

## Communication Capacity Research in the Majority World: Supporting the human right to communication specialist services

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## COMMENTARY

# Communication Capacity Research in the Majority World: Supporting the human right to communication specialist services

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### Abstract

Receipt of accessible and appropriate specialist services and resources by all people with communication and/or swallowing disability is a human right; however, it is a right rarely achieved in either Minority or Majority World contexts. This paper considers communication specialists' efforts to provide sustainable services for people with communication difficulties living in Majority World countries. The commentary draws on human rights literature, particularly Article 19 of the Universal Declaration of Human Rights and the Communication Capacity Research program that includes: (1) gathering knowledge from policy and literature; (2) gathering knowledge from the community; (3) understanding speech, language and literacy use and proficiency; and (4) developing culturally and linguistically appropriate resources and assessments. To inform the development of resources and assessments that could be used by speech-language pathologists as well as other communication specialists in Fiji, the Communication Capacity Research program involved collection and analysis of data from multiple sources including 144 community members, 75 school students and their families, and 25 teachers. The Communication Capacity Research program may be applicable for achieving the development of evidence-based, culturally and linguistically sustainable SLP services in similar contexts.

**Keywords:** *Article 19; Universal Declaration of Human Rights; United Nations; Fiji; Majority World; speech-language pathology; communication*

### Introduction

The Universal Declaration of Human Rights (United Nations, 1948) is a fertile foundation upon which signatory countries can build the framework of their society. Article 19 of the Universal Declaration of Human Rights focuses on the individuals' right to freedom of opinion and expression. More often than not, Article 19 of the Universal Declaration of Human Rights is associated with organisations that monitor the public right to access information and to speak out against perceived injustice (e.g. [www.Article19.org](http://www.Article19.org)). Less well known is the adoption of Article 19 as the document that underpins the activities of professional organisations (e.g. International Communication Project, Speech Pathology Australia) and disabled person's organisations (e.g. Fiji National Council for People with Disabilities) who are committed to improving the quality of life and participation of people with communication difference or disability (PWCD). For example, the International Communication Project's Universal Declaration of Communication Rights states that

every person has the right to exercise the capacity to communicate his or her "social, educational, emotional and vocational potential" (International Communication Project, 2014). The Universal Declaration of Communication Rights acknowledges that communication is a human need, and as such, it is the role of all governments and their citizens to remove barriers to successful communication and create societies in which communication capacity is naturally enhanced.

The term *communication capacity* has been used in fields as diverse as cell biology, sociolinguistics, public health and disability studies. In all cases, communication capacity is broadly defined to encompass the totality of an organism/person/organisation's social connectedness, be these connections chemical, metaphysical or interpersonal. For the purposes of this paper, communication capacity relates specifically to a person's ability to interact meaningfully in whichever context, communication mode or language they so choose and with whom-ever they so choose to participate. Communication capacity may be limited by a person's

communication competence (e.g. communication delay or disability; poor proficiency in the language of the classroom) or barriers to successful communication within the individual (e.g. financial limitations, cultural beliefs) or environment (e.g. community attitudes; inaccessible or unavailable services). Conversely, a person's communication capacity may be enhanced through provision of accessible, available and affordable direct services (e.g. speech, language or literacy instruction; provision of alternative or augmentative communication devices or hearing assistive technology), indirect/consultative services (e.g. parent training, individual education plans) and advocacy support (e.g. applying principles enshrined in the Universal Declaration of Human Rights and Universal Declaration of Communication Rights to lobby governments for provision of finances and/or specialist services to support communication access and development). Thus, supporting the communication capacity of people with communication difficulties requires the communication specialist (e.g. speech-language pathologist (SLP), audiologist, teacher) to not only have an understanding of the communication limitations and strengths of the child but also the communication limitations and strengths within the child's environment. This perspective is consistent with theoretical frameworks that seek to explain the complex interactions that influence an individual's capacity and competence (e.g. International Classification of Functioning, Disability and Health [ICF], World Health Organization, 2001). Such theoretical frameworks support the communication capacity of our clients, and thus, empower the individual to enact their right to freedom of expression. As professionals committed to maximising the communication capacity of our clients, it is important to understand how personal, local, national and international factors ultimately combine to determine an individual's communication capacity.

Article 19 of the Universal Declaration of Human Rights (United Nations, 1948) and the Universal Declaration of Communication Rights (International Communication Project, 2014) establish a minimum benchmark for human communication; however, in every signatory country, whether Minority World (also called developing countries, the global south, or the Third World) or Majority World (also called the western world, the global north, industrialised countries), there are unique variations about what that society and the cultures within, consider to be minimally acceptable communication capacity. For example, in some cultures, children speak freely with adults, while in other countries, there are cultural restrictions placed on which adults a child may speak with and in what contexts. Similarly, in some countries children only speak one language with all communication partners, whilst in other countries children are expected to be linguistically multicompetent speakers who

vary the language of choice dependent on the communication partner and communication context. In the latter situation, the work of the communication specialist to understand what is a socially acceptable level of communication capacity is confounded when the communication specialist does not belong to the same social, cultural and/or linguistic groups in which the child operates.

In Minority World countries, with established communication specialist services for children (e.g. Australia, Japan, New Zealand, United Kingdom, United States), communication specialists can avail themselves of an abundant bank of literature to support their work with children (e.g. developmental norms for the dominant language groups, information on the main social determinants of health or education and descriptions of the cultural groups within that country). In Majority World countries where communication specialist services for children are yet to be established, building a picture of children's communication capacity may be more difficult.

On the 70th anniversary of the Universal Declaration of Human Rights, we must ask ourselves three questions: (1) Is the right to communicate afforded to all in our world regardless of communication difference or physical location in the world? (2) Do the communities in which we live effectively build the communication capacity of all individuals? and (3) Are our communities effectively supporting individuals' ability to freely participate in the communicative contexts that are important to enhancing their quality of life? To answer these questions, we need to understand not just individuals' communication needs but how those needs are influenced by environmental factors within society that create, enhance and support development of communication capacity. To answer these questions, the remainder of this paper provides an overview of a Communication Capacity Research program, and its implementation in Fiji: a Majority World country that does not have any citizens who are trained SLPs or audiologists<sup>1</sup>. Through this illustration the author hopes to support international communication specialists' endeavours in other underserved areas of the world to create a holistic picture of communication capacity in any given context.

### **The Communication Capacity Research program in Fiji**

Fiji is a vibrant, progressive South Pacific nation that is multilingual, multiethnic and multicultural. The Communication Capacity Research program described below arose out of a need to have greater understanding of how Fijian children's communication environments influence their communication use and proficiency and what services are available to support children's communication development; especially when that development is atypical. Fiji has fewer formalised services for people with special and

additional needs than in Minority World countries; however, the Fijian Government has demonstrated a commitment to improving children's communication capacity (Hopf & McLeod, 2015). For example, within mainstream schools, adoption of a bilingual dual language learning program displays an understanding of the importance of vernacular instruction in early speech, language and literacy acquisition and a commitment to maintaining linguistic diversity in Fiji (Geraghty, 2017; Mangubhai & Mugler, 2006). Governmental support of research endeavours in the field of education reveal a genuine desire to understand the factors influencing children's participation in society and a willingness to embrace change to improve the possibilities and choices available for supporting children's communication development.

The four-stage Communication Capacity Research program aimed to identify and create culturally and linguistically appropriate support for PWCD in Fiji; however, Communication Capacity Research could be used to inform practices of SLPs, and other communication specialists in underserved populations around the world. The program involved: (1) gathering knowledge from policy and literature; (2) gathering knowledge from the community; (3) understanding speech, language and literacy use and proficiency; and (4) developing culturally and linguistically appropriate resources and assessments (Hopf, 2017).

### **Stage 1: Gathering knowledge from policy and literature**

Stage 1 of the Communication Capacity Research program involved gathering knowledge from policy and literature regarding the historical supports available for PWCD in Fiji. To do this, an initial review of white and grey literature was conducted, including policy and practice documents, based on a method described by Wylie, McAllister, Davidson, and Marshall (2013) (Hopf & McLeod, 2015). The review revealed the structural, geographical, cultural, linguistic and financial barriers and drivers of change that influence the development of specialist services for PWCD in Fiji. Key barriers to service development for PWCD in Fiji included the geographical dispersion of the small population and their inherent linguistic diversity. Facilitators of change included Fiji's signing and ratification of the Universal Declaration of Human Rights and more recently the Convention on the Rights of Persons with Disabilities (United Nations, 2006) that have paved the way for the development of regional and local disability-inclusive legislation and policies. Positive media coverage of these political events is likely influencing micro-level changes (e.g. the perceptions of disability within the general community) (Hopf, McLeod, McDonagh, & Rakanace, 2017).

The second aim of stage 1 was to establish which specialist services for PWCD have historically operated in Fiji (Hopf, 2014). A review of the literature and collation of evidence via personal correspondence revealed that there was a cadre of workers with knowledge about communication in formal (e.g. education, health, social welfare) and informal sectors (e.g. traditional healers). In the formal sector, most communication specialists had received some training from a visiting SLP or audiologist from a Minority World country such as Australia.

### **Stage 2: Gathering knowledge from the community**

Stage 2 of the Communication Capacity Research program was important to determine if the etic overview obtained through completion of stage 1 was a true reflection of what PWCD were experiencing at the community level or whether an implementation gap existed between what was proclaimed and what was actually practiced. Stage 2 sought to understand community beliefs, attitudes and practices for supporting PWCD in Fiji via a survey of 144 Fiji-based participants (Hopf, McLeod, McDonagh, & Rakanace, 2017). This information provided an understanding of the potential positive and negative consequences attached to having a communication disability in Fiji and what services for PWCD Fijians already use and find acceptable. Participants' beliefs about the cause of communication disability in adults and children revealed that beliefs clustered around three themes: (1) internal causes: impairment, disorder or disease states of the body; (2) external causes: environmental and personal factors; and (3) supernatural causes: fate or curse. Participants' attitudes to PWCD were predominantly discriminatory and placed restrictions on participation of PWCD in Fijian society.

Beliefs and attitudes may also have influenced the stated type of help participants would seek if they needed to support a child with communication disability (Hopf, McLeod, McDonagh, Wang, & Rakanace, 2017). A common theme of wanting to create "a loving, nurturing, supportive environment for PWCD" in Fiji (Hopf, McLeod, McDonagh, Wang, et al., 2017, p. 25) was evident across respondents; however, the differences identified in the community's preferences for seeking help from community members for children with communication disability versus consulting western health practitioners for adults with communication disability may have implications for future policy and practice development. These results aligned with studies of beliefs, attitudes, and actions for other disabilities and health conditions previously reported in Fiji (e.g. Aghanwa, 2004; Daveta, 2009) and internationally (e.g. Marshall, 1997; Pachigar, Stansfield, & Goldbart, 2011).

### Stage 3: Understanding speech, language and literacy use and proficiency

Stage 3 of the Communication Capacity Research program: (1) described 75 Fijian children's use and proficiency of the broad spectrum of languages present in Fiji (e.g. Standard Fijian, Fijian dialects, Fiji Hindi, English) (Hopf, McLeod, & McDonagh, 2017a; Hopf, McDonagh, Wang, & McLeod, 2017); and (2) explored the implications of variable proficiency and use in these languages for children's daily interactions in different environments in Fiji (e.g. home, school, community) (Hopf, McLeod, & McDonagh, 2017a, 2017b). Results from stage 3 illustrated the connectedness of Fijian children's communicative networks and the extent of these children's communication capacity. The impact of personal factors (e.g. socio-economic status, parental education levels and linguistic background) were identified as important correlates of Fijian children's communication capacity. This knowledge highlights the need for future communication specialists in Fiji to explore demographic variables and their impact on communicative competence.

### Stage 4: Developing culturally and linguistically appropriate resources and assessments

Stage 4 of the Communication Capacity Research program began the work of developing culturally and linguistically appropriate resources and assessments for Fijian children. A contrastive review of the phonological features of two Fiji English dialects (Fijian Fiji English and Fiji Hindi Fiji English) was conducted to assist SLPs in the assessment of the speech production of these speakers (Hopf, McLeod, & Geraghty, 2016). Similarly, to provide a simple screening tool for SLPs and other agents of delivery of intervention for PWCD in Fiji, the Intelligibility in Context Scale (McLeod, Harrison, & McCormack, 2012) was validated for the Fijian context (Hopf, McLeod, & McDonagh, 2017c).

### Conclusions

This paper sought to illustrate, through an overview of the Communication Capacity Research program conducted in Fiji, how communication specialists may gain a greater understanding of the communicative capacity needs of a community that has limited formal knowledge about communication or communication disability in children. The research revealed a complex inter-related network of factors within the individual experience, and across community, national, and international levels, that interact to influence service development that supports building communicative capacity. The Communication Capacity Research conducted identified that the Fijian community has enacted international legislation (e.g. Universal Declaration of

Human Rights, Convention on the Rights of Persons with Disabilities) to ensure that the human right to communicate is afforded to all regardless of communication delay, disability or difference. Following on from this, progress has been made to close the implementation gap between policy and practice; however, the research reiterated the urgent need: (1) to train local communication specialists who understand the unique linguistic and cultural capital within this region, and (2) for future advocacy efforts in Fiji to nurture enabling beliefs about communication capacity within the community so that Fijians with communication difficulties can exercise communication choices and be active, productive members of the society. Finally, for Fijians with communication difficulties to maximise their communicative capacity culturally and linguistically appropriate assessment and intervention programs and health promotion activities are required that: (1) consider the whole linguistic environment and the purpose of communication when supporting linguistically multi-competent children in Fiji; (2) build on communities' communication strengths; (3) involve partnership with the diverse agents of intervention present in Fiji; and, (4) consider the impact of demographic information from all significant caregivers when developing tools to assist speech-language pathology practice in Fiji.

The Communication Capacity Research program presented has begun to map the complex multicultural and multilingual landscape of Fiji so that the Fijian community now has a greater understanding of the historical and current context of services for PWCD in Fiji and factors that may influence future service development in this context (e.g. community beliefs and attitudes, the linguistic environment). It is possible that a comprehensive undertaking of the four stages of Communicative Capacity Research described may assist other SLPs interested in improving service provision in other underserved Majority World communities where an individual's human right to communicate are yet to be realised to their full potential.

### Note

1. Fiji currently has tertiary education-level training in linguistics, including applied linguistics.

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### Declaration of interest

There are no real or potential conflicts of interest related to the manuscript.

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