

**ROLE AND MEDICAL DOCTORS' INVOLVEMENT IN THE IDENTIFICATION AND THE TREATMENT OF
LEARNING DISORDERS IN THE REPUBLIC OF BENIN: CASE OF ABOMEY-CALAVI DISTRICT**

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Abstract

Language and learning disorders are one of the main causes of school failure in Benin, in Africa, and even in the world. In Benin, very few researches are conducted upon the topic; these disorders are not well known and their treatment is not systematical. The objective of this research work is to conduce to the betterment of the treatment of learning disorders in Benin. It is performed in Abomey-Calavi district and takes into account forty-seven doctors and pediatricians. The treatment and the analysis of the data are realized with the softwares Epi Info 6 and Microsoft office 2007 for the realization of tables and graphics. After the results' analysis, it appears that the inquired doctors don't have a clear knowledge about language and learning disorders and apprenticeships. 32% don't know that specific troubles are different from others through their lasting and persistent characters. More than 75% recognize that they have a limited knowledge on these pathologies. They are not aware of their role in the treatment of these disorders which are yet frequent. Nearly the half that is 47% estimates that learning disorders don't need a multidisciplinary treatment and mainly a speech therapy. From the whole results of our investigations, it emerges clear and important to place medical doctors in the core of the treatment system of learning disorders. The results of this research work show a feeble involvement of doctors in the treatment of learning disorders.

Keywords: Involvement, doctors, treatment, learning disorders

Résumé

Les troubles du langage et de l'apprentissage constituent l'une des causes de l'échec scolaire au Bénin, en Afrique et dans le monde. Au Bénin, très peu d'études sont menées sur le sujet ; ces troubles

sont mal connus et leur prise en charge n'est pas systématique. La présente recherche a pour objectif de contribuer à l'amélioration de la prise en charge des troubles d'apprentissage au Bénin. Elle a été réalisée dans l'arrondissement d'Abomey-Calavi et a porté sur quarante-sept médecins généralistes et pédiatres. Le traitement et l'analyse des données sont effectués à l'aide des logiciels Epi Info 6 et Microsoft office 2007 pour la réalisation des tableaux et graphiques. Au terme de l'analyse des résultats, il apparaît que les médecins enquêtés n'ont pas une connaissance précise des troubles du langage et des apprentissages ; 32% ne savent pas que les troubles spécifiques se distinguent des autres troubles par leur caractère durable et persistant. Plus de 75% reconnaissent avoir des connaissances limitées sur ces pathologies. Ils méconnaissent leur rôle dans la prise en charge de ces troubles, pourtant fréquents. Près de la moitié 47% estiment que les troubles d'apprentissage n'ont pas besoin d'une prise en charge pluridisciplinaire et surtout orthophonique. De l'ensemble des résultats de nos enquêtes il apparaît évident et justifié de replacer le médecin au centre du système de prise en charge des troubles d'apprentissage. Les résultats obtenus mettent en évidence la faible implication des médecins dans la prise en charge des troubles d'apprentissage.

Mots-clés : Implication, médecins, prise en charge, troubles d'apprentissage

Introduction

Language disorders in general and particularly learning disorders, are given special attention in developed countries. Many researches are conducted on learning disorders. The majority of the results are convergent; approximatively 10% of school age children are victims of difficulty or learning disorders with predominance with boys, SIEGEL L., LE NORMAND M-T. & PLAZA M. (2000: 321-338). Africa does not escape this calamity which impacts seriously children's becoming. As demonstrates DELAHAIE M. (2009, 84 p), learning disorders contribute in large part to school failure. Today, in Africa, especially in Benin, many children cannot read till they start secondary school. The report of a survey conducted in 2016 by the French African speech therapists organization Federation (FOAF) with speech therapists members associations, specific language and learning disorders are more and more encountered by these speech therapists. Even if it is known that reading acquisition is traditionally more expensive, DELAHAIE M. (2009: 84) and «later than spoken language», GUERIN J. (2007: 63-81), this could not last more than three years training or learning. If a child does not succeed in reading and understanding, how can he acquire fundamental notions?

The treatment of children showing specific language and learning disorders is not only systematic in Benin, but it also seems to be mainly relegated backward in health trainings. Beninese speech therapists don't belong to any multidisciplinary team (if there is one) for an adequate treatment of the concerned disorders. Sometimes, the doctor who is more in contact with the population seems not to be involved in these troubles. What is then the current practice of Abomey-Calavi district doctor? What is his role and involvement in the treatment of learning disorders?

The purpose of the study is to improve the treatment of learning disorders in the district of Abomey-Calavi (Benin). More specifically, it is to present the role and involvement of doctors in the identification and the treatment of learning disorders.

1. Methodology

The current research is conducted in the district of Abomey-Calavi which is one of the nine districts of Abomey-Calavi city. This city is located in the south of the country in Atlantic department. It covers an area of 539 square kilometer (NISEA¹).

The study is based on forty-seven (47) doctors and pediatricians working on the district territory. This has taken place from April to May 2018. All the doctors present and available during the survey are interviewed. The data collection is done through a questionnaire elaborated for the occasion. The so collected information are typed, treated and analyzed thanks to the software Epi Info 6 and Microsoft office Excel 2013 for the realization of the tables and graphics.

2. Results and discussions

2.1. Results

At the end of the research, it appears that the enquired doctors are aged 29 to 51 and their experience goes from 1 to 20 years. Among these doctors, 77 % assert to have a limited training on speech therapist profession and language and learning disorders (see diagram 1). Only 17% of the inquired recognize that specific learning troubles are durable and persistent in view of the treatment (diagram 2)



Diagram 1

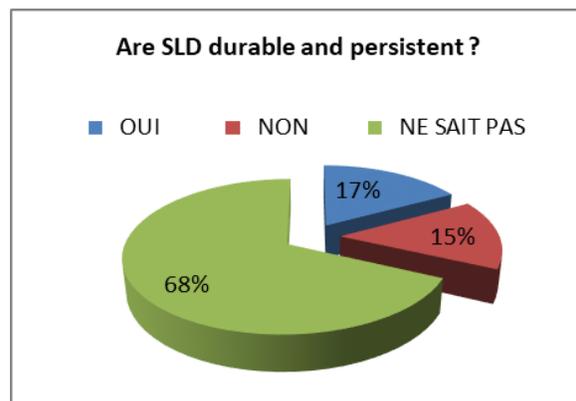
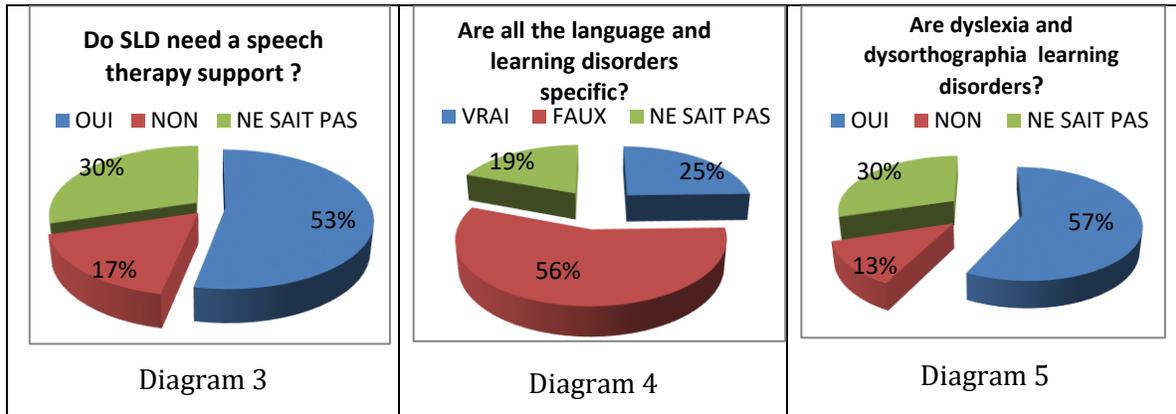


Diagram 2

Nearly the half; that is (47%) of doctors ignore that learning troubles need a multidisciplinary support even in speech therapy (Diagram 3). Forty-three per cent can't see that dyslexia, dysorthographia and dyscalculia as learning disorders (Diagram 5).

¹NISEA : National Institute of Statistics and Economic Analysis

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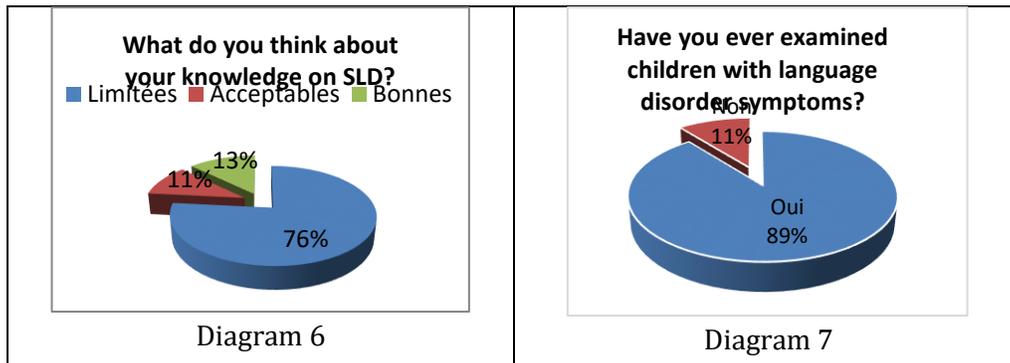


In addition, more than 61% doctors believe dysphasia is in the same way as dyslexia and dysorthographia, a trouble of written language (table 3), 25% think that all language disorder is qualified as specific, and 19% say that they know nothing about the subject (diagram 4). Seventy-six per cent (76%) recognize they have less knowledge on LLST² (diagram 6).

Table 3: Identification of dysphasia among the disorders

Is dysphasia a written language disorder?		
Yes	No	Other
61,70	4,26	34,04

Source: Results of our researches



To the question « what do you do when you receive in consultation a child with a language disorder? », doctors' answers are as follow: (see table 2). It is important to note that only 42 doctors, that is 89% have answered this question.

²SLLD: Specific Language and Learning Disorders

Table 4: Doctors' attitude face to a learning disorder case

What do you do when you receive in consultation a child with a language disorder?			
Tuto. classes	Neuro. Balance	Psycho. balance	Ortho. balance
31,91%	36,17%	48,94%	38,30%

Source: results of our work

2.2. Discussion

All the doctors that we have interviewed, have little information about language and learning disorder. More than 75% assert that they have limited knowledge on these pathologies. This is confirmed by Segikwiye E. (2016) who declares that doctors are often in difficulty with diagnostic measures because of a lack of training. So, nearly all the inquired doctors want to have more information about language and learning disorders. During our survey, they confide us their wish to belong to a multidisciplinary team for an efficient treatment of these language pathologies. DUPONT C. (2019: 123 p) also comes to the same conclusion. For him, all the doctors emphasize that language diagnosis requires a multi professional work. The fact that the majority of the doctors we interviewed can't distinguish the difference between disorders and learning difficulties is enough to say that they don't give more importance to these pathologies. It means that some children could have been taken into account early if the doctors guide them to tutorial classes. The lack of which favors the aggravation of the trouble. If parents consult, it is because there is a problem apart from tutorial classes. In spite of the fact that it is a doctor's recommendation, reassure parents that it is sufficient to help any child. In fact, if the doctor doesn't have all the possible precisions on the learning disorders, it is normal s/he thinks that tutorial classes are enough to correct the handicap as it is presented on table 4. Nearly 90% say they have consulted at least one child with the symptoms of language disorders but only 38% refer to patients of speech therapists. It means that there are doctors who directly send children that present some language difficulties to a psychologist or a neurologist in first intention or they propose tutorial classes to parents. How can a doctor suspect that a child presents rather a simple difficulty if he doesn't apply an adequate treatment to his disorder during two years, SEGIKWIYE (2016) and that his difficulties do not disappear ?

The only and possible justification to such a situation is the ignorance of the presence of speech therapy or the ignorance of language and learning disorders, like 76% doctors confirm (diagram 6). However, if many doctors don't have any precise acquaintance of the terminologies designing the language pathologies, the cause can be traced to the fact that they encounter less these pathologies in their carrier. Classifying dysphasia in the written language disorders (table 3) seems logical, as dysphasia conducts very often to dyslexia, because of the connection between oral language oral and the settlement of reading automatism.

From the doctors' answers, we can deduce that the don't have all the necessary resources so as to play deeply their role in the treatment of learning disorders. This confirms the results of SAUVADET

C. (2010 : 115). He estimates 66% the number of people who are not trained and don't have enough information to detect the signs. However, they desire to get trained. In effect, for his clinical examination during the child anamnesis, the doctor must possess tools that will permit him to check quickly the disrupted functions in specific learning disorders. But, it is now that the Republic of Benin is getting interested in speech therapy but nothing is planned in the care offers to treat language disorders; prescribing speech therapy is not yet a doctor's reflex. That is why, very often, the speech therapist receives a child for a written language check at a late age. All these postpones of the precocious diagnosis could not allow the children to be maintained in the normal education with some readjustments as they rather impose a specialized education. SAUVADET C. (2010 : 115 p) reports that contrarily to Benin, in France the majority that is 81% of doctors automatically prescribe speech therapy balance. It appears clear and normal to put doctors in the core of the treatment system of learning disorders, LOISEAU F. & BABARY E. (2010 : 155) by providing them with more information and essential tools.

Conclusion

Learning disorders are one of the main causes of school failure and an update problem of public health. Their treatment is not systematic in Benin. The study we have effectuated among doctors and pediatricians of Abomey-Calavi district has revealed that doctors lack a deep knowledge of learning disorders. They are not aware of their role and their involvement is not yet effective. Aware of the situation and mindful about the quality of their service, all the doctors wish to have enough information on learning disorders and be part of a multidisciplinary team (doctor – psychologist – speech therapist– neurologist – pediatrician, for example) for a more effective treatment.

The treatment of learning disorders requires everybody's contribution:

- Parents are attentive to their child's language and detect the first signs of an eventual language disorder or communication. Then, they follow their child during the treatment process if rehabilitation is necessary.
- The doctor or the pediatrician regularly examines the child since the first months of his life, send preventive messages to parents for a good language development and insures the accompaniment of the different treatments if they are necessary
- The teacher's detection is relevant as he is every day with the child for the various activities and in concrete situations, he alerts the parents and the professionals who collect difficulties.

So, it appears obvious and righteous to put doctors in the treatment system centre of learning disorders by providing more knowledge and necessary stools. The doctor is then an important element to the child treatment. He is present in the first days life of the child and remains an interlocutor for parents.

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ANNEXE

➤ Notion of disorder and difficulty: which comparison?

Table 1: Comparison of difficulty and learning disorders

Learning disorders	<i>Learning difficulties</i>
<ul style="list-style-type: none"> • They are permanent • They appear early in learning. • Their cause is unique : neurological¹. • They constitute a real problem in the schooling process of students • No treatment can eliminate them 	<ul style="list-style-type: none"> • They are temporary. • They can appear at different stages of learning • Their causes are multiple and non-neurological. • They can generally be overcome • They can sometimes be corrected without a specific aid

➤ Different forms of learning disorders

Different forms of learning disorders are present in different domains of school competences as shows the following table:

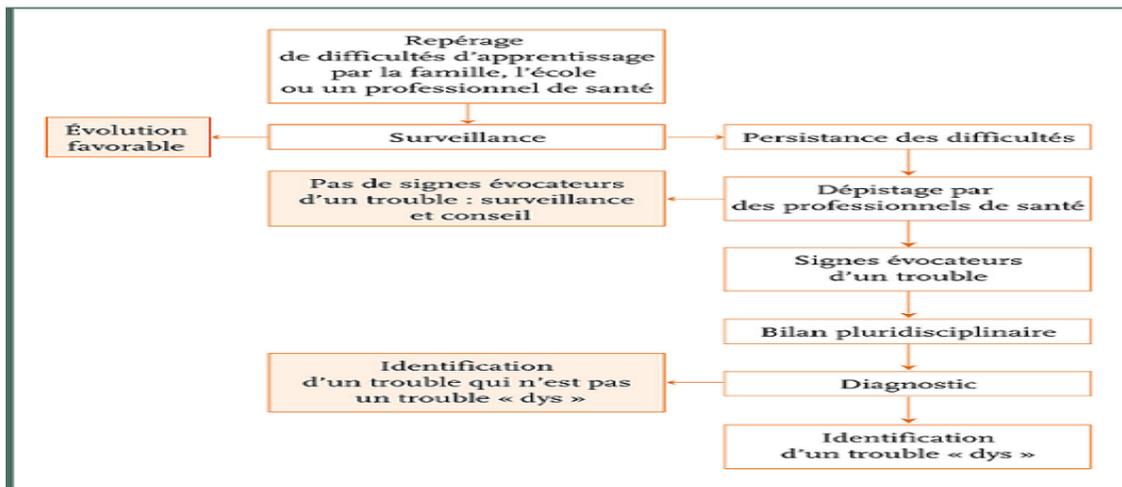
Table 2: Synthetic table on learning disorders

<i>Disorders related to learning</i>	<i>..... are called:</i>	<i>.....and can be preceded by:</i>
<ul style="list-style-type: none"> • reading/orthography • calculation • writing 	<ul style="list-style-type: none"> • dyslexia/dysorthographie • dyscalculia • dysgraphie 	<ul style="list-style-type: none"> • dysphasia • reasoning troubles • dyspraxia

Other related troubles are often considered as learning disorders because of the connection they have with these troubles. For example, there is Attention Deficit Disorder with or without Hyperactivity (ADDH) and memory disorders.

➤ **From difficulty to learning disorder: diagnostic process**

Title: Diagnostic tree of learning disorder



Source : Troubles « dys » of the child: resource guide for parents p.15

➤ **Identification of learning disorders**

Nursery school is the right place to detect « disorders » through daily discussions and communication with children. This detection must be done precociously, in first year of nursery school, when children are in average 3 years old half. According to BILLARD C. (2001: ...), it is preferable that language disorders are settled before entering primary 2. A good oral mastering is an essential condition to start with a written language. Through learning context, we can perceive some difficulties and language problems with children. It permits to intervene at the very moment of language development and prevent problems to take on significant proportions that affect other aspects of development.