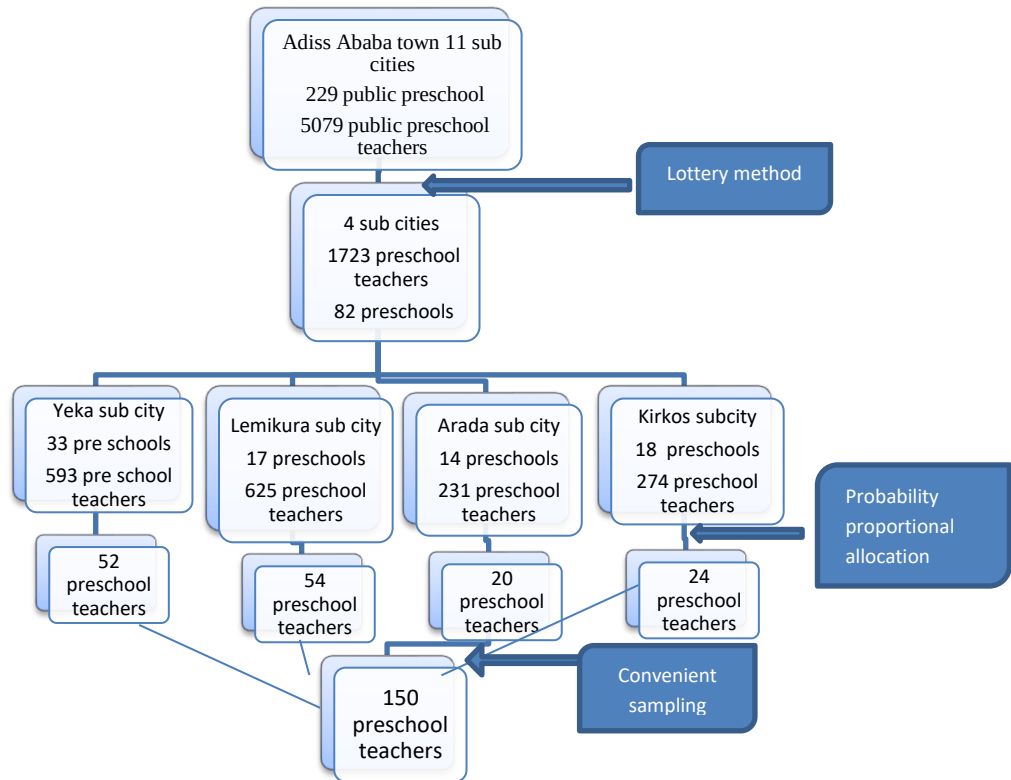


Figure 1 diagrammatic presentation of sampling procedure

3.7 Data collection tool

The data was collected using closed-ended, self-administered, structured questionnaire. The tool was adapted from previous similar research because there is no standard questionnaire and it becomes modified based on the cultural context of the study area. The questionnaire is classified into 3 parts. The first part, socio-demographic data, contains age, years of experience, educational status, and training. The knowledge part has 15 major questions which include; definitions of speech and language disorders, developmental milestones, symptoms, causes, and referral responsibilities. The attitude part contains 10 questions. Statements rated on a five-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5). The Items assessed teachers' beliefs about their role in identification, willingness to refer, confidence in interacting with affected children, and views on inclusion. In general the questionnaire contains 30 questions including the socio-demographic part.

3.8 Data collection procedure

Volunteers were recruited for the data collection process. These volunteers assisted the participants by elaborating unclear questions and after the participants completed the questionnaire, the data collector collected the questioner's appropriately. The questionnaire was prepared in English .pre-test was undertaken on the questionnaire before the actual data collection was started and necessary correction was made to increase the quality of information. The collected data was reviewed and checked for completeness before data entry, the incomplete were discarded.

3.9 Variables of the study

Dependent variables

- Knowledge
- Attitude

Independent variables

- Age
- Gender
- Experience and Training

3.10 Data analysis

After the data were checked for their consistency and completeness, it was coded in an Excel spreadsheet. Data were exported to SPSS version 27.0 for statistical analysis .Statistical summary was applied to describe socio-demographic data, Level of knowledge and attitude, and then the results of the data analysis were presented in textual descriptions, frequency tables and charts. Descriptive statistics were done, such as percentages; frequency distribution and mean were used. Then knowledge was categorized into 3; good, satisfactory and poor. Attitude was categorized into two; positive and negative. In addition, inferential statistics were used in the data analysis to reach conclusions beyond the sample and to see if the differences between groups were significant. The analyses included independent-samples t-tests and other suitable tests. Statistical significance was assessed at a 95% confidence level ($p < 0.05$)

3.11 Ethical consideration

The ethical clearance was obtained from the Department of Special Needs and Inclusive Education at Addis Ababa University. Communication with the directors of the schools chosen for the study was made through a formal letter obtained from the department of special needs and inclusive education. The study subjects were informed about the purposes of the study, the benefit of the study, anonymous filling of questionnaires, and their right to refuse, to participate in the study. Written consent was secured from each participant. At all levels of the study, confidentiality was secured. The informed consent of each teacher was obtained. The dignity, integrity, and privacy of each teacher were treated as important and were respected at all times.

3.12 Dissemination of results

The findings of the study will be submitted and presented to Addis Ababa University. In addition to this, the final report will be disseminated to the Addis Ababa bureau of education and other responsible bodies working in the area. Besides, the findings of this study will be submitted for publication in a peer reviewed journal.

4. RESULT

4.1 Socio-demographic characteristics of the participants

Table 1

Sociodemographic characteristics of the participants

variables	categories	frequency	percentiles
Age	20-25	21	14.0%
	26-30	59	39.3%
	31-35	50	33.3%
	Above 35	20	13.3%
Gender	male	45	30.0%
	female	105	70.0%
Experience	6month-2 years	24	16.0%
	2 years-4 years	44	29.3%
	More than 5 years	82	54.7%
Educational level	Certificate/diploma	21	14.0%
	Bachelor's degree	89	59.3%
	Master's degree or higher	40	26.7%
Training	yes	67	44.7%
	no	83	55.3%

Out of 150 preschool teachers participated in the study, most were between 26- 30 years old about 39%. Another 33.3% were 31- 35, while 14% were younger, between 20 and 25. The rest, about 13%, were over 35. As for gender, women made up 70% of the group, and men 30%. When it comes to experience, more than half(54.7%) had taught for over five years. 29.3% had 2-4 years under their belt, and about 16% were still pretty new, with less than two years of experience. Education-wise, 59.3% had a Bachelor's degree. Around 27% went further, earning a Master's or more, and 14% had a certificate or diploma. One thing that stood out—over half of

these teachers, about 55.3%, said they'd never had any training in speech or language disorders. The rest, 45%, had gotten some sort of training.

4.2 Knowledge of speech and language disorders

The results showed that teachers' understanding isn't all on the same page. Most (68.7%) knew that a speech disorder means difficulty producing speech sounds. Even more, 84% recognized that a language disorder involves problems with understanding or using words. Over half the teachers, 59.3% picked up on the fact that kids who aren't easily understood by familiar adults might have a speech sound disorder. But gaps in knowledge stood out too. Almost half thought that using full sentence by 12 month was normal, which just isn't the case. Misconceptions like this still run deep.

When asked about signs of speech or language disorders, 82% identified every factor (trouble understanding instructions, a small vocabulary, and trouble pronouncing sounds). Most (88%) also pointed to things like hearing loss, limited exposure, and developmental disorders as real contributors. Almost all (90.7%) got that hearing loss impacts speech and language growth. And 80.7% pushed back against the myth that every late talker catches up on their own.

Nearly all teachers 94% said that identifying speech and language difficulties isn't just their job; parents and speech-language pathologists play a part, too. But when it comes to their own role, 98% see themselves as important in this process. Another 98% agree; catching these issues really does lead to better outcomes.

Looking at the knowledge scores, only 20 teachers got 12 or more questions right out of 15. 50 managed 8 to 11 correct answers, and the largest group 80 participants answered 7 or fewer correctly. Using Bloom's cut-off points, just 13.3% showed good knowledge (80% or higher). Around a third 33.3% fell into the satisfactory range (60–79%), while over half, 53.3%, scored in the poor range (below 60%).

So, most preschool teachers know the basics about speech and language problems. But when it comes to the finer details developmental milestones, specific signs of disorders their understanding falls short.

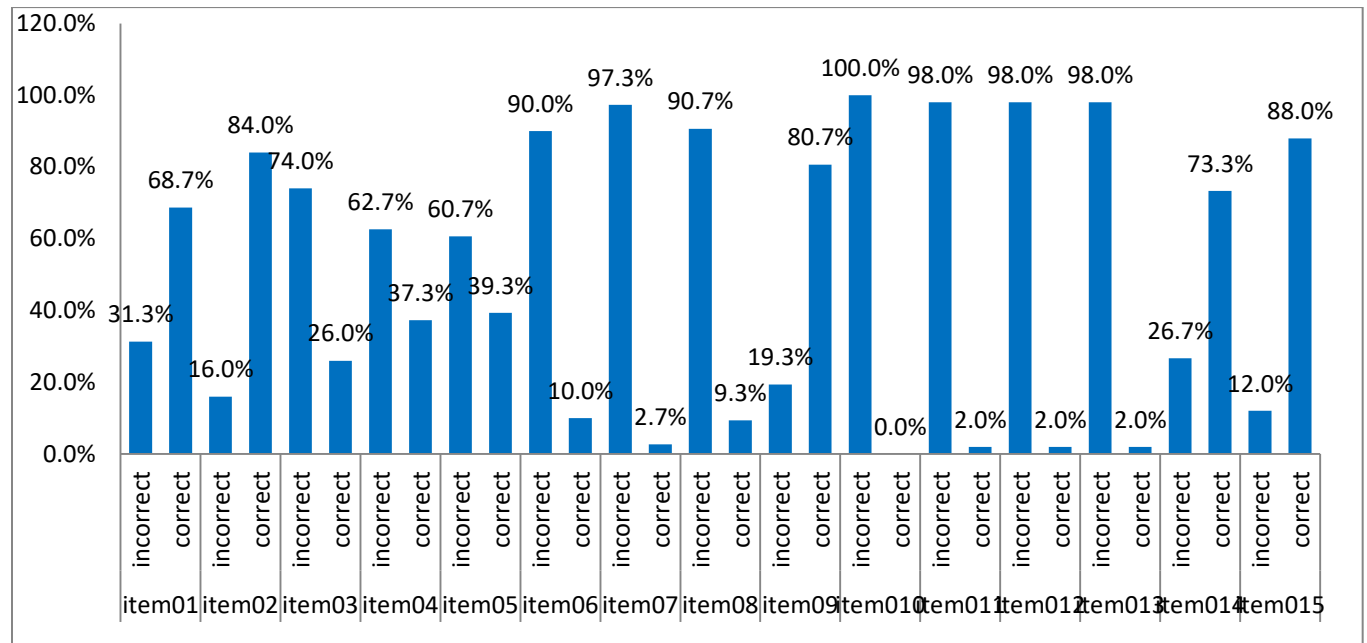


Figure 2 knowledge of preschool teachers

The overall result indicates that more than half of the teachers lacked sufficient knowledge about speech and language disorders.

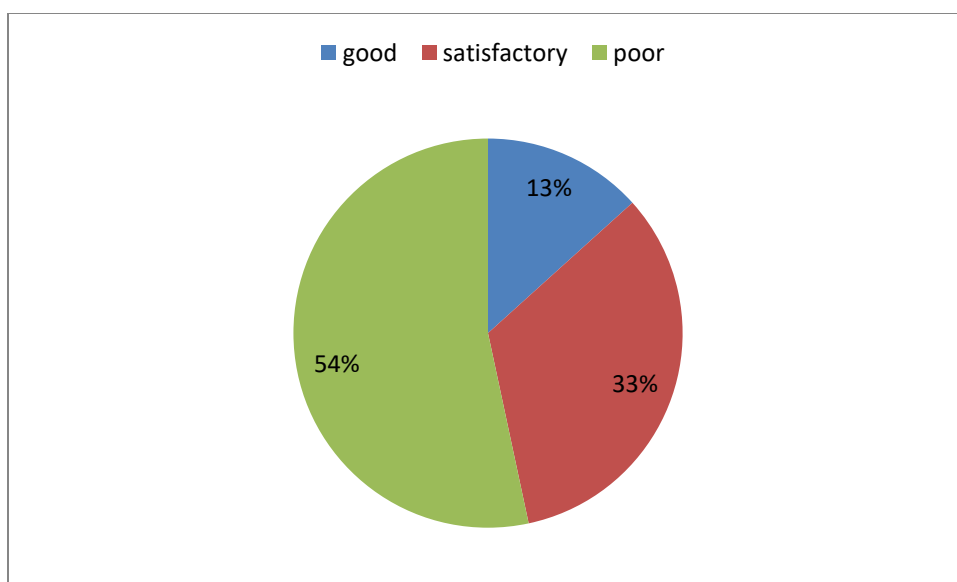


Figure 3 category of knowledge of preschool teachers

4.3 Attitude towards speech and language disorders

Table 3

Attitude towards speech language disorders among public preschool teachers

variables	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Teachers have an important role in supporting children with communication difficulties.	0(0 %)	0(0%)	3(2%)	39(26%)	108(72%)
I am willing to refer children to specialists if I notice speech or language delays.	3(2%)	0(0%)	0(0%)	69(46%)	78(52%)
Children with speech and language disorders can be as successful as their peers academically	25(16.7%)	11(7.3%)	14(9.3%)	47(31.3%)	53(35.3%)
Children with speech/language disorders should be included in regular classrooms.	14(9.3%)	23(15.3%)	9(6%)	57(38%)	47(31.3%)
I would feel comfortable discussing a child's communication issue with their parents	3(2%)	0(0%)	6(4%)	81(54%)	60(40%)
Early identification of speech	3(2%)	0(0%)	4(2.7%)	43(28.7%)	100(66.7%)

and language disorders is important.					
Most speech and language disorders can be improved with appropriate therapy.	0(0%)	3(2%)	8(5.3%)	54(36%)	84(42.7%)
I feel confident interacting with children who have speech or language difficulties.	4(2.7%)	0(0%)	20(13.3%)	62(41.3%)	64(42.7%)
I believe training in speech and language development should be part of every preschool teacher's education.	0(0%)	0(0%)	9(6%)	66(44%)	75(50%)
I feel confident identifying children with possible speech or language difficulties.	4(2.7%)	17(11.3%)	25(16.7%)	59(39.3%)	45(30%)

This research assessed preschool teachers' attitudes toward speech and language disorders using 10 Likert-scale questions. Teachers mostly reported positive attitude, but some answers stood out from the rest. Nearly everyone 98% felt teachers have a key role in helping children with communication challenges, and just as many emphasized the importance of spotting these issues early. Most teachers, around (92.7%), also believed that with the right therapy, kids with speech and language disorders can make real progress.

Most teachers about 88% thought the right move was to refer children for specialist evaluation. Nearly all of them, 94%, said they felt comfortable talking to parents about communication issues.

And just as many (94%) agreed that teacher education should definitely cover speech and language development. When it came to interacting with children who had these challenges, confidence ran high at 84%. But when asked whether they can spot kids with possible speech and language problems, only around 69.3% felt sure of their abilities.

When teachers identified whether or not children with speech or language disorders can do just as well in school as their classmates, the sentiments were split. Most were optimistic (66.6%) about two-thirds said "yes", with more a third (35.3%) strongly agreeing. Still, nearly a quarter (24%) weren't convinced, and some pushed back hard. On the question of inclusion in

classrooms, there was similar support as around 69.3% agreed that these children should be put in regular classrooms, but about a quarter (24.6%) didn't think it was a good idea.

The average attitude score was 42.3 (SD = 5.6). the hypothetical mean for 10-item.5-point Likert scale was 30(10x3).since the observed mean score of 42.3 was much higher than the hypothetical mean, it suggests that participants generally had a positive attitude toward speech and language disorders. Additionally, 59% of participants scored above the average, showing that most held positive attitude, while 41% scored below the average, reflecting a less favorable view.

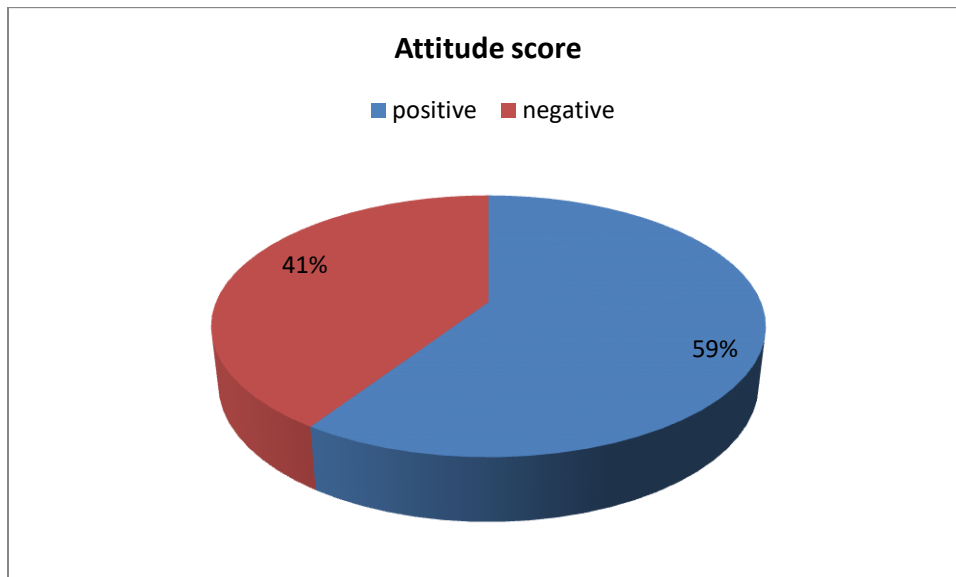


Figure 4 overall attitude score of preschool teachers

4.4 Inferential statistics

Table 4

Demographic differences in knowledge score

Variable	Category	n	M	SD	Test	p-value
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Gender	male	45	57.40	20.46	$t(148) = 0.44$	.664
	female	105	50.89	17.72		
Age group	20-25	21	51.98	23.12	$F(2, 147) = 4.89$	.003
	26-30	59	48.78	17.67		
	31-35	50	56.50	17.12		
	Above 35	20	56.57	19.59		
Work experience	6month-2yrs.	24	53.82	19.53	$F(2, 147) = 11.45$	< .001
	2-4yrs.	44	49.94	22.05		
	Above 5 yrs.	82	54.10	16.54		
Educational level	Cert/Diploma	21	52.16	23.14	$F(2, 147) = 0.75$	.473
	Bachelor's	89	51.95	18.17		
	Master's+	40	54.94	17.80		

The analysis investigated whether teachers have different knowledge of speech and language disorders according to different demographics. Age did turn out to be significant. The results of one-way ANOVA showed a significance difference in knowledge scores between the different age groups, $F(2, 147) = 4.89$, $p = .003$. Teachers older than 35 scored higher than those aged 26-30. Gender had no effect. The t-test, $t(148) = 0.44$, $p = .66$, revealed similar portions of knowledge for men and women. Work experience was a significant factor teachers having more years in the profession showed more knowledge as evidence by $F(2, 147) = 11.45$, $p < .001$. Educational status, however, didn't make a difference. Whether a teacher held a certificate, bachelor's, or master's degree, knowledge scores remained about the same, $F(2, 147) = 0.75$, $p = 0.47$. In summary, age and experience are the main factors, while gender and education level do not significantly impact how much teachers know.

Table 5

Demographic difference in attitude scores

Variable	Test Used	Test Statistic	p-value	Significant
Gender	Independent samples <i>t</i> -test	$t(148) = 0.44$	.664	No

Age group	One-way ANOVA	$F(3, 146) = 4.89$	.003	Yes
Work experience	One-way ANOVA	$F(2, 147) = 11.45$	< .001	Yes
Educational level	One-way ANOVA	$F(2, 147) = 0.75$	.473	No

The study discussed the attitude of teachers on speech and language disorders. The results indicate that their attitudes are strongly influenced by their age, as well as their years of experience. Gender and educational background have little effects, however. The ANOVA results back this up age has a clear impact ($F=4.89$, $p=0.0029$). Specifically, it seems teachers over 35 are significantly different from those aged 26-30. Gender doesn't make a whole lot of a difference ($t=0.44$, $p=0.66$) male and female teachers approach early identification in similar pattern.

A lot of experience makes a significant difference. Teachers with more years in teaching show very different attitudes compared to newcomers ($F=11.45$, $p=0.000$). The level of education of the teachers (certificate, bachelor's, or master's degree) doesn't seem to have a significant impact on the attitude ($F=0.75$, $P=0.473$). Ultimately, what matters the most are age and experience in teaching. Gender and educational qualifications have little impact on teachers' attitudes.

5. DISCUSSION

This study aimed to look at the question what Ethiopian preschool teacher knowledge and attitude is about speech and language disorders. The findings show while teachers have a real desire to help kids with communication difficulties, their actual knowledge is lacking. Most have difficulty identifying developmental milestones or identifying early signs of speech and language disorders. Many don't make their own roles in recognizing and helping these children clear either. Still, their attitudes are overwhelmingly positive they're eager to help kids who struggle to communicate. The pattern isn't unique to Ethiopia. Other studies across the world say the same thing teachers care and want to help, but their training just doesn't provide them with the type of practical skills they need (Sadler et al., 2005; Uysal et al., 2019; Paul, 2022).

Sadler and colleagues (2005) looked at teachers in the UK, and noticed that most felt pretty positive about supporting kids with speech and language disorders, but almost none had any formal training. They just picked things up as they went along or taught themselves. The same pattern pops up in this study with Ethiopian preschool teachers over half of them never received formal training, which probably explains the low knowledge, even though their attitudes are good. Clearly, being positive is not enough. If we want teachers to notice issues at an early and to step in, then they need real, structured education. That's what is actually helping their good intentions to actually be changed, in the classroom.

The research by Uysal et al. (2019) in Turkey supports these conclusions, whereby it is evident that preschool teachers had limited knowledge and awareness, with almost half of them indicating little experience in dealing with children with speech and language problems. The current study also revealed several misconceptions among the study participants, particularly related to language development milestones and early signs of speech and language disorders. For example, almost half of the teachers made the erroneous belief that use of full sentences by

12 months is a typical developmental milestone, which identified a marked need for specific training in child language development.

In contrast, a study in Kerala, India, concluded that primary school teachers had moderate knowledge (73.67%) and positive attitudes (68.01%) regarding (Paul, 2022). Compared to the study, the present finding shows a larger difference between knowledge and attitudes, which only 13.3% of teachers reported good knowledge and 53.3% demonstrating poor knowledge. This implies that Ethiopian preschool teachers have more significant challenges accessing formal training and resources and indicates the need for some targeted interventions to enhance teachers preparation.

The study conducted by Turkish researchers Bora and Toğram (2018) reveled that all teachers had positive attitudes toward children with speech and language disorders as well as recognizing the need for therapy. Similarly, in the current study, most of the Ethiopian preschool teachers (92.7%) agreed that proper therapy could improve speech and language outcomes. This consistency reflects a worldwide consensus on the importance and impact of intervention, which draws attention to the awareness that teachers can help children, even if they have limited knowledge.

In South Africa, a study conducted by Abrahams et al. (2016) , it was found that teachers generally held positive attitudes towards stuttering, but had misconceptions about its causes and associated stereotypes. This is in the line with the current findings, where teachers recognized the importance of early identification and therapy but still had gaps in their understanding of developmental norms and signs of speech and language disorders. Such patterns indicate that positive attitudes may not automatically lead to accurate knowledge or confident classroom practices, and so reinforcing for solid teacher training programs are necessary.

Inferential analysis in this study revealed that both knowledge and attitude scores were significantly affected by the factors the age and work experience, where the older and more

experienced teachers showed higher level of knowledge and attitude respectively. Gender and educational level, on the other hand, did not have a significant impact on knowledge or attitudes. These results suggest that practical experience over time is likely to fill in some of the gaps in formal training, although demographic factors including gender and academic qualification seem non-critical in determining teacher preparedness in this instance.

Overall, the results have shown the need for urgent organized professional development programs in Ethiopia to address the knowledge of preschool teachers about speech and language disorders. These programs should emphasize on developmental milestones, early indicators of unclear speech and language problems, and how to help in the classroom. Including speech and language development training in pre service courses for teachers may help better prepare pre service teachers to identify, support, and refer children with communication disorder. By building on the generally positive attitudes of teachers and addressing their knowledge gaps we can ultimately improve early identification, referral and intervention to help in delivering inclusive and effective early childhood education system.

6. Conclusion and recommendation

6.1 Conclusion

In this research, preschool educators demonstrated a laudably positive view toward children with speech/language disorders; however, they had a lot less confidence and knowledge of these disorders. Over half of them had no formal early childhood education degree, and as a result of this lack of knowledge and experience, there is an abundance of misunderstanding when it comes to language development. The finding of this research is parallel with international studies that have shown that even educators are supportive, they often lack the adequate training on how to support these children with communication difficulties.

6.2 Recommendation

For Teacher Training and Professional Development

1. We need to integrate training in speech and language development into education courses for teachers during preschool in order to ensure that teachers are all graduated with basic competencies.
2. Provide in-service training and workshops on early sign identification about speech and language issues.
3. Develop practical guidelines and tool boxes for teachers to use in the classroom to support early identification and referral.

For Schools and Education Policy

1. Try to setup cooperative referral system between teachers, parents and speech language pathologists.
2. Encourage inclusive education ideas and promote creating a classroom environment that is conducive to children with speech and language disorders.
3. Encouraging continuous professional development (CPD) in the field of communication disorders as part of teacher licensing and renewal requirements.

For Parents and Community Engagement

1. Raise awareness among parents about the importance of early detection and timely intervention.
2. Foster school–parent partnerships where teachers feel comfortable discussing children’s communication challenges with families.

For Future Researchers

1. Conduct qualitative studies to explore teachers’ lived experiences and challenges in supporting children with communication difficulties.
2. Investigate the effectiveness of training programs on improving teachers’ knowledge and practice.
3. Expand research to include comparative studies across different regions and school settings to better understand contextual factors.

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ANNEX

Information sheet

Greeting: Good morning/afternoon!

This is a research prepared by the main researcher with the aim of assessing the current knowledge and attitude of public preschool teachers in Adiss Ababa. The researcher is an Ethiopian nurse, who is learning her masters in speech and language therapy in ADISS ABABA UNIVERSITY.

Benefits: the main benefit expected to be gained out of this research is providing a base line understanding of the current knowledge and attitude of preschool teachers and be a stepping stone for development of necessary interventions.

Security and anonymity: this research does not collect any personal identifiable information like name, email and phone number and maintains full anonymity. The data collected will be stored securely and will be accessible by the researcher only and will not be disclosed to any third party.

This research is entirely undertaken on voluntary basis. You have the full right not to participate.

Additional information: for any additional enquiry of information please communicate the researcher directly in any of the addresses below:

Name: Eleni Hiluf

Phone: +251 983 06 36 52

E-mail: gebremichaleeleni@gmail.com

Do you agree to participate in the study? Yes ☐ no ☐

Thank you for being volunteer to participate in the study.

Participant signature _____ date _____ Name of data collector _____

Signature _____ phone number _____

Section A: Demographic Information

1. Age: _____
2. Gender: ☐ Male ☐ Female
3. Years of Teaching Experience: _____
4. Highest Educational Qualification:
☐ Certificate/Diploma

- ☐ Bachelor's Degree
 - ☐ Master's Degree or higher
 - ☐ Other: _____
5. Have you received any training in speech and language development?
- ☐ Yes
 - ☐ No

Section B: Knowledge

1. Which of the following best describes a speech disorder?
 - A. Difficulty understanding language
 - B. Difficulty producing speech sounds correctly
 - C. Difficulty with memory
 - D. Difficulty with social skills
2. A language disorder involves difficulties with:
 - A. Muscle coordination
 - B. Understanding or using words
 - C. Hearing
 - D. Vision
3. You notice a child is hard to understand even by familiar adults. This may suggest:
 - A. Shyness
 - B. A typical stage of development
 - C. A possible speech sound disorder
 - D. A behavioral issue
4. At what age do most children begin using single words meaningfully?
 - A. 6 months
 - B. 12 months
 - C. 24 months
 - D. 36 months
5. Which of the following is NOT a typical sign of normal language development?
 - A. responding to name
 - B. Babbling
 - C. Using full sentences by 12 months
 - D. pointing to objects
6. Which of the following may indicate a speech and/or language disorder?
 - A. Difficulty understanding instructions
 - B. Limited vocabulary for age
 - C. Difficulty pronouncing sounds
 - D. All of the above

7. Which of the following can contribute to speech and language delays?

- A. Hearing loss
- B. Limited exposure to language
- C. Developmental disorders
- D. All of the above

8. Hearing loss can affect a child's speech and language development.

- A. True
- B. False

9. All children who are late talkers will develop normally without help.

- A. True
- B. False

10. Who can help identify speech and language disorders in young children?

- A. Only parents
- B. only doctors
- C. Teachers, parents, and speech-language pathologists
- D. Only speech therapists

11. Teachers can play an important role in identifying early signs of speech and language problems.

- A. True
- B. False

12. Early detection of speech and language disorders leads to better outcomes.

- A. True
- B. False

13. Who is the most appropriate professional to assess and diagnose a speech or language disorder?

- A. Occupational therapist
- B. School counselor
- C. Speech-language pathologist
- D. Special education teacher

14. Children learning more than one language are more likely to have speech disorders.

A. True

B.False

15. What should a preschool teacher do if they suspect a child has a speech or language disorder?

- A. Wait and see if the child improves
- B. Inform the parents and suggest a speech-language evaluation
- C. Discourage the child from speaking until they improve
- D. Correct the child's speech in front of the class

Section C: Attitudes

(Please indicate your agreement with the following statements using the scale :)

SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree

Statement	SA	A	N	D	SD
1. I feel confident identifying children with possible speech or language difficulties.	☐	☐	☐	☐	☐
2. Teachers have an important role in supporting children with communication difficulties.	☐	☐	☐	☐	☐
3. I am willing to refer children to specialists if I notice speech or language delays.	☐	☐	☐	☐	☐
4. Children with speech and language disorders can be as successful as their peers academically	☐	☐	☐	☐	☐
5. Children with speech/language disorders should be included in regular classrooms.	☐	☐	☐	☐	☐
6. I would feel comfortable discussing a child's communication issue with their parents.	☐	☐	☐	☐	☐
7. Early identification of speech and language disorders is important.					
8. Most speech and language disorders can be improved with appropriate therapy.					
9. I feel confident interacting with children who have speech or language difficulties.					
10. I believe training in speech and language development should be part of every preschool teacher's education.					

RESULT OF KNOWLEDGE OF PARTICIPANTS ON SPEECH AND LANGUAGE DISORDERS

Table 2

Knowledge of participants on speech and language disorders

Variables	Categories	Frequency	Percentage
Which of the following best describes a speech disorder?	Difficulty understanding language	21	14.0%
	Difficulty producing speech sounds correctly	103	68.7%
	Difficulty with memory	11	7.3%
	Difficulty with social skill	15	10.0%
A language disorder involves difficulties with:	Muscle coordination	13	8.7%
	Understanding or using words	126	84.0%
	hearing	11	7.3%
	vision	0	0.0%
You notice a child is hard to understand even by familiar adults. This may suggest:	shyness	8	5.3%
	A typical stage of development	39	26.0%
	A possible speech sound disorder	89	59.3%
	A behavioral issue	14	9.3%
At what age do most children begin using single words meaningfully?	6 month	23	15.3%
	12 month	56	37.3%
	24 month	38	25.3%
	36 month	33	22.0%
Which of the following is NOT a typical sign of normal language development?	responding to name	4	2.7%
	babbling	59	39.3%
	using full sentences by 12 month	72	48.0%
	pointing to objects	15	10.0%
Which of the following may indicate a speech and/or language disorder?	difficulty understanding instructions	4	2.7%
	limited vocabulary for age	15	10.0%
	difficulty pronouncing sounds	8	5.3%
	all of the above	123	82.0%
Which of the following can contribute to speech and language	hearing loss	7	4.7%
	limited exposure to language	4	2.7%
	developmental disorders	7	4.7%

delays?	all of the above	132	88.0%
Hearing loss can affect a child's speech and language development.	true	136	90.7%
	false	14	9.3%
All children who are late talkers will develop normally without help.	true	29	19.3%
	false	121	80.7%
Who can help identify speech and language disorders in young children?	only parents	0	0.0%
	only doctors	0	0.0%
	teachers, parents and speech language pathologists	141	94.0%
	only speech therapists	9	6.0%
Teachers can play an important role in identifying early signs of speech and language problems.	true	147	98.0%
	false	3	2.0%
Early detection of speech and language disorders leads to better outcomes.	true	147	98.0%
	false	3	2.0%
Who is the most appropriate professional to assess and diagnose a speech or language disorder?	occupational therapists	22	14.7%
	school counselor	3	2.0%
	speech language therapists	99	66.0%
	special education teachers	26	17.3%
Children learning more than one language are more likely to have speech disorders.	true	40	26.7%
	false	110	73.3%
What should a preschool teacher do if they suspect a child has a speech or language disorder?	wait and see if the child improves	14	9.3%
	inform the parents and suggest a speech language evaluation	132	88.0%
	discourage the child from speaking until they improve	0	0.0%
	correct the child's speech in front of the class	4	2.7%

