

Vocabulary size of Afrikaans-speaking toddlers: Influence of health-related and household-related risk factors across SES groups

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Abstract

Based on internationally identified risk factors and local research findings, many children in South Africa are at risk for language development difficulties, due to their lower socio-economic status, as well as various health-related and household-related reasons. Socio-economic status (SES) is a measure of an individual's relative social and economic position in society, which usually takes into consideration factors such as education, income and type of occupation. Children from low-SES backgrounds have fairly consistently been shown to have poorer language skills than their mid-SES peers (since Hart & Risley, 1985), and poverty living is common in South Africa, particularly in female-headed households (StatsSA, 2019). Furthermore, children raised by parents with a higher education level show faster, better language development (e.g. Hoff & Naigles, 2002), but many South African parents have low education levels (StatsSA, 2017). Concerning biological factors that negatively affect language development, the prevalence of hearing impairment in sub-Saharan Africa is among the highest in the world in children aged 5-11 years (Stevens et al., 2013), and chronic middle ear infection rates in South Africa are high by international standards (Biago et al., 2014).

The current project, which forms part of a larger, crosslinguistic South African research project on the development of communicative gestures, early words and first grammatical constructions in infants and toddlers, looks beyond SES as a risk factor in and of itself, to uncover whether there are differences in the ways risk factors for language development pattern in toddlers from mid-SES and low-SES backgrounds. The hypothesis is that financial and education-related resources would mitigate the negative effect of health-related and household-related risks for language development problems.

Data on a range of health-related and household-related factors were collected by means of a self-devised family background questionnaire from caregivers of 120 Afrikaans-speaking toddlers (16-32 months). The caregivers also completed the preliminary Afrikaans version of the MacArthur-Bates Communicative Development Inventory (see Fenson et al., 1993), which was used to measure the toddlers' vocabulary size. The toddlers were divided into a Mid-SES (n=46) and a Low-SES group (n=74). Preliminary findings are as follows: Of the factors included in the analyses, a history of ear infection, having a family history of language impairment, being part of multiple births, and having older siblings correlate negatively with vocabulary size in the Low-SES group. None of these factors correlated with vocabulary size in the Mid-SES group.

The hypothesis is borne out by the data, but understanding the interplay between SES and other risk factors for language development will require further investigation and finer analyses. At present, one can merely speculate that having access to better knowledge on health conditions, sufficient money to pay for (preventative) intervention, and access to high-quality child care can reduce the effect of health- and household-related risk factors on the language development of toddlers. Given the range of factors that have been reported to influence child vocabulary size and the prevalence of these factors in South African contexts, understanding how these

factors affect the toddler population could inform relevant and earlier language-related interventions.

Keywords: Vocabulary size; risk factors; child language development; CDI; toddlers; Afrikaans