



## Introduction

Speech is defined as the planning and execution of oral movements required for articulation, whereas language refers to the meaningful use of a system of symbolic representation to communicate, speech and language skills compose the child's system of communication, (*Blum & Baron, 2010*).

The ability to communicate is a significant factor in a child's intellectual, emotional, and social development. Broadly speaking, the term language development refers to the increasing quantity, range, and complexity of language and speech over a period of time. Language is a complex system of grammatical and semantic properties. The actual utterance of the language is called speech. A child is receptive to language when the language is understood, expressive of language when it is produced, children are able to understand before they are able to speak it, (*Allen & Robinson, 2007*).

Speech is the mechanical process of the body through which language is spoken. Speech involves lips, teeth, tongue, throat, vocal chords, lungs, and other body processes, (*Schwartz, 2010*).

Children are born with the physiologic ability to speak if they have normally structured and functioning oral and nasal cavities and respiratory systems, and if they have normal speech control centers in the cerebral cortex. They can learn to speak if they have the intelligence and the motivation to do so, if they can hear the spoken words of others, and if they are stimulated by other people in their environments, (*Wallace et al., 2009*)

The steps of trilingual speech are the same for all children; reflex vocalization, babbling, imitation of sounds, and, finally, verbal utterances. The rate of language and speech development and the use of

grammatical rules depend on the child's level of intelligence and neurological competence. In general, child's grammatical development is rapid during the preschool years, is well advanced by school age, and is very much like that of an adult by the middle elementary school years, (*Green, 2011*).

Child with speech delay has speech development that is typical of a normally developing child of a younger chronologic age; the speech-delayed child's skills are acquired in a normal sequence, but at a slower-than-normal, (*Ansel et al, 2009*).

Speech delay has long been a concern of who care for children. The concern is well founded, because a number of developmental problems accompany delayed onset of speech. In addition, speech delay may have a significant impact on personal, social, academic and, later on, vocational life. Early identification and appropriate intervention may mitigate the emotional, social and cognitive deficits of this disability and may improve the outcome, (*Baltaxe, 2011*).

Developmental disabilities are severe or chronic, mental and or physical impairment that occur at early age and it has a pervasive effect on an individual's functional abilities and need for services, (*Bunker, 2009*).

Speech impairment is difficulties in transmitting the speech message from the brain to mouth. It's an impairment of the voice, articulation of sounds and fluency, which affect a person's ability to communicate. Speech impairment may be symptoms of many disorders, including mental retardation, hearing loss, maturation delay, Developmental Language Delay (DLD), Expressive Language Disorder (ELD), Developmental Expressive Aphasia (DEA), -bilingualism, psychosocial deprivation, autism, elective autism, receptive aphasia and cerebral palsy, (*Blum & Baron, 2010*).

The parents of children with speech impairment should be involved in their child's speech therapy. They can help the therapist understand how the child responds in frustrating situation and how they manage challenging behavior at home. Extending therapy target into the child home environment promotes motor learning that goes beyond acquisition of motor skills, (*Bunker, 2009*).

Community health nurses are called on to assess and implement intervention strategies to assist children and their parents to communicate in the presence of communication deficit. Such as speech impairment, through developing normal speech patterns which help to move effectively to develop social relation ship and advance academically, (*Clemen & Meguire, 2011*).

### **Significance of the study**

In Egypt speech impairment is most common childhood disabilities and effect about 1-12 or 5-8% of preschool children According to statically measures, school children constituted more than 5 million of boys and girls. Representing 9.3 present of the total Egyptians population. Approximately 30 present of those children in schools. It was found that children with speech impairment attending the phonetic clinic in Benha teaching hospital, Benha city, Qaliubiya Governorate. It was observed that boys are more than girl's, (*Statically Department, Benha Teaching Hospital Records 2011*).

The nurses can play a key role in the coordination of care, formulation of care plans and management of problems associated with speech impairment and be sensitive to the individuals and their parents, added that it is the nurses role to help the parent enhancing their knowledge and attitude toward the early identification and referral of risk children to speech language therapist and audiologist, (*Janosik & Davies, 2008*).