

# BMJ Open

BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<http://bmjopen.bmj.com>).

If you have any questions on BMJ Open's open peer review process please email [info.bmjopen@bmj.com](mailto:info.bmjopen@bmj.com)

# BMJ Open

## Analysing Story Grammar in Tamil-Speaking Child Cochlear Implant Users

|                               |  |
|-------------------------------|--|
| Journal:                      | <i>BMJ Open</i>  |
| Manuscript ID                 | bmjopen-2023-077145  |
| Article Type:                 | Original research  |
| Date Submitted by the Author: | 26-Jun-2023  |
| Complete List of Authors:     | Muthu, Jenithaa; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology<br>Venkatraman, Krupa; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology<br>Ganesh, Latika; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology |
| Keywords:                     | PAEDIATRICS, Speech pathology < OTOLARYNGOLOGY, Audiology < OTOLARYNGOLOGY, Community child health < PAEDIATRICS, OTOLARYNGOLOGY   |
|                               |  |

SCHOLARONE™  
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

## Analysing Story Grammar in Tamil-Speaking Child Cochlear Implant Users

MS Jenithaa<sup>a</sup>, Dr. Krupa Venkatraman <sup>b\*</sup> and Ms Latika<sup>a</sup>

<sup>a</sup> Intern, Bachelor in Audiology and Speech-Language Pathology, Sri Ramachandra Faculty of Audiology and Speech-Language Pathology, Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Chennai, Chennai, India, India

<sup>b</sup> Assistant professor, Department of Speech-language Pathology, Sri Ramachandra Institute of Higher Education and Research

\*Corresponding Author: [krupa.v@sriramachandra.edu.in](mailto:krupa.v@sriramachandra.edu.in) (Krupa Venkatraman)

### Abstract

Objective: This cross-sectional comparative study aimed to analyse and compare the story-grammar components in Tamil-speaking children with and without hearing impairments narratives.

Design: The study utilised a cross-sectional, comparative design to assess and compare narrative structures.

Setting: Data was collected at the Sri Ramachandra Institute of Higher Education and Research (SRIHER) in Chennai, India.

Participants: Thirty children participated in the study, including fifteen children with severe to profound hearing loss who used cochlear implants and fifteen with normal hearing. The participants were language-age-matched three- and five-year-olds proficient in Tamil.

Interventions: No specific interventions were implemented in this study.

Main Outcome Measures: The primary outcome measures focused on story grammar components, including settings, characters, initiating events, internal plans, attempts, outcomes, and resolution. These components were evaluated through narrative retellings by the children.

Results: Analysis of the narratives revealed significant differences between the two groups. Children with normal hearing demonstrated a higher representation of story-grammar elements than children with hearing impairments. Specific numerical data on the differences in story-grammar components can be provided.

Conclusions: The findings suggest that children with normal hearing exhibit a more proficient understanding and utilisation of story structure in their storytelling than children with hearing impairments. This study highlights the importance of narrative analysis in language assessment, particularly for children with hearing impairments. Tailored interventions incorporating appropriate language stimulation techniques are needed to enhance children's narrative skills with hearing impairments. Further research in this area is warranted.

**Keywords:** narratives, macrostructure analysis, story grammar, hearing impairment, story retelling, memory.

1  
2  
3  
4  
5 **What is already known on this topic:** No previous studies have reported on story grammar analysis of  
6 narratives in the context of Tamil-speaking child cochlear implant users.  
7

8  
9 **What this study adds:** This study provides unique insights by examining narrative abilities in Tamil-  
10 speaking children with hearing impairments. It reveals differences in story-grammar components and  
11 highlights the need for tailored interventions. The findings emphasise the importance of story grammar  
12 interventions in facilitating narrative language development and addressing the narrative difficulties of the  
13 hearing-impaired population.  
14  
15

16  
17  
18 **How this study might affect research, practice, or policy:** The findings underscore the significance of  
19 narrative analysis in language assessment, advocate for targeted interventions, and inform early  
20 identification and intervention strategies for Tamil-speaking children with hearing impairments.  
21  
22  
23  
24  
25  
26  
27

## 28 Introduction

29  
30  
31 Several studies have examined the impact of cochlear implants on children with severe to  
32 profound hearing loss, emphasising the importance of early intervention and personalised  
33 rehabilitation approaches. For instance, Geers conducted a longitudinal study on children who  
34 underwent early cochlear implantation, demonstrating significant improvements in speech  
35 perception, production, and language development (1). Similarly, Rubinstein presented the  
36 advantages of cochlear implants for individuals with severe to profound hearing loss, highlighting  
37 the importance of early intervention, ongoing support, and personalised rehabilitation strategies.  
38 The study emphasised enhancing speech perception, production, and language abilities through  
39 cochlear implants. Moreover, the study recognised the challenges associated with pediatric  
40 cochlear implantation and underscored the need for comprehensive assessments and tailored  
41 intervention strategies to meet each child's unique needs(2).  
42  
43  
44

45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

Sharma et al. evaluated how various parameters affect the outcomes of cochlear implants in pediatric patients. The findings highlighted that the age of implantation and the duration of device use play crucial roles in determining the effects of cochlear implantation. The study revealed that early implantation and a more extended period of device use contribute to better speech

1  
2  
3 perception, language development, and overall functional performance. The authors emphasised  
4 the significance of auditory rehabilitation in maximising the benefits of cochlear implants. They  
5 stressed the need for consistent and structured rehabilitation programs to support children in  
6 optimising their hearing skills (3).  
7  
8  
9

10 Ganek et al. investigated the language outcomes of individuals who underwent cochlear  
11 implantation. The study emphasised that cochlear implantation positively impacts language  
12 development in individuals with profound hearing loss. They identified influential factors such  
13 as age at implantation, duration of implant use, residual hearing, and additional disabilities. The  
14 article also acknowledged potential challenges individuals face with cochlear implants and  
15 stressed the importance of individualised approaches to address language delays or difficulties in  
16 specific areas (4). Worsfold, Mahon, Yuen and Kennedy reported that children who received  
17 early confirmation of hearing impairment experienced substantial delays in their narrative skills  
18 compared to typically developing peers. Identifying and intervening early to support the  
19 development of narrative abilities is crucial (5)  
20  
21  
22  
23  
24  
25  
26

27 Research has shown that hearing-impaired children may encounter difficulties organising and  
28 structuring their narratives, resulting in less cohesive and coherent storytelling(6). Reuterskiöld,  
29 Ibertsson, and Sahlén highlighted the narrative production difficulties children with hearing loss  
30 faced, particularly regarding story structure and coherence. Assessing and providing support for  
31 the narrative abilities of children with HI is vital for enhancing their communication skills (7)  
32  
33  
34  
35

36 Weiss and Johnson investigated the relationship between narrative skills and syntactic abilities  
37 in children with hearing impairment. Their study revealed that hearing-impaired children  
38 demonstrated lower levels of narrative and syntactic skills than their typically developing peers.  
39 The researchers also found a strong correlation between narrative and syntactic competencies in  
40 both groups. The authors concluded that hearing impairment has a negative impact on the  
41 development of narrative and syntactic skills in school-aged children. They stressed the  
42 significance of addressing these difficulties through educational interventions and offering  
43 appropriate support to foster language development (8). Yoshinago-Itano and Snyder examined  
44 the structural elements of narratives in deaf children. They found that the narratives of deaf  
45 children lacked cohesion devices, such as conjunctions and pronouns (9). Although major story  
46 grammar structures were present in the narratives of hearing-impaired students, their recall of the  
47 story's events was only about half compared to their hearing peers (10)  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 Kirk et al. examined the effects of age at cochlear implantation and communication mode on the  
4 narrative performance of young children. They found that earlier implantation and the use of  
5 spoken language were associated with improved narrative structure and cohesion performance.  
6  
7 The study highlights the importance of considering the mode of communication, as children using  
8 spoken language exhibited different narrative patterns than those using sign language (11)  
9

10  
11 Soares, Goulart, and Chiari found that children with HI have lower levels of narrative  
12 competence. This results from difficulties in organising and structuring their narratives, resulting  
13 in less cohesive and cohesive storytelling. The study emphasises the significance of resolving  
14 and bolstering narrative skills in hearing-impaired children to improve their communication skills  
15  
16 (5)  
17

18  
19 Reuterskiöld, Ibertsson, and Sahlén examined hearing-impaired children's narrative skills,  
20 exploring their abilities beyond the sentence level. The findings indicate that children with  
21 hearing loss face challenges in narrative production, particularly in story structure and coherence.  
22  
23 The study emphasises the importance of assessing and supporting narrative abilities in children  
24 with hearing loss(7)  
25  
26

27  
28 Amemiya, Goulart, and Chiari conducted a comparative analysis of nouns and verbs in the oral  
29 narratives of children with hearing impairments (HI) and typically developing children with  
30 normal hearing. The findings revealed that children with HI demonstrated a lower frequency of  
31 nouns and verbs than their peers with normal hearing and that children with normal hearing used  
32 a wider variety of verbs in their narratives. This study highlights the importance of considering  
33 these specific linguistic components when assessing and supporting the language development  
34 of children with HI. It also underscores the need for targeted interventions to support expressive  
35 language skills in individuals with HI (12)  
36  
37

38  
39 Griffith and Ripich conducted a study comparing the ability of children with hearing loss and  
40 learning disabilities to recall story structures with that of nondisabled children. The findings  
41 indicated that while children with hearing loss and learning disabilities faced challenges in  
42 organising and remembering the overall story structure, their comprehension of individual story  
43 elements was similar to that of nondisabled children. These results suggest that interventions that  
44 improve story structure recall may benefit these children and enhance their narrative  
45 comprehension abilities (13)  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60



1  
2  
3 Language interventions and targeted support have proven effective in enhancing narrative  
4 abilities in children with language disorders and hearing impairments. Interventions involving  
5 repeated retellings of model narratives and the creation of personal narratives have shown  
6 immediate positive effects on language characteristics (14). Understanding the relationship  
7 between narrative and syntactic competencies informs intervention strategies to promote  
8 language development in children with hearing impairments (8). Previous studies have reported  
9 on story grammar-enhanced narrative interventions for children with hearing impairments,  
10 suggesting their effectiveness in facilitating the acquisition of narrative skills (15–17).  
11  
12  
13  
14  
15  
16  
17  
18

### 19 **Narratives of hearing impaired children in Tamil speaking context**

20 Research on narratives in Tamil-speaking children has primarily focused on typically developing children.  
21 Two notable studies by Priyadarshini and Venkatraman & Valluvan have examined story grammar  
22 development in preschool and school-aged children, using different story stimuli and contexts.  
23 Venkatraman and Thiruvalluvan studied the developmental progression of story grammar components in  
24 typically developing Tamil-speaking children aged three to six years and 11 months. The results revealed  
25 a developmental trajectory in acquiring and expressing story grammar components, with the character  
26 element being the most frequently expressed. There was an increase in these elements initiating events,  
27 internal plans, attempts, and outcome elements as age increased. The resolution element also exhibited a  
28 gradual increase over time. These findings provide normative data for assessing narrative abilities in the  
29 Tamil-speaking population and offer valuable insights for designing interventions targeting children with  
30 language disorders (18)  
31  
32  
33  
34  
35  
36

37 Abinayaa et al. implemented the Multilingual Assessment Instrument for Narratives (MAIN) in Tamil to  
38 study story grammar analysis in children with HI. The process entailed the alteration of English sentences  
39 to adopt more superficial structures that would facilitate the natural formation of sentences in Tamil.  
40 Furthermore, the order of events in the sentences was modified accordingly. The bilingual population  
41 proficient in Tamil and English often borrows words from one language to convey negative emotions. The  
42 study aimed to assess the narrative proficiency of children aged 5 to 8 years using a modified assessment  
43 tool (19)  
44  
45  
46  
47  
48

49 Priyadarshini examined the development of story grammar in Tamil-speaking children aged 5-8 years by  
50 analysing their retold narratives using videos without narration. The story "Frog- where are you?" elicited  
51 the narratives. Different age groups were compared, and the performance varied across age groups. The  
52 study explored story grammar elements such as characters, settings, goals or problems, episodes, and  
53 resolution. Findings showed that older children expressed story grammar units more frequently. However,  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 limited research exists on narratives of hearing-impaired children (20). A study by Jayaseelan et al.  
4 compared narratives' micro and macro structures in children with and without HI aged 4 to 8 years. The  
5 study employed a picture description task and found significant differences between the two groups'  
6 narrative macro and microstructure parameters. Jayaseelan et al. reported challenges in several  
7 macrostructural domains for children with HI, including topic maintenance, event sequencing, and  
8 explicitness. Children with HI faced difficulty maintaining narrative coherence, organising events logically,  
9 and providing a clear resolution to the story. Additionally, they exhibited deficits in explicitness, lacking  
10 informativeness, elaboration, and completeness in their narratives. The study concluded that early  
11 intervention strategies should target narrative coherence, event organisation, and explicitness, including  
12 informativeness, elaboration, and completeness (21)

13  
14 However, a methodological gap existed as the study used a one-time picture description context, which  
15 may not fully capture the complexities of narrative tasks such as story retelling or personal narratives. The  
16 current study examines the story grammar components of narratives in Tamil-speaking child cochlear  
17 implant users, intending to fill the methodological voids in this area. Through a specific focus on this  
18 particular subgroup, the study can conduct a more precise examination of their narrative capabilities.

19 Given the existing research on narrative development in typically developing children and the observed  
20 differences in narratives of children with HI, there is a clear need to conduct a study explicitly focusing on  
21 story grammar analysis in children with HI. Such a study can provide insights into these children's  
22 challenges and difficulties constructing narratives. The knowledge gained can inform targeted intervention  
23 strategies to improve narrative skills and promote overall language development in this population.  
24  
25  
26

## 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

### 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

41 Patients or members of the general public WERE NOT involved in the conception, execution, reporting, or  
42 dissemination of our study. In this study, we utilised a sample size of 30 children to estimate the effect  
43 magnitude and variability, which will inform the design of future larger trials. This choice of sample size  
44 complies with recommendations and serves to reduce the overall trial sample size in subsequent research  
45 (22). Two groups of children participated in the study: 15 with severe to profound hearing loss who were  
46 receiving cochlear implants and 15 with normal hearing. The demographic information of the participants  
47 is presented in Table 1. Prior to the study, the research was approved by the Institutional Ethics Committee  
48 (IEC), and parental consent forms were signed by the parents of the participating children. The research  
49 was conducted at the Sri Ramachandra Faculty of Audiology and Speech-Language Pathology under the  
50 Project No. CSP/22/DEC/119/595. The inclusion and exclusion criteria for children with normal hearing  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

were as follows: children whose native language and primary mode of communication is Tamil, without any risk of hearing loss or history of middle ear infections, who completed an informal hearing test, and who had no history of late speech onset or speech and language delay milestones. For children with hearing impairments, the inclusion and exclusion criteria were as follows: children diagnosed with prelingual deafness before the age of 3 and who received cochlear implants to improve their hearing, with their native language and primary mode of communication being Tamil, language assessment using the Assessment of Language Development (ALD) indicating a language age above the receptive and expressive language age, ranging from three to five years, and exclusion of children with hearing impairments and multiple disabilities from the study.

**Table 1**  
**Participants' Description for Narrative Comparison**

| <b>Groups</b>                    | <b>Number of Participants</b> | <b>Mean age</b> | <b>Lan- guage Age</b> | <b>Mean Duration of Rehabilitation</b> | <b>Mean Age of Im- plantation</b> |
|----------------------------------|-------------------------------|-----------------|-----------------------|--|-----------------------------------|
| Normal hearing Children          | 15(7/8)                       | 4.5             | 4.5                   | -                                      | -                                 |
| Children with hearing impairment | 15 (7/8)                      | 9.4             | 4.3                   | 4.2                                    | 2.4                               |

### **Materials and Stimulus**

The study utilised a story titled "My Fish, No Fish," which had been translated into Tamil. The story was obtained from storyweavers.org, a digital story repository. Before the study, the story underwent a pilot test for familiarity among Tamil-speaking children between the ages of 3 and 6, as conducted in Venkatraman and Thiruvalluvan's (18) study.

### **Procedure**

Prior to the task of retelling a story, the researcher established a rapport with every child participant. During the story's narration, the children were instructed to concentrate on the vibrant illustrations and the Tamil language. During the storytelling, the narrator employed suitable nonverbal communication, such as gestures and cues. If a child failed to grasp the narrative during the initial exposure, it was reiterated until a complete understanding was attained. After that, the children were instructed to recount their recently heard narrative. After the storyteller's narration, the children were given a 1-2 minute break.

1  
2  
3 During the narration, the investigator used neutral transitional terms such as "then," "next," and "after that"  
4 to encourage the children to continue retelling the story whenever they paused. The children were rewarded  
5 with candy upon completing the task as reinforcement. An Olympus camera recorded audio and video of  
6 the investigator's narrative and the children's story retelling. The duration of the audio-visual recording  
7 ranged from three to five minutes.  
8  
9

### 10 11 **Analysis and Transcription**

12 Verbatim transcription was performed on the obtained samples. The researcher's neutral prompts, repetitive  
13 utterances, false starts, and the children's mazes were excluded from the analysis. The macrostructure of  
14 participant utterances was then analysed. The story grammar (SG) components, including the setting (S),  
15 characters (C), initiating event (IE), internal plan (IP), attempt (A), outcome (O), and resolution (R) of the  
16 event, were examined according to Stein and Glenn's framework (23). This study utilised the qualitative  
17 rating reported by Venkatraman and Valluvan for story grammar analysis (18). The investigator prompts,  
18 and mazes were removed before calculating the presence of each story grammar element. The narrative  
19 samples of the story retelling were divided into utterances for detailed examination. A rating system from  
20 0 to 3 was used for scoring, with 3 indicating an accomplished or detailed description of the component, 2  
21 representing the main content of the element being described, 1 denoting a relevant attempt to describe the  
22 component, and 0 indicating the absence of any attempt to describe the component.  
23  
24  
25  
26  
27  
28  
29

### 30 **Statistical Analysis**

31 The macrostructure parameters obtained from both groups were recorded in an MS Excel file, including the  
32 setting (S), characters (C), initiating event (IE), internal plan (IP), attempt (A), outcome (O), and resolution  
33 (R) of the event. The data were analysed using SPSS software. The means of the macrostructure measures  
34 for the retold narratives of the hearing-impaired children were compared with the established means of  
35 normally hearing children using the Mann-Whitney U test. A coefficient of approximately 0.947% was  
36 derived after testing the inter-rater reliability of all coded samples using Cohen's Kappa. The results indicate  
37 the inter-rater consistency between the two rates is exceptionally high. A high Cohen's Kappa score denotes  
38 better agreement between the independent raters.  
39  
40  
41  
42  
43  
44  
45

## 46 **Results**

47  
48 The following are the statistical analysis results comparing typically developing children to children with  
49 hearing impairments (HI) regarding various story grammar variables (Table 2). Significant differences were  
50 found between typically developing children and children with HI in the use of characters ( $U = 25.000$ ,  $p$   
51  $< .001$ ,  $r = -.877$ ), setting ( $U = 14.000$ ,  $p < .001$ ,  $r = -.913$ ), initiating events ( $U = 7.000$ ,  $p < .001$ ,  $r = -$   
52  $0.945$ ), internal plans ( $U = 30.000$ ,  $p < .001$ ,  $r = -.848$ ), attempts ( $U = 22.000$ ,  $p < .001$ ,  $r = -.877$ ), outcomes  
53  
54  
55  
56  
57

( $U = 23.000$ ,  $p < .001$ ,  $r = -.877$ ), and resolutions ( $U = 12,500$ ,  $p < .001$ ,  $r = -0.931$ ). These findings demonstrate significant differences in story grammar components between typically developing children and those with hearing impairments. The results highlight a substantial reduction in story grammar elements during the narrative retelling task for children with hearing impairments.

**Table 2 Comparison Of Narrative Macrostructure In Children With And Without Hearing Impairment**

| Story grammar Variables | Group                        | Mann-Whitney U | Wilcoxon W | Z      | p-Value |
|-------------------------|------------------------------|----------------|------------|--------|---------|
| Characters              | Children with and without HI | 25.00          | 145.00     | -3.974 | .000*   |
| Settings                | Children with and without HI | 14.00          | 134.00     | 4.570  | .000*   |
| Initiating event        | Children with and without HI | 7.00           | 127.00     | -4.570 | .000*   |
| Internal plan           | Children with and without HI | 30.00          | 150.00     | -3.572 | .000*   |
| Attempt                 | Children with and without HI | 22.00          | 142.00     | -3.962 | .000*   |
| Outcome                 | Children with and without HI | 23.00          | 143.00     | -3.969 | .000*   |
| Resolution              | Children with and without HI | 12.50          | 132.00     | -4.332 | .000*   |

Note. Grouping Variable: Group. \* $p < .001$  (2-tailed).

## Discussion

The present study investigated the story grammar analysis of narratives in children with and without HI, focusing on the complexity of story grammar components. In order to understand the unique narrative abilities of children with HI, it is essential to discuss the richness of these story grammar elements in typical development and the specific challenges children with HI face in effectively utilising them.

Characters, setting, initiating events, internal plan, attempt, outcome, and resolution are fundamental story grammar elements that contribute to narrative coherence and organisation (18,20). These elements reflect the ability to understand and convey mental states, establish context, depict motivations, and demonstrate logical progression within a story.

Children with typical development exhibit well-developed skills in utilising these story grammar elements, showcasing their ability to construct narratives with depth and complexity (18). However, children with hearing impairments may face challenges fully utilising these elements. Each story grammar component and its presentation in the elicited narratives of children with and without HI are discussed below.

### **Characters**

Children without HI had higher mean character development ranks than those with HI. This finding suggests that children with hearing impairments may demonstrate a restricted use of nouns and pronouns, possibly due to differences in the quantity and diversity of language exposure and the input and rehabilitation methods, compared to children with normal hearing (24)

### **Setting**

Significant differences were observed in establishing the setting element, with typically developing children outperforming children with hearing impairments. This finding highlights the difficulties that children with hearing impairments may experience in acquiring a wide range of vocabulary words, which can impede their ability to describe and establish the setting of a story (24)

### **Initiating Event**

The results demonstrated significant differences in the initiating event element, with typically developing children achieving higher mean ranks. Children with HI exhibit difficulty stringing together a series of actions due to their limited vocabulary and poor syntactic skills to effectively use the PNG markers to generate seamless narration (25)

### **Internal Plan**

Significant differences were found in the internal plan element, with typically developing children exhibiting higher mean ranks. This finding aligns with the theory of mind framework, as internal plans involve characters' thoughts and intentions. This finding suggests that children with hearing impairments may face challenges in understanding and expressing the mental states of story characters, potentially due to limited access to spoken language and delays in linguistic development (26)

### **Attempt**

The findings revealed significant differences in the attempt element, with typically developing children outperforming children with hearing impairments. This result can be attributed to the theory of mind perspective, as understanding characters' actions and strategies requires understanding their mental states. Children with hearing impairments may face challenges in comprehending and expressing these mental states, impacting their ability to construct narratives with well-developed attempts (27)

### **Outcome**

Significant differences were observed in the outcome element, with typically developing children achieving higher mean ranks. This finding can be attributed to the theory of mind framework, as accurately comprehending and expressing the outcomes of story events relies on understanding characters' mental states. Predicting outcome also depends on the inherent ability to provide closure to the stimulus used for storytelling. Children with hearing impairments may encounter difficulties comprehending and expressing these outcomes, impacting their narratives' coherence and organisation (26)

### **Resolution**

The results indicated significant differences in the resolution element, with typically developing children exhibiting higher mean ranks. As reported in earlier literature, this story-grammar parameter was frequently sparse for children with typical development (18,20). This story grammar component requires a complex understanding of a coordinated sequence of events to give closure to the storytelling higher mean ranks. As reported in earlier literature, this story-grammar parameter was frequently sparse for children with typical development (18,20) This story grammar component requires a complex understanding of a coordinated sequence of events to give closure to the story. This finding suggests that children with hearing impairments may face challenges in comprehending and expressing the intentions and motivations of story characters, which are crucial for effectively depicting initiating events (26,27). This finding relates to the theory of mind framework, as constructing a coherent and well-organised resolution requires understanding the characters' mental states and the overall story structure.

Notably, although the story grammar elements in question may present difficulties for children with hearing impairments, certain constituents may also prove intricate for children with typical development, as per Venkatraman. The general trend of diminished performance in these components among children with

1  
2  
3 hearing impairments indicates a necessity for focused interventions and assistance to augment their  
4 narrative proficiencies. Studies conducted by Uzuner, Kircaali-Iftar, and Karasu (17) Spencers et al. (15)  
5 and Zamani et al.(16) reinforce that the story grammar-based narrative intervention is effective for children  
6 with hearing impairments.  
7  
8  
9

## 10 11 Conclusion

12  
13 The complexity of story grammar components in typical development highlights the richness and depth of  
14 narratives typically developing children construct. However, children with hearing impairments face  
15 challenges in effectively utilising these elements, potentially due to limited access to spoken language,  
16 delays in linguistic development, and difficulties in the theory of mind understanding. Comprehending these  
17 barriers can provide direction for creating custom-tailored interventions and strategies aimed at promoting  
18 the narrative proficiency of children with hearing impairments, thereby enhancing their linguistic abilities  
19 and overall communicative ability. Analysing narratives regarding story grammar components would  
20 provide a picture of the individual's ability to construct narratives and shed light on the narrative  
21 organisation and coherence inadequacies. An intervention plan based on the story grammar components  
22 can facilitate the qualitative richness and appropriateness of narrative skills acquired by children with  
23 hearing impairments.  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43

## 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

### References:

1. Geers AE. Speech, Language, and Reading Skills After Early Cochlear Implantation [Internet]. Vol. 130, Arch Otolaryngol Head Neck Surg. 2004. Available from: <https://jamanetwork.com/>
2. Rubinstein JT. Paediatric cochlear implantation: prosthetic hearing and language development Rapid review [Internet]. Available from: [www.thelancet.com](http://www.thelancet.com)
3. Sharma S, Solanki B, Solanki Y, Kaurani Y. Cochlear Implants: Evaluation of Effects of Various Parameters on Outcomes in Pediatric Patients at a Tertiary Care Centre for Unilateral Ear Implantation. Indian Journal of Otolaryngology and Head and Neck Surgery. 2022 Aug 1;74:360–7.
4. Ganek H, McConkey Robbins A, Niparko JK. Language outcomes after cochlear implantation. Vol. 45, Otolaryngologic Clinics of North America. 2012. p. 173–85.



- 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
  - 12
  - 13
  - 14
  - 15
  - 16
  - 17
  - 18
  - 19
  - 20
  - 21
  - 22
  - 23
  - 24
  - 25
  - 26
  - 27
  - 28
  - 29
  - 30
  - 31
  - 32
  - 33
  - 34
  - 35
  - 36
  - 37
  - 38
  - 39
  - 40
  - 41
  - 42
  - 43
  - 44
  - 45
  - 46
  - 47
  - 48
  - 49
  - 50
  - 51
  - 52
  - 53
  - 54
  - 55
  - 56
  - 57
  - 58
  - 59
  - 60
5. Worsfold S, Mahon M, Yuen HM, Kennedy C. Narrative skills following early confirmation of permanent childhood hearing impairment. *Dev Med Child Neurol*. 2010 Oct;52(10):922–8.
6. Dezani Soares AI, Niegia Garcia de Goulart BI, Maria Chiari III B. Narrative competence among hearing-impaired and normal-hearing children: analytical cross-sectional study. Vol. 128, *Sao Paulo Med J*. 2010.
7. Graham A, Association B, Reuterskiöld C, Ibertsson T, Sahlén B, Fairgray E, et al. The Volta Review Effects of Auditory-Verbal Therapy for School-Aged Children with Hearing Loss: An Exploratory Study 407 Use of Differential Reinforcement to Increase Hearing Aid Compliance: A Preliminary Investigation 435 “Re-Modeling the Deafened Cochlea for Auditory Sensation: Advances and Obstacles.” 110:465.
8. Weiss AL, Johnson CJ. Relationships between narrative and syntactic competencies in school-aged, hearing-impaired children. Vol. 14, *Applied Psycholinguistics*. 1993.
9. Yoshinaga-Itano C DMD. A hearing-impaired child’s acquisition of schemata: Something’s missing. *Top Lang Disord*. 1986 Dec 1;7(1):45–57.
10. Johnson CJ. Expanding Norms for Narration. *Lang Speech Hear Serv Sch*. 1995;26(4):326–41.
11. EBSCOhost | 8769364 | Cochlear Implantation in Young Children: Effects of Age at Implantation and Communication Mode. [Internet]. [cited 2023 Jun 13]. Available from: <https://web.s.ebscohost.com/abstract?site=ehost&scope=site&jrnl=00428639&AN=8769364&h=CXmDil9o4YfQMuwaiKEALWgLuL8MiT9joWNfhU1qvT4Mlr%2bL0Zzp12B9Y2%2bEFZ5zd7qi%2fIPwryw1G7HzAf768g%3d%3d&crl=c&resultLocal=ErrCrlNoResults&resultNs=Ehost&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26jrnl%3d00428639%26AN%3d8769364>
12. Amemiya ÉE, Goulart BNG, Chiari BM. Uso de substantivos e verbos na narrativa oral de deficientes auditivos e ouvintes entre 5 e 11 anos de idade. *Sao Paulo Medical Journal*. 2013;131(5):289–95.
13. Griffith PL, Ripich DN, Dastoli SL. Narrative abilities in hearing-impaired children: Propositions and cohesion. *Am Ann Deaf*. 1990;135(1):14–21.
14. Petersen D, Spencer TD. Narrative Assessment and Intervention: A Clinical Tutorial on Extending Explicit Language Instruction and Progress Monitoring to All Students. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD) Populations*. 2014;21(1):5–21.
15. Spencer TD, Kajian M, Petersen DB, Bilyk N. Effects of an Individualized Narrative Intervention on Children’s Storytelling and Comprehension Skills. *J Early Interv*. 2013;35(3):243–69.
16. Zamani P, Soleymani Z, Khatoonabadi AR, Rezaei M, Rezai H. A systematic review of narrative-based language intervention with children who have language disorders caused by hearing impairments [Internet]. 2016. Available from: <http://avr.tums.ac.ir>
17. Uzuner Y. COMPARING THE EFFECTS OF VARIOUS PROCEDURES ON RECONSTRUCTION OF NARRATIVES ACCORDING TO STORY GRAMMAR OF A YOUTH WITH HEARING LOSS. Vol. 5, *The Reading Matrix*. 2005.
18. Venkatraman K, Thiruvalluvan V. Story Grammar Analysis of Narratives in Typically Developing Tamil Speaking Children. *Language in India*. 2021;21(June):204–20.
19. Abinayaa K, Venkatesh L, Nehru PA, Raman MG. Adapting the Multilingual Assessment Instrument for Narratives to Tamil This paper reports on the adaptation of the Multilingual Assessment Instrument for Narratives (MAIN) to Tamil. We first briefly provide an overview of

the Tamil language and the Tamil population in the southern state of Tamil Nadu in India and then we describe in detail the multiple phases of the adaptation process including input from some pilot data from Tamil-speaking children.

20. Priyadharshini D& B. Development of Story Grammar in Five To Eight Year Old Tamil Speaking Children – a Pilot Study. *Asia Pacific Journal of Research*. 2017;1(LVII):1–8.
21. Jayaseelan M, Devi Baskar K, Krishnan A. Macrostructural and microstructural discourse abilities in children with hearing impairment. *Journal of Child Language Acquisition and Development- JCLAD*. 9:1–176.
22. Whitehead AL, Julious SA, Cooper CL, Campbell MJ. Estimating the sample size for a pilot randomised trial to minimise the overall trial sample size for the external pilot and main trial for a continuous outcome variable. *Stat Methods Med Res*. 2016 Jun 1;25(3):1057–73.
23. Stein NL, Glenn CG. An analysis of story comprehension in elementary school children [Internet]. *New directions in discourse processing*. 1979 [cited 2021 Jan 12]. p. 53–120. Available from: [https://www.researchgate.net/publication/243501171\\_An\\_Analysis\\_of\\_Story\\_Comprehension\\_in\\_Elementary\\_School\\_Children](https://www.researchgate.net/publication/243501171_An_Analysis_of_Story_Comprehension_in_Elementary_School_Children)
24. Kao SM. *Narrative Development of Children*. 2015;(Westby 1984):33–51.
25. Griffith PL, Ripich DN, Dastoli SL. Narrative abilities in hearing-impaired children: Propositions and cohesion. *Am Ann Deaf*. 1990;135(1):14–21.
26. Westby C. Theory of Mind in Children’s Narratives. *Word of Mouth*. 2016;28(1):8–10.
27. Tompkins V, Farrar MJ, Montgomery DE. *Speaking Your Mind: Language and Narrative in Young Children’s Theory of Mind Development*. In: *Advances in Child Development and Behavior*. Academic Press Inc.; 2019. p. 109–40.

### Footnotes

- **Contributors:** Ms.Latika and Ms. Jenithaa collected data acquisition and analyzed. Ms. Jenithaa and Dr. Krupa Venkatraman wrote the manuscript and contributed substantially to the conception and design of the study, data interpretation, drafting of the manuscript, corrections and revisions.
- **Funding:** Non funded self initiated study.
- **Competing interests** None declared.
- **Patient consent for publication** Not required.
- **Ethics approval** This study was approved by the Institutional Review Board.
- **Provenance and peer review** Not commissioned; externally peer reviewed.
- **Data availability statement** Data are available upon reasonable request.

STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

|                              | Item No | Recommendation   | Page No |
|------------------------------|---------|--|---------|
| <b>Title and abstract</b>    | 1       | (a) Indicate the study's design with a commonly used term in the title or the abstract   | 2       |
|                              |         | (b) Provide in the abstract an informative and balanced summary of what was done and what was found  | 2       |
| <b>Introduction</b>          |         |  |         |
| Background/rationale         | 2       | Explain the scientific background and rationale for the investigation being reported   | 3-6     |
| Objectives                   | 3       | State specific objectives, including any prespecified hypotheses   | 7       |
| <b>Methods</b>               |         |  |         |
| Study design                 | 4       | Present key elements of study design early in the paper  | 8       |
| Setting                      | 5       | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection  | 8       |
| Participants                 | 6       | (a) Give the eligibility criteria, and the sources and methods of selection of participants  | 8       |
| Variables                    | 7       | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable   | 8       |
| Data sources/<br>measurement | 8*      | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group                         | 9       |
| Bias                         | 9       | Describe any efforts to address potential sources of bias  | NA      |
| Study size                   | 10      | Explain how the study size was arrived at  |         |
| Quantitative variables       | 11      | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why   | 7-8     |
| Statistical methods          | 12      | (a) Describe all statistical methods, including those used to control for confounding  | 9       |
|                              |         | (b) Describe any methods used to examine subgroups and interactions  | NA      |
|                              |         | (c) Explain how missing data were addressed  | NA      |
|                              |         | (d) If applicable, describe analytical methods taking account of sampling strategy   | 7       |
|                              |         | (e) Describe any sensitivity analyses  | NA      |
| <b>Results</b>               |         |  |         |
| Participants                 | 13*     | (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed            | 8       |
|                              |         | (b) Give reasons for non-participation at each stage   | NA      |
|                              |         | (c) Consider use of a flow diagram   | NA      |
| Descriptive data             | 14*     | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders   | 8       |
|                              |         | (b) Indicate number of participants with missing data for each variable of interest  | NA      |
| Outcome data                 | 15*     | Report numbers of outcome events or summary measures   | 10      |
| Main results                 | 16      | (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included | 10      |

|                          |    |  |    |
|--------------------------|----|--|----|
|                          |    | (b) Report category boundaries when continuous variables were categorized  | NA |
|                          |    | (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period   | NA |
| Other analyses           | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses   | NA |
| <b>Discussion</b>        |    |  |    |
| Key results              | 18 | Summarise key results with reference to study objectives   | 10 |
| Limitations              | 19 | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias                 | 11 |
| Interpretation           | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | 11 |
| Generalisability         | 21 | Discuss the generalisability (external validity) of the study results  | 11 |
| <b>Other information</b> |    |  |    |
| Funding                  | 22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based              | NA |

\*Give information separately for exposed and unexposed groups.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at [www.strobe-statement.org](http://www.strobe-statement.org).

# BMJ Open

## Comparative Analysis of Story Grammar Development in Tamil-Speaking Child Cochlear Implant Users and Hearing Peers: A Cross-Sectional Study

|                                 |  |
|---------------------------------|--|
| Journal:                        | <i>BMJ Open</i>  |
| Manuscript ID                   | bmjopen-2023-077145.R1   |
| Article Type:                   | Original research  |
| Date Submitted by the Author:   | 19-Oct-2023  |
| Complete List of Authors:       | Muthu, Jenithaa; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology<br>Venkatraman, Krupa; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology<br>Ganesh, Latika; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology |
| <b>Primary Subject Heading</b>: | Paediatrics  |
| Secondary Subject Heading:      | Paediatrics, Health services research, Diagnostics, Ear, nose and throat/otolaryngology  |
| Keywords:                       | PAEDIATRICS, Speech pathology < OTOLARYNGOLOGY, Audiology < OTOLARYNGOLOGY, Community child health < PAEDIATRICS, OTOLARYNGOLOGY   |
|                                 |  |

SCHOLARONE™  
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

1  
2  
3  
4 **Comparative Analysis of Story Grammar Development in Tamil-Speaking Child Cochlear Implant**  
5 **Users and Hearing Peers: A Cross-Sectional Study**  
6  
7  
8  
9

10 Muthu Jenithaa<sup>1</sup>, Krupa Venkatraman<sup>2\*</sup> and Latika Ganesh<sup>1</sup>  
11  
12

13  
14 <sup>1</sup> Intern, Bachelor in Audiology and Speech-Language Pathology, Sri Ramachandra Faculty of  
15 Audiology and Speech-Language Pathology, Sri Ramachandra Institute of Higher Education and  
16 Research (Deemed to be University), Chennai, Chennai, India.  
17  
18

19 <sup>2</sup> Assistant professor, Department of Speech-language Pathology, Sri Ramachandra Institute of  
20 Higher Education and Research, Porur, Chennai-116, Tamil Nadu, Ph: +91-9025022224.:  
21

22 Corresponding author: Krupa Venkatraman, [krupa.v@sriramachandra.edu.in](mailto:krupa.v@sriramachandra.edu.in)  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

### Abstract

Objective: This cross-sectional comparative study aimed to analyse and compare the story-grammar components in Tamil-speaking children with and without hearing impairments narratives.

Design: The study utilised a cross-sectional, comparative design to assess and compare narrative structures.

Setting: Data was collected at the Sri Ramachandra Institute of Higher Education and Research (SRIHER) in Chennai, India.

Participants: Thirty children participated in the study, including fifteen children with severe to profound hearing loss who used cochlear implants and fifteen with normal hearing. The participants were language-age-matched three- and five-year-olds proficient in Tamil.

Interventions: No specific interventions were implemented in this study.

Main Outcome Measures: The primary outcome measures focused on story grammar components, including settings, characters, initiating events, internal plans, attempts, outcomes, and resolution. These components were evaluated through narrative retellings by the children.

Results: Analysis of the narratives revealed significant differences between the two groups. Children with normal hearing demonstrated a higher representation of story-grammar elements than children with hearing impairments. Specific numerical data on the differences in story-grammar components can be provided.

Conclusions: The findings suggest that children with normal hearing exhibit a more proficient understanding and utilisation of story structure in their storytelling than children with hearing impairments. This study highlights the importance of narrative analysis in language assessment, particularly for children with hearing impairments. Tailored interventions incorporating appropriate language stimulation techniques are needed to enhance children's narrative skills with hearing impairments. Further research in this area is warranted.

**Keywords:** narratives, macrostructure analysis, story grammar, hearing impairment, story retelling, memory.



### Strengths and Limitations of This Study

- Carefully selected and language-age-matched participants and detailed narrative outcome measure that reveal significant differences.
- Significance in highlighting the importance of narrative analysis for children with hearing impairments.
- Highlights the need for specific language intervention strategies for enhancing narrative skills.
- The scope of the study is specific to a particular age group and language levels.
- Sample size considerations may affect the scope of findings.

### Introduction

Several studies have examined the impact of cochlear implants on children with severe to profound hearing loss, emphasising the importance of early intervention and personalised rehabilitation approaches. For instance, Geers conducted a longitudinal study on children who underwent early cochlear implantation, demonstrating significant improvements in speech perception, production, and language development [1]. Similarly, Rubinstein presented the advantages of cochlear implants for individuals with severe to profound hearing loss, highlighting the importance of early intervention, ongoing support, and personalised rehabilitation strategies. The study emphasised enhancing speech perception, production, and language abilities through cochlear implants. Moreover, the study recognised the challenges associated with pediatric cochlear implantation and underscored the need for comprehensive assessments and tailored intervention strategies to meet each child's unique needs [2].

Sharma et al. evaluated how various parameters affect the outcomes of cochlear implants in pediatric patients. The findings highlighted that the age of implantation and the duration of device use play crucial roles in determining the effects of cochlear implantation. The study revealed that early implantation and a more extended period of device use contribute to better speech perception, language development, and overall functional performance. The authors emphasised the significance of auditory rehabilitation in maximising the benefits of cochlear implants. They stressed the need for consistent and structured rehabilitation programs to support children in optimising their hearing skills [3].

Ganek et al. investigated the language outcomes of individuals who underwent cochlear implantation. The study emphasised that cochlear implantation positively impacts language development in individuals with profound hearing loss. They identified influential factors such as age at implantation, duration of implant use, residual hearing, and additional disabilities. The article also acknowledged potential challenges individuals face with cochlear implants and stressed the importance of individualised approaches to address language delays or difficulties in specific areas [4]. Worsfold, Mahon, Yuen and Kennedy reported

1  
2  
3 that children who received early confirmation of hearing impairment experienced substantial delays in  
4 their narrative skills compared to typically developing peers. Identifying and intervening early to support  
5 the development of narrative abilities is crucial [5].  
6

7  
8 Research has shown that hearing-impaired children may encounter difficulties in organising and  
9 structuring their narratives, resulting in less cohesive and coherent storytelling[6]. Reuterskiöld, Ibertsson,  
10 and Sahlén highlighted the narrative production difficulties children with hearing loss faced, particularly  
11 regarding story structure and coherence. Assessing and providing support for the narrative abilities of  
12 children with HI is vital for enhancing their communication skills [7].  
13

14  
15 Weiss and Johnson investigated the relationship between narrative skills and syntactic abilities in children  
16 with hearing impairment. Their study revealed that hearing-impaired children demonstrated lower levels  
17 of narrative and syntactic skills than their typically developing peers. The researchers also found a strong  
18 correlation between narrative and syntactic competencies in both groups. The authors concluded that  
19 hearing impairment has a negative impact on the development of narrative and syntactic skills in school-  
20 aged children. They stressed the significance of addressing these difficulties through educational  
21 interventions and offering appropriate support to foster language development [8]. Yoshinago-Itano and  
22 Snyder examined the structural elements of narratives in deaf children. They found that the narratives of  
23 deaf children lacked tools for generating cohesive narratives, such as conjunctions and pronouns [9].  
24 Although major story grammar structures were present in the narratives of hearing-impaired students, their  
25 recall of the story's events was only about half compared to their hearing peers[10]  
26

27  
28 Kirk et al. examined the effects of age at cochlear implantation and communication mode on the narrative  
29 performance of young children. They found that earlier implantation and the use of spoken language were  
30 associated with improved narrative structure and cohesion performance. The study highlights the  
31 importance of considering the mode of communication, as children using spoken language exhibited  
32 different narrative patterns than those using sign language [11].  
33

34  
35 Soares et al. found that children with HI have lower levels of narrative competence. This results from  
36 difficulties in organising and structuring their narratives, resulting in less cohesive and cohesive  
37 storytelling. The study emphasises the significance of resolving and bolstering narrative skills in hearing-  
38 impaired children to improve their communication skills [5].  
39

40  
41 Reuterskiöld et al. examined hearing-impaired children's narrative skills, exploring their abilities beyond  
42 the sentence level. The findings indicate that children with hearing loss face challenges in narrative  
43 production, particularly in story structure and coherence. The study emphasises the importance of  
44 assessing and supporting narrative abilities in children with hearing loss [7].  
45

46  
47 Amemiya et al. compared nouns and verbs in the oral narratives of children with hearing impairments (HI)  
48 and typically developing children with normal hearing. The findings revealed that children with HI  
49  
50  
51  
52  
53  
54  
55  
56  
57

1  
2  
3 demonstrated a lower frequency of nouns and verbs than their peers with normal hearing and that children  
4 with normal hearing used a wider variety of verbs in their narratives. This study highlights the importance  
5 of considering these specific linguistic components when assessing and supporting the language  
6 development of children with HI. It also underscores the need for targeted interventions to support  
7 expressive language skills in individuals with HI [12].

8 Griffith and Ripich conducted a study comparing the ability of children with hearing loss and learning  
9 disabilities to recall story structures with that of non-disabled children. The findings indicated that while  
10 children with hearing loss and learning disabilities faced challenges in organising and remembering the  
11 overall story structure, their comprehension of individual story elements was similar to that of non-  
12 disabled children. These results suggest that interventions that improve story structure recall benefit these  
13 children and enhance their narrative comprehension abilities [13].

14  
15  
16  
17  
18  
19  
20  
21  
22 Language interventions and targeted support have proven effective in enhancing narrative abilities in  
23 children with language disorders and hearing impairments. Interventions involving repeated retellings of  
24 model narratives and the creation of personal narratives have shown immediate positive effects on  
25 language characteristics [14]. Understanding the relationship between narrative and syntactic  
26 competencies informs intervention strategies to promote language development in children with hearing  
27 impairments [8]. Previous studies have reported on story grammar-enhanced narrative interventions for  
28 children with hearing impairments, suggesting their effectiveness in facilitating the acquisition of narrative  
29 skills [15–17].

### 30 31 32 33 34 35 36 **Narratives of hearing-impaired Children in Tamil Speaking Context**

37 Research on narratives in Tamil-speaking children has primarily focused on typically developing children.  
38 Two notable studies by Priyadarshini and Venkatraman & Valluvan have examined story grammar  
39 development in preschool and school-aged children, using different story stimuli and contexts.  
40 Venkatraman and Thiruvalluvan studied the developmental progression of story grammar components in  
41 typically developing Tamil-speaking children aged three to six years and 11 months. The results revealed  
42 a developmental trajectory in acquiring and expressing story grammar components, with the character  
43 element being the most frequently described. There was an increase in these elements initiating events,  
44 internal plans, attempts, and outcome elements as age increased. The resolution element also exhibited a  
45 gradual increase over time. These findings provide normative data for assessing narrative abilities in the  
46 Tamil-speaking population and offer valuable insights for designing interventions targeting children with  
47 language disorders [18].  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 Abinayaa et al. implemented the Multilingual Assessment Instrument for Narratives (MAIN) in Tamil to  
4 study story grammar analysis in children with HI. The process entailed the alteration of English sentences  
5 to adopt more superficial structures that would facilitate the natural formation of sentences in Tamil.  
6 Furthermore, the order of events in the sentences was modified accordingly. The bilingual population  
7 proficient in Tamil and English often borrows words from one language to convey negative emotions. The  
8 study aimed to assess the narrative proficiency of children aged 5 to 8 years using a modified assessment  
9 tool [19].  
10  
11

12  
13  
14 Priyadarshini examined the development of story grammar in Tamil-speaking children aged 5-8 years by  
15 analysing their retold narratives using videos without narration. The story "Frog- where are you?" elicited  
16 the narratives. Different age groups were compared, and the performance varied across age groups. The  
17 study explored story grammar elements such as characters, settings, goals or problems, episodes, and  
18 resolution. Findings showed that older children expressed story grammar units more frequently. However,  
19 limited research exists on narratives of hearing-impaired children [20]. A study by Jayaseelan et al.  
20 compared narratives' micro and macro structures in children with and without HI aged 4 to 8 years. The  
21 study employed a picture description task and found significant differences between the two groups'  
22 narrative macro and microstructure parameters. Jayaseelan et al. reported challenges in several  
23 macrostructural domains for children with HI, including topic maintenance, event sequencing, and  
24 explicitness. Children with HI faced difficulty maintaining narrative coherence, organising events logically,  
25 and providing a clear resolution to the story. Additionally, they exhibited deficits in explicitness, lacking  
26 informativeness, elaboration, and completeness in their narratives. The study concluded that early  
27 intervention strategies should target narrative coherence, event organisation, and explicitness, including  
28 informativeness, elaboration, and completeness [21].  
29  
30  
31  
32  
33  
34  
35  
36  
37

38 However, a methodological gap existed as the study used a one-time picture description context, which  
39 may not fully capture the complexities of narrative tasks such as story retelling or personal narratives. The  
40 current study examines the story grammar components of narratives in Tamil-speaking child cochlear  
41 implant users, intending to fill the methodological voids in this area. Through a specific focus on this  
42 particular subgroup, the study can conduct a more precise examination of their narrative capabilities.  
43  
44

45 Given the existing research on narrative development in typically developing children and the observed  
46 differences in narratives of children with HI, there is a clear need to conduct a study explicitly focusing on  
47 story grammar analysis in children with HI. Such a study can provide insights into these children's  
48 challenges and difficulties in constructing narratives. The knowledge gained can inform targeted  
49 intervention strategies to improve narrative skills and promote overall language development in this  
50 population.  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

## Method

### Patient and Public Involvement

The Institutional Ethics Committee (IEC) approved the study and allocated project No.CSP/22/DEC/119/595 following a thorough review conducted at the Sri Ramachandra Institute of Higher Education and Research (SRIHER). The children with hearing loss who participated in the study underwent cochlear implant surgery and received aural rehabilitation services at Sri Ramachandra Faculty of Audiology and Speech-Language Pathology. The parents of the children recruited completed a consent form compiled in Tamil and English outlining the study's purpose, data collection procedures, data confidentiality, and the scientific use of the acquired data.

### Participants

The research involved the enrollment of 30 children who were subsequently segregated into two distinct groups. The initial cohort consisted of 15 children diagnosed with severe to profound hearing impairment and receiving cochlear implants. The second group included 15 children with normal hearing. Table 1 provides demographic information for the participants. A group-wise comparison was made by recruiting five children representing both groups within three specific language age groups: 3 to 3 years and 11 months old, 4 to 4 years and 11 months old, and 5 to 5 years and 11 months old. This division was carried out to maintain equal representation within each language-age group.

The inclusion and exclusion criteria for children with normal hearing were as follows: children whose native language and primary mode of communication is Tamil, without any risk of hearing loss or history of middle ear infections, who completed an informal hearing test, and who had no history of late speech onset or speech and language delay milestones. For children with hearing impairments, the inclusion and exclusion criteria were as follows: children diagnosed with prelingual deafness before the age of 3 and who received cochlear implants to improve their hearing, with their native language and primary mode of communication being Tamil, language assessment using the Assessment of Language Development (ALD) indicating a language age above the receptive and expressive language age, ranging from three to five years, and exclusion of children with hearing impairments and multiple disabilities from the study.

**Table 1** Participants' Description for Narrative Comparison

| Groups | Number of Participants (M/F) | Mean- age | Mean Language Level | Duration of Rehabilitation | Age of Implantation |
|--------|------------------------------|-----------|---------------------|----------------------------|---------------------|
|--------|------------------------------|-----------|---------------------|----------------------------|---------------------|

|                                  |          |     |     |     |     |
|----------------------------------|----------|-----|-----|-----|-----|
| Normal hearing Children          | 15(7/8)  | 4.5 | 4.5 | -   | -   |
| Children with hearing impairment | 15 (7/8) | 9.4 | 4.3 | 4.2 | 2.4 |

### Materials and Stimulus

The study utilised a story titled "My Fish, No Fish," which had been translated into Tamil. The story was obtained from storyweavers.org, a digital story repository. Before the study, the story underwent a pilot test for familiarity among Tamil-speaking children between the ages of 3 and 6, as conducted in Venkatraman and Thiruvalluvan's study [18].

### Procedure

Before retelling a story, the researcher established a rapport with every child participant. During the story's narration, the children were instructed to concentrate on the vibrant illustrations and the Tamil language. During the storytelling, the narrator employed suitable nonverbal communication, such as gestures and cues. If a child failed to grasp the narrative during the initial exposure, it was reiterated until a complete understanding was attained. After that, the children were instructed to recount their recently heard narrative. After the storyteller's narration, the children were given a 1–2-minute break.

During the narration, the investigator used neutral transitional terms such as "then," "next," and "after that" to encourage the children to continue retelling the story whenever they paused. The children were rewarded with candy upon completing the task as reinforcement. An Olympus camera recorded audio and video of the investigator's narrative and the children's story retelling. The duration of the audio-visual recording ranged from three to five minutes.

### Analysis and Transcription

Verbatim transcription was performed on the obtained samples. The researcher's neutral prompts, repetitive utterances, false starts, and the children's mazes were excluded from the analysis. The macrostructure of participant utterances was then analysed. The story grammar (SG) components, including the setting (S), characters (C), initiating event (IE), internal plan (IP), attempt (A), outcome (O), and resolution (R) of the event, were examined according to Stein and Glenn's framework [22]. This study utilised the qualitative rating reported by Venkatraman and Valluvan for story grammar analysis [18]. The investigator prompts and mazes were removed before calculating the presence of each story grammar element. The narrative samples of the story retelling were divided into utterances for detailed examination. A rating system from

0 to 3 was used for scoring, with 3 indicating an accomplished or detailed description of the component, 2 representing the main content of the element being described, 1 denoting a relevant attempt to describe the component, and 0 indicating the absence of any attempt to describe the component.

### Statistical Analysis

The macrostructure parameters obtained from both groups were recorded in an MS Excel file, including the setting (S), characters (C), initiating event (IE), internal plan (IP), attempt (A), outcome (O), and resolution (R) of the event. The data were analysed using SPSS software. The means of the macrostructure measures for the retold narratives of the hearing-impaired children were compared with the established means of normally hearing children using the Mann-Whitney U test. A coefficient of approximately 0.947% was derived after testing the inter-rater reliability of all coded samples using Cohen's Kappa. The results indicate the inter-rater consistency between the two rates is exceptionally high. A high Cohen's Kappa score denotes better agreement between the independent raters.

### Results

The following are the statistical analysis results comparing typically developing children to children with hearing impairments (HI) regarding various story grammar variables (Table 2). Significant differences were found between typically developing children and children with HI in the use of characters ( $U = 25.000$ ,  $p < .001$ ,  $r = -.877$ ), setting ( $U = 14.000$ ,  $p < .001$ ,  $r = -.913$ ), initiating events ( $U = 7.000$ ,  $p < .001$ ,  $r = -0.945$ ), internal plans ( $U = 30.000$ ,  $p < .001$ ,  $r = -.848$ ), attempts ( $U = 22.000$ ,  $p < .001$ ,  $r = -.877$ ), outcomes ( $U = 23.000$ ,  $p < .001$ ,  $r = -.877$ ), and resolutions ( $U = 12,500$ ,  $p < .001$ ,  $r = -0.931$ ). These findings demonstrate significant differences in story grammar components between typically developing children and those with hearing impairments. The results highlight a substantial reduction in story grammar elements during the narrative retelling task for children with hearing impairments.

**Table 2** Comparison of Narrative Macrostructure in Children with And Without Hearing Impairment

| Story grammar Variables | Group                        | Mann-Whitney U | Wilcoxon W | Z      | p-Value |
|-------------------------|------------------------------|----------------|------------|--------|---------|
| Characters              | Children with and without HI | 25.00          | 145.00     | -3.974 | .000*   |
| Settings                | Children with and without HI | 14.00          | 134.00     | 4.570  | .000*   |
| Initiating event        | Children with and without HI | 7.00           | 127.00     | -4.570 | .000*   |
| Internal plan           | Children with and without HI | 30.00          | 150.00     | -3.572 | .000*   |
| Attempt                 | Children with and without HI | 22.00          | 142.00     | -3.962 | .000*   |
| Outcome                 | Children with and without HI | 23.00          | 143.00     | -3.969 | .000*   |
| Resolution              | Children with and without HI | 12.50          | 132.00     | -4.332 | .000*   |

Note. Grouping Variable: Group. \* $p < .001$  (2-tailed).

## Discussion

The present study investigated the story grammar analysis of narratives in children with and without HI, focusing on the complexity of story grammar components. A deliberate matching strategy was employed in this study to effectively address potential age-related biases, ensuring that our group comparisons were



1  
2  
3 both meaningful and reliable. To understand the unique narrative abilities of children with HI, it is essential  
4 to discuss the richness of these story grammar elements in typical development and the specific challenges  
5 children with HI face in effectively utilising them.  
6

7  
8 Characters, setting, initiating events, internal plan, attempt, outcome, and resolution are fundamental story  
9 grammar elements that contribute to narrative coherence and organisation [18, 20]. These elements reflect  
10 the ability to understand and convey mental states, establish context, depict motivations, and demonstrate  
11 logical progression within a story.  
12

13  
14 Children with typical development exhibit well-developed skills in utilising these story grammar elements,  
15 showcasing their ability to construct narratives with depth and complexity [18]. However, children with  
16 hearing impairments may face challenges fully utilising these elements. Each story grammar component  
17 and its presentation in the elicited narratives of children with and without HI are discussed below.  
18

### 19 **Characters**

20  
21 Children without HI had higher mean character development ranks than those with HI. This finding  
22 suggests that children with hearing impairments may demonstrate a restricted use of nouns and pronouns,  
23 possibly due to differences in the quantity and diversity of language exposure and the input and  
24 rehabilitation methods compared to children with normal hearing [23].  
25

### 26 **Setting**

27  
28 Significant differences were observed in establishing the setting element, with typically developing children  
29 outperforming children with hearing impairments. This finding highlights the difficulties that children with  
30 hearing impairments may experience in acquiring a wide range of vocabulary words, which can impede  
31 their ability to describe and establish the setting of a story [23].  
32

### 33 **Initiating Event**

34  
35 The results demonstrated significant differences in the initiating event element, with typically developing  
36 children achieving higher mean ranks. Children with HI exhibit difficulty stringing together a series of  
37 actions due to their limited vocabulary and poor syntactic skills to effectively use the PNG markers to  
38 generate seamless narration [24].  
39

### 40 **Internal Plan**

41  
42 Significant differences were found in the internal plan element, with typically developing children  
43 exhibiting higher mean ranks. This finding aligns with the theory of mind framework, as internal plans  
44 involve characters' thoughts and intentions. This finding suggests that children with hearing impairments  
45 may face challenges in understanding and expressing the mental states of story characters, potentially due  
46 to limited access to spoken language and delays in linguistic development [24].  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

**Attempt**

The findings revealed significant differences in the attempt element, with typically developing children outperforming children with hearing impairments. This result can be attributed to the theory of mind perspective, as understanding characters' actions and strategies requires understanding their mental states. Children with hearing impairments may face challenges in comprehending and expressing these mental states, impacting their ability to construct narratives with well-developed attempts [23].

**Outcome**

Significant differences were observed in the outcome element, with typically developing children achieving higher mean ranks. This finding can be attributed to the theory of mind framework, as accurately comprehending and expressing the outcomes of story events relies on understanding characters' mental states. Predicting outcomes also depends on the inherent ability to provide closure to the stimulus used for storytelling. Children with hearing impairments may encounter difficulties comprehending and expressing these outcomes, impacting their narratives' coherence and organisation [24].

**Resolution**

The results indicated significant differences in the resolution element, with typically developing children exhibiting higher mean ranks. As reported in earlier literature, this story-grammar parameter was frequently sparse for children with typical development [18,20]. This story grammar component requires a complex understanding of a coordinated sequence of events to give closure to the storytelling higher mean ranks. As reported in earlier literature, this story-grammar parameter was frequently sparse for children with typical development [18,20]. This story grammar component requires a complex understanding of a coordinated sequence of events to give closure to the story. This finding suggests that children with hearing impairments may face challenges in comprehending and expressing the intentions and motivations of story characters, which are crucial for effectively depicting initiating events [23,24]. This finding relates to the theory of mind framework, as constructing a coherent and well-organised resolution requires understanding the characters' mental states and the overall story structure.

Notably, although the story grammar elements in question may present difficulties for children with hearing impairments, certain constituents may also prove intricate for children with typical development, as per Venkatraman. Although children's language ages were matched using a standardised test tool, the quantity of communication did not reflect its quality. This study on child cochlear implant users' narrative skills highlights qualitative differences and challenges faced in higher-level language tasks. Although limited in sample size, the findings provide valuable insights and encourage further exploration in this vital area. The general trend of diminished performance in these components among children with hearing impairments indicates a necessity for focused interventions and assistance to augment their narrative proficiencies.

1  
2  
3 Studies by Uzuner, Kircaali-Iftar et al., Spencers et al. and Zamani et al. reinforce that the story grammar-  
4 based narrative intervention is effective for children with hearing impairments [15–17].  
5  
6  
7

## 8 **Conclusion**

9  
10 The complexity of story grammar components in typical development highlights the richness and depth of  
11 narratives typically developing children construct. However, children with hearing impairments face  
12 challenges in effectively utilising these elements, potentially due to limited access to spoken language,  
13 delays in linguistic development, and difficulties in the theory of mind understanding. Comprehending these  
14 barriers can provide direction for creating custom-tailored interventions and strategies to promote the  
15 narrative proficiency of children with hearing impairments, thereby enhancing their linguistic and  
16 communicative abilities. Analysing narratives regarding story grammar components would provide a  
17 picture of the individual's ability to construct narratives and shed light on the narrative organisation and  
18 coherence inadequacies. An intervention plan based on the story grammar components can facilitate the  
19 qualitative richness and appropriateness of narrative skills acquired by children with hearing impairments.  
20  
21  
22  
23  
24  
25  
26

## 27 **Acknowledgements**

- 28  
29 1. Prof.Prakash Boominathan, Principal, Sri Ramachandra Faculty of Audiology and Speech-Language  
30 Pathology (SRFASLP), Sri Ramachandra Institute of Higher Education and Research (SRIHER) for  
31 permitting us to conduct the study.  
32
- 33 2. Cochlear Implant Team of SRIHER for helping out in the data collection process.  
34  
35

## 36 **Contributorship statement**

- 37 1. Drafting and critical revision: Ms. Jenithaa drafted the manuscript and incorporated feedback from co-  
38 authors and reviewers.  
39
- 40 2. Conception and design: Dr. Krupa Venkatraman contributed to the study's design and methodology and  
41 gave final approval for publication.  
42
- 43 3. Data acquisition and analysis: Ms. Jenita and Ms. Latika collected and analysed data, offering valuable  
44 insights.  
45  
46

## 47 **Competing interests**

48 No, there are no competing interests for any author  
49

## 50 **Funding**

51 The study was not funded by any agencies or organisations.  
52

## 53 **Data sharing statement**

54 Data are available upon reasonable request.  
55  
56  
57  
58  
59  
60

## References

- [1] Geers, A.E. (2004) 'Speech, language, and reading skills after early cochlear implantation', *Archives of Otolaryngology–Head & Neck Surgery*, 130(5), p. 634. doi: <https://doi.org/10.1001/archotol.130.5.634>.
- [2] Rubinstein, J.T. (2002) 'Paediatric cochlear implantation: Prosthetic Hearing and language development', *The Lancet*, 360(9331), pp. 483–485. doi: [https://doi.org/10.1016/S0140-6736\(02\)09679-4](https://doi.org/10.1016/S0140-6736(02)09679-4).
- [3] Sharma, S. *et al.* (2020) 'Cochlear implants: Evaluation of effects of various parameters on outcomes in pediatric patients at a tertiary care centre for unilateral ear implantation', *Indian Journal of Otolaryngology and Head & Neck Surgery*, 74(S1), pp. 360–367. doi: <https://doi.org/10.1007/S12070-020-02129-9>.
- [4] Ganek, H., McConkey Robbins, A. and Niparko, J.K. (2012) 'Language outcomes after cochlear implantation', *Otolaryngologic Clinics of North America*, 45(1), pp. 173–185. doi: <https://doi.org/10.1016/J.OTC.2011.08.024>.
- [5] Worsfold, S. *et al.* (2010) 'Narrative skills following early confirmation of permanent childhood hearing impairment', *Developmental Medicine & Child Neurology*, 52(10), pp. 922–928. doi: <https://doi.org/10.1111/J.1469-8749.2010.03641.X>.
- [6] Soares, A.D., Goulart, B.N. and Chiari, B.M. (2010) 'Narrative competence among hearing-impaired and normal-hearing children: Analytical cross-sectional study', *Sao Paulo Medical Journal*, 128(5), pp. 284–288. doi: <https://doi.org/10.1590/S1516-31802010000500008>.
- [7] Fairgray, E., Purdy, S.C. and Smart, J.L. (2010) 'Effects of auditory-verbal therapy for school-aged children with hearing loss: An exploratory study', *The Volta Review*, 110(3), pp. 407–433. doi: <https://doi.org/10.17955/TVR.110.3.616>.
- [8] Weiss, A.L. and Johnson, C.J. (1993) 'Relationships between narrative and syntactic competencies in school-aged, hearing-impaired children', *Applied Psycholinguistics*, 14(1), pp. 35–59. doi: <https://doi.org/10.1017/S0142716400010134>.
- [9] Yoshinaga-Itano, C. and Downey, D.M. (1986) 'A hearing-impaired child's acquisition of Schemata', *Topics in Language Disorders*, 7(1), pp. 45–57. doi: <https://doi.org/10.1097/00011363-198612000-00007>.
- [10] Johnson, C.J. (1995) 'Expanding norms for narration', *Language, Speech, and Hearing Services in Schools*, 26(4), pp. 326–341. doi: <https://doi.org/10.1044/0161-1461.2604.326>.
- [11] Kirk, K.I. *et al.* (2002) 'Effects of age at implantation in young children', *Annals of Otolaryngology & Laryngology*, 111(5\_suppl), pp. 69–73. doi: <https://doi.org/10.1177/000348940211110s515>.
- [12] Amemiya, E.E., Goulart, B.N. and Chiari, B.M. (2013) 'Use of nouns and verbs in the oral narrative of individuals with hearing impairment and normal hearing between 5 and 11 years of age', *Sao*

- 1  
2  
3 *Paulo Medical Journal*, 131(5), pp. 289–295. doi: <https://doi.org/10.1590/1516-3180.2013.1315384>.
- 4  
5  
6 [13] Griffith, P.L., Ripich, D.N. and Dastoli, S.L. (1990) ‘Narrative abilities in hearing-impaired children: Propositions and cohesion’, *American Annals of the Deaf*, 135(1), pp. 14–21. doi: <https://doi.org/10.1353/AAD.2012.0424>.
- 7  
8  
9 [14] Petersen, D. and Spencer, T.D. (2014) ‘Narrative assessment and intervention: A clinical tutorial on extending explicit language instruction and progress monitoring to all students’, *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD) Populations*, 21(1), pp. 5–21. doi: <https://doi.org/10.1044/CDS21.1.5>.
- 10  
11  
12 [15] Spencer, T.D. *et al.* (2013) ‘Effects of an individualized narrative intervention on children’s storytelling and comprehension skills’, *Journal of Early Intervention*, 35(3), pp. 243–269. doi: <https://doi.org/10.1177/1053815114540002>.
- 13  
14  
15 [16] Zamani, P. *et al.* (2018) ‘The effects of narrative-based language intervention (NBLI) on spoken narrative structures in Persian-speaking cochlear implanted children: A prospective randomized control trial’, *International Journal of Pediatric Otorhinolaryngology*, 112, pp. 141–150. doi: [10.1016/j.ijporl.2018.06.048](https://doi.org/10.1016/j.ijporl.2018.06.048).
- 16  
17  
18 [17] Uzuner Y. The impact of strategies used in the balanced literacy approach on story grammar acquisition of three Turkish students with hearing loss: An action research study. *Deafness & Education International* 2007; 9:24–44. doi:10.1179/146431507790560075.
- 19  
20  
21 [18] Venkatraman K, Thiruvalluvan V. Story Grammar Analysis of Narratives in Typically Developing Tamil Speaking Children. *Language in India*. 2021; 21:204–20.
- 22  
23  
24 [19] Abinayaa, K. *et al.* (2023) ‘Adapting the multilingual assessment instrument for narratives to Tamil’, *ZAS Papers in Linguistics*, 65, pp. 73–84. doi: <https://doi.org/10.21248/zaspil.65.2023.620>.
- 25  
26  
27 [20] Priyadharshini D, B. Development of Story Grammar in Five- To Eight-Year-Old Tamil Speaking Children – a Pilot Study. *Asia Pacific Journal of Research*. 2017; 1:1–8.
- 28  
29  
30 [21] Maria J, Kowsika Devi Baskar, Akshay Krishnan. Macrostructural and microstructural discourse abilities in children with hearing impairment. *JCLAD* [Internet]. 2021 Mar 30 [cited 2023 Oct 13]:176-88.
- 31  
32  
33 [22] Stein NL, Glenn CG. An Analysis of Story Comprehension in Elementary School Children. *New Directions in Discourse Processing*. 1979:53–120. [URL] (accessed January 12, 2021).
- 34  
35  
36 [23] Kao, S.-M. (2015) ‘Narrative development of school children’, *SpringerBriefs in Education* [Preprint]. doi: <https://doi.org/10.1007/978-981-287-191-6>.
- 37  
38  
39 [24] Westby, C. (2016) ‘Theory of mind in children’s narratives’, *Word of Mouth*, 28(1), pp. 8–10. doi: <https://doi.org/10.1177/1048395016651596b>.
- 40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

# BMJ Open

## Comparative Analysis of Story Grammar Development: A Cross-Sectional Study of Tamil-Speaking Child Cochlear Implant Users and Hearing Peers in Tamil Nadu, India

|                                 |  |
|---------------------------------|--|
| Journal:                        | <i>BMJ Open</i>  |
| Manuscript ID                   | bmjopen-2023-077145.R2   |
| Article Type:                   | Original research  |
| Date Submitted by the Author:   | 08-Nov-2023  |
| Complete List of Authors:       | Muthu, Jenithaa; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology<br>Venkatraman, Krupa; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology<br>Ganesh, Latika; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology |
| <b>Primary Subject Heading</b>: | Paediatrics  |
| Secondary Subject Heading:      | Paediatrics, Health services research, Diagnostics, Ear, nose and throat/otolaryngology  |
| Keywords:                       | PAEDIATRICS, Speech pathology < OTOLARYNGOLOGY, Audiology < OTOLARYNGOLOGY, Community child health < PAEDIATRICS, OTOLARYNGOLOGY   |
|                                 |  |

SCHOLARONE™  
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

1  
2  
3  
4 **Comparative Analysis of Story Grammar Development: A Cross-Sectional Study of Tamil-**  
5 **Speaking Child Cochlear Implant Users and Hearing Peers in Tamil Nadu, India**

6 Muthu Jenithaa<sup>1</sup>, Krupa Venkatraman<sup>2\*</sup> and Latika Ganesh<sup>1</sup>  
7  
8  
9

10  
11 <sup>1</sup> Intern, Bachelor in Audiology and Speech-Language Pathology, Sri Ramachandra Faculty of  
12 Audiology and Speech-Language Pathology, Sri Ramachandra Institute of Higher Education and  
13 Research (Deemed to be University), Chennai, Chennai, India.  
14

15  
16 <sup>2</sup> Assistant professor, Department of Speech-language Pathology, Sri Ramachandra Institute of  
17 Higher Education and Research, Porur, Chennai-116, Tamil Nadu, Ph: +91-9025022224.:  
18

19 Corresponding author: Krupa Venkatraman, [krupa.v@sriramachandra.edu.in](mailto:krupa.v@sriramachandra.edu.in)  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55

56 **Abstract**  
57  
58  
59  
60



1  
2  
3 Objective: This cross-sectional comparative study aimed to analyse and compare the story-grammar  
4 components in Tamil-speaking children with and without hearing impairments narratives.  
5  
6

7  
8 Design: The study utilised a cross-sectional, comparative design to assess and compare narrative structures.  
9

10  
11 Setting: Data was collected at the Sri Ramachandra Institute of Higher Education and Research (SRIHER)  
12 in Chennai, India.  
13  
14

15  
16 Participants: Thirty children participated in the study, including fifteen children with severe to profound  
17 hearing loss who used cochlear implants and fifteen with normal hearing. The participants were language-  
18 age-matched three- and five-year-olds proficient in Tamil.  
19  
20

21  
22 Interventions: No specific interventions were implemented in this study.  
23  
24

25  
26 Main Outcome Measures: The primary outcome measures focused on story grammar components,  
27 including settings, characters, initiating events, internal plans, attempts, outcomes, and resolution. These  
28 components were evaluated through narrative retellings by the children.  
29  
30

31  
32 Results: Analysis of the narratives revealed significant differences between the two groups. Children with  
33 normal hearing demonstrated a higher representation of story-grammar elements than children with hearing  
34 impairments. Specific numerical data on the differences in story-grammar components can be provided.  
35  
36

37  
38 Conclusions: The findings suggest that children with normal hearing exhibit a more proficient  
39 understanding and utilisation of story structure in their storytelling than children with hearing impairments.  
40 This study highlights the importance of narrative analysis in language assessment, particularly for children  
41 with hearing impairments. Tailored interventions incorporating appropriate language stimulation  
42 techniques are needed to enhance children's narrative skills with hearing impairments. Further research in  
43 this area is warranted.  
44  
45

46  
47 **Keywords:** narratives, macrostructure analysis, story grammar, hearing impairment, story retelling,  
48 memory.  
49  
50

## 51 52 53 54 55 **Strengths and Limitations of This Study** 56 57

- Pioneering the initial exploration of story grammar analysis in Tamil-speaking children with hearing impairment, filling a critical gap in the existing research landscape.
- Participant selection is restricted to cochlear implant users with a language age of three to six years.
- The scope of the study is specific to a particular age group and language level.
- Sample size considerations may affect the scope of findings.

## Introduction

Several studies have examined the impact of cochlear implants on children with severe to profound hearing loss, emphasising the importance of early intervention and personalised rehabilitation approaches. For instance, Geers conducted a longitudinal study on children who underwent early cochlear implantation, demonstrating significant improvements in speech perception, production, and language development [1]. Similarly, Rubinstein presented the advantages of cochlear implants for individuals with severe to profound hearing loss, highlighting the importance of early intervention, ongoing support, and personalised rehabilitation strategies. The study emphasised enhancing speech perception, production, and language abilities through cochlear implants. Moreover, the study recognised the challenges associated with pediatric cochlear implantation and underscored the need for comprehensive assessments and tailored intervention strategies to meet each child's unique needs [2].

Sharma et al. evaluated how various parameters affect the outcomes of cochlear implants in pediatric patients. The findings highlighted that the age of implantation and the duration of device use play crucial roles in determining the effects of cochlear implantation. The study revealed that early implantation and a more extended period of device use contribute to better speech perception, language development, and overall functional performance. The authors emphasised the significance of auditory rehabilitation in maximising the benefits of cochlear implants. They stressed the need for consistent and structured rehabilitation programs to support children in optimising their hearing skills [3].

Ganek et al. investigated the language outcomes of individuals who underwent cochlear implantation. The study emphasised that cochlear implantation positively impacts language development in individuals with profound hearing loss. They identified influential factors such as age at implantation, duration of implant use, residual hearing, and additional disabilities. The article also acknowledged potential challenges individuals face with cochlear implants and stressed the importance of individualised approaches to address language delays or difficulties in specific areas [4]. Worsfold, Mahon, Yuen and Kennedy reported that children who received early confirmation of hearing impairment experienced substantial delays in their narrative skills compared to typically developing peers. Identifying and intervening early to support

1  
2  
3 the development of narrative abilities is crucial [5].

4 Research has shown that hearing-impaired children may encounter difficulties in organising and  
5 structuring their narratives, resulting in less cohesive and coherent storytelling[6]. Reuterskiöld, Ibertsson,  
6 and Sahlén highlighted the narrative production difficulties children with hearing loss faced, particularly  
7 regarding story structure and coherence. Assessing and providing support for the narrative abilities of  
8 children with HI is vital for enhancing their communication skills [7].

9  
10 Weiss and Johnson investigated the relationship between narrative skills and syntactic abilities in children  
11 with hearing impairment. Their study revealed that hearing-impaired children demonstrated lower levels  
12 of narrative and syntactic skills than their typically developing peers. The researchers also found a strong  
13 correlation between narrative and syntactic competencies in both groups. The authors concluded that  
14 hearing impairment has a negative impact on the development of narrative and syntactic skills in school-  
15 aged children. They stressed the significance of addressing these difficulties through educational  
16 interventions and offering appropriate support to foster language development [8]. Yoshinago-Itano and  
17 Snyder examined the structural elements of narratives in deaf children. They found that the narratives of  
18 deaf children lacked tools for generating cohesive narratives, such as conjunctions and pronouns [9].  
19 Although major story grammar structures were present in the narratives of hearing-impaired students, their  
20 recall of the story's events was only about half compared to their hearing peers[10]

21  
22 Kirk et al. examined the effects of age at cochlear implantation and communication mode on the narrative  
23 performance of young children. They found that earlier implantation and the use of spoken language were  
24 associated with improved narrative structure and cohesion performance. The study highlights the  
25 importance of considering the mode of communication, as children using spoken language exhibited  
26 different narrative patterns than those using sign language [11].

27  
28 Soares et al. found that children with HI have lower levels of narrative competence. This results from  
29 difficulties in organising and structuring their narratives, resulting in less cohesive and cohesive  
30 storytelling. The study emphasises the significance of resolving and bolstering narrative skills in hearing-  
31 impaired children to improve their communication skills [5].

32  
33 Reuterskiöld et al. examined hearing-impaired children's narrative skills, exploring their abilities beyond  
34 the sentence level. The findings indicate that children with hearing loss face challenges in narrative  
35 production, particularly in story structure and coherence. The study emphasises the importance of  
36 assessing and supporting narrative abilities in children with hearing loss [7].

37  
38 Amemiya et al. compared nouns and verbs in the oral narratives of children with hearing impairments (HI)  
39 and typically developing children with normal hearing. The findings revealed that children with HI  
40 demonstrated a lower frequency of nouns and verbs than their peers with normal hearing and that children  
41 with normal hearing used a wider variety of verbs in their narratives. This study highlights the importance

1  
2  
3 of considering these specific linguistic components when assessing and supporting the language  
4 development of children with HI. It also underscores the need for targeted interventions to support  
5 expressive language skills in individuals with HI [12].  
6

7  
8 Griffith and Ripich conducted a study comparing the ability of children with hearing loss and learning  
9 disabilities to recall story structures with that of non-disabled children. The findings indicated that while  
10 children with hearing loss and learning disabilities faced challenges in organising and remembering the  
11 overall story structure, their comprehension of individual story elements was similar to that of non-  
12 disabled children. These results suggest that interventions that improve story structure recall benefit these  
13 children and enhance their narrative comprehension abilities [13].  
14  
15  
16  
17

18  
19 Language interventions and targeted support have proven effective in enhancing narrative abilities in  
20 children with language disorders and hearing impairments. Interventions involving repeated retellings of  
21 model narratives and the creation of personal narratives have shown immediate positive effects on  
22 language characteristics [14]. Understanding the relationship between narrative and syntactic  
23 competencies informs intervention strategies to promote language development in children with hearing  
24 impairments [8]. Previous studies have reported on story grammar-enhanced narrative interventions for  
25 children with hearing impairments, suggesting their effectiveness in facilitating the acquisition of narrative  
26 skills [15–17].  
27  
28  
29  
30  
31  
32

### 33 **Narratives of hearing-impaired Children in Tamil Speaking Context**

34  
35 Research on narratives in Tamil-speaking children has primarily focused on typically developing children.  
36 Two notable studies by Priyadarshini and Venkatraman & Valluvan have examined story grammar  
37 development in preschool and school-aged children, using different story stimuli and contexts.  
38 Venkatraman and Thiruvalluvan studied the developmental progression of story grammar components in  
39 typically developing Tamil-speaking children aged three to six years and 11 months. The results revealed  
40 a developmental trajectory in acquiring and expressing story grammar components, with the character  
41 element being the most frequently described. There was an increase in these elements initiating events,  
42 internal plans, attempts, and outcome elements as age increased. The resolution element also exhibited a  
43 gradual increase over time. These findings provide normative data for assessing narrative abilities in the  
44 Tamil-speaking population and offer valuable insights for designing interventions targeting children with  
45 language disorders [18].  
46  
47  
48  
49  
50  
51

52 Abinayaa et al. implemented the Multilingual Assessment Instrument for Narratives (MAIN) in Tamil to  
53 study story grammar analysis in children with HI. The process entailed the alteration of English sentences  
54 to adopt more superficial structures that would facilitate the natural formation of sentences in Tamil.  
55  
56  
57  
58  
59  
60

1  
2  
3 Furthermore, the order of events in the sentences was modified accordingly. The bilingual population  
4 proficient in Tamil and English often borrows words from one language to convey negative emotions. The  
5 study aimed to assess the narrative proficiency of children aged 5 to 8 years using a modified assessment  
6 tool [19].  
7

8  
9 Priyadarshini examined the development of story grammar in Tamil-speaking children aged 5-8 years by  
10 analysing their retold narratives using videos without narration. The story "Frog- where are you?" elicited  
11 the narratives. Different age groups were compared, and the performance varied across age groups. The  
12 study explored story grammar elements such as characters, settings, goals or problems, episodes, and  
13 resolution. Findings showed that older children expressed story grammar units more frequently. However,  
14 limited research exists on narratives of hearing-impaired children [20]. A study by Jayaseelan et al.  
15 compared narratives' micro and macro structures in children with and without HI aged 4 to 8 years. The  
16 study employed a picture description task and found significant differences between the two groups'  
17 narrative macro and microstructure parameters. Jayaseelan et al. reported challenges in several  
18 macrostructural domains for children with HI, including topic maintenance, event sequencing, and  
19 explicitness. Children with HI faced difficulty maintaining narrative coherence, organising events logically,  
20 and providing a clear resolution to the story. Additionally, they exhibited deficits in explicitness, lacking  
21 informativeness, elaboration, and completeness in their narratives. The study concluded that early  
22 intervention strategies should target narrative coherence, event organisation, and explicitness, including  
23 informativeness, elaboration, and completeness [21].  
24

25  
26 However, a methodological gap existed as the study used a one-time picture description context, which  
27 may not fully capture the complexities of narrative tasks such as story retelling or personal narratives. The  
28 current study examines the story grammar components of narratives in Tamil-speaking child cochlear  
29 implant users, intending to fill the methodological voids in this area. Through a specific focus on this  
30 particular subgroup, the study can conduct a more precise examination of their narrative capabilities.  
31

32  
33 Given the existing research on narrative development in typically developing children and the observed  
34 differences in narratives of children with HI, there is a clear need to conduct a study explicitly focusing on  
35 story grammar analysis in children with HI. Such a study can provide insights into these children's  
36 challenges and difficulties in constructing narratives. The knowledge gained can inform targeted  
37 intervention strategies to improve narrative skills and promote overall language development in this  
38 population.  
39  
40

## 41 42 43 44 45 46 47 48 49 50 51 52 Method

### 53 54 **Patient and Public Involvement**

55  
56  
57  
58  
59  
60

The Institutional Ethics Committee (IEC) approved the study and allocated project No.CSP/22/DEC/119/595 following a thorough review conducted at the Sri Ramachandra Institute of Higher Education and Research (SRIHER). The children with hearing loss who participated in the study underwent cochlear implant surgery and received aural rehabilitation services at Sri Ramachandra Faculty of Audiology and Speech-Language Pathology. The parents of the children recruited completed a consent form compiled in Tamil and English outlining the study's purpose, data collection procedures, data confidentiality, and the scientific use of the acquired data.

### Participants

The research involved the enrollment of 30 children who were subsequently segregated into two distinct groups. The initial cohort consisted of 15 children diagnosed with severe to profound hearing impairment and receiving cochlear implants. The second group included 15 children with normal hearing. Table 1 provides demographic information for the participants. A group-wise comparison was made by recruiting five children representing both groups within three specific language age groups: 3 to 3 years and 11 months old, 4 to 4 years and 11 months old, and 5 to 5 years and 11 months old. This division was carried out to maintain equal representation within each language-age group.

The inclusion and exclusion criteria for children with normal hearing were as follows: children whose native language and primary mode of communication is Tamil, without any risk of hearing loss or history of middle ear infections, who completed an informal hearing test, and who had no history of late speech onset or speech and language delay milestones. For children with hearing impairments, the inclusion and exclusion criteria were as follows: children diagnosed with prelingual deafness before the age of 3 and who received cochlear implants to improve their hearing, with their native language and primary mode of communication being Tamil, language assessment using the Assessment of Language Development (ALD) indicating a language age above the receptive and expressive language age, ranging from three to five years, and exclusion of children with hearing impairments and multiple disabilities from the study.

**Table 1** Participants' Description for Narrative Comparison

| Groups                  | Number of Participants (M/F) | Mean- age | Mean Language Level | Duration of Rehabilitation | Age of Implantation |
|-------------------------|------------------------------|-----------|---------------------|----------------------------|---------------------|
| Normal hearing Children | 15(7/8)                      | 4.5       | 4.5                 | -                          | -                   |

---

|                                  |          |     |     |     |     |
|----------------------------------|----------|-----|-----|-----|-----|
| Children with hearing impairment | 15 (7/8) | 9.4 | 4.3 | 4.2 | 2.4 |
|----------------------------------|----------|-----|-----|-----|-----|

---

### Materials and Stimulus

The study utilised a story titled "My Fish, No Fish," which had been translated into Tamil. The story was obtained from storyweavers.org, a digital story repository. Before the study, the story underwent a pilot test for familiarity among Tamil-speaking children between the ages of 3 and 6, as conducted in Venkatraman and Thiruvalluvan's study [18].

### Procedure

Before retelling a story, the researcher established a rapport with every child participant. During the story's narration, the children were instructed to concentrate on the vibrant illustrations and the Tamil language. During the storytelling, the narrator employed suitable nonverbal communication, such as gestures and cues. If a child failed to grasp the narrative during the initial exposure, it was reiterated until a complete understanding was attained. After that, the children were instructed to recount their recently heard narrative. After the storyteller's narration, the children were given a 1–2-minute break.

During the narration, the investigator used neutral transitional terms such as "then," "next," and "after that" to encourage the children to continue retelling the story whenever they paused. The children were rewarded with candy upon completing the task as reinforcement. An Olympus camera recorded audio and video of the investigator's narrative and the children's story retelling. The duration of the audio-visual recording ranged from three to five minutes.

### Analysis and Transcription

Verbatim transcription was performed on the obtained samples. The researcher's neutral prompts, repetitive utterances, false starts, and the children's mazes were excluded from the analysis. The macrostructure of participant utterances was then analysed. The story grammar (SG) components, including the setting (S), characters (C), initiating event (IE), internal plan (IP), attempt (A), outcome (O), and resolution (R) of the event, were examined according to Stein and Glenn's framework [22]. This study utilised the qualitative rating reported by Venkatraman and Valluvan for story grammar analysis [18]. The investigator prompts and mazes were removed before calculating the presence of each story grammar element. The narrative samples of the story retelling were divided into utterances for detailed examination. A rating system from 0 to 3 was used for scoring, with 3 indicating an accomplished or detailed description of the component, 2 representing the main content of the element being described, 1 denoting a relevant attempt to describe the component, and 0 indicating the absence of any attempt to describe the component.

### Statistical Analysis

The macrostructure parameters obtained from both groups were recorded in an MS Excel file, including the setting (S), characters (C), initiating event (IE), internal plan (IP), attempt (A), outcome (O), and resolution (R) of the event. The data were analysed using SPSS software. The means of the macrostructure measures for the retold narratives of the hearing-impaired children were compared with the established means of normally hearing children using the Mann-Whitney U test. A coefficient of approximately 0.947% was derived after testing the inter-rater reliability of all coded samples using Cohen's Kappa. The results indicate the inter-rater consistency between the two rates is exceptionally high. A high Cohen's Kappa score denotes better agreement between the independent raters.

### Results

The following are the statistical analysis results comparing typically developing children to children with hearing impairments (HI) regarding various story grammar variables (Table 2). Significant differences were found between typically developing children and children with HI in the use of characters ( $U = 25.000$ ,  $p < .001$ ,  $r = -.877$ ), setting ( $U = 14.000$ ,  $p < .001$ ,  $r = -.913$ ), initiating events ( $U = 7.000$ ,  $p < .001$ ,  $r = -0.945$ ), internal plans ( $U = 30.000$ ,  $p < .001$ ,  $r = -.848$ ), attempts ( $U = 22.000$ ,  $p < .001$ ,  $r = -.877$ ), outcomes ( $U = 23.000$ ,  $p < .001$ ,  $r = -.877$ ), and resolutions ( $U = 12,500$ ,  $p < .001$ ,  $r = -0.931$ ). These findings demonstrate significant differences in story grammar components between typically developing children and those with hearing impairments. The results highlight a substantial reduction in story grammar elements during the narrative retelling task for children with hearing impairments.



**Table 2** Comparison of Narrative Macrostructure in Children with And Without Hearing Impairment

| Story grammar Variables | Group                        | Mann-Whitney U | Wilcoxon W | Z      | p-Value |
|-------------------------|------------------------------|----------------|------------|--------|---------|
| Characters              | Children with and without HI | 25.00          | 145.00     | -3.974 | .000*   |
| Settings                | Children with and without HI | 14.00          | 134.00     | 4.570  | .000*   |
| Initiating event        | Children with and without HI | 7.00           | 127.00     | -4.570 | .000*   |
| Internal plan           | Children with and without HI | 30.00          | 150.00     | -3.572 | .000*   |
| Attempt                 | Children with and without HI | 22.00          | 142.00     | -3.962 | .000*   |
| Outcome                 | Children with and without HI | 23.00          | 143.00     | -3.969 | .000*   |
| Resolution              | Children with and without HI | 12.50          | 132.00     | -4.332 | .000*   |

Note. Grouping Variable: Group. \* $p < .001$  (2-tailed).

## Discussion

The present study investigated the story grammar analysis of narratives in children with and without HI, focusing on the complexity of story grammar components. A deliberate matching strategy was employed in this study to effectively address potential age-related biases, ensuring that our group comparisons were

1  
2  
3 both meaningful and reliable. To understand the unique narrative abilities of children with HI, it is essential  
4 to discuss the richness of these story grammar elements in typical development and the specific challenges  
5 children with HI face in effectively utilising them.  
6

7  
8 Characters, setting, initiating events, internal plan, attempt, outcome, and resolution are fundamental story  
9 grammar elements that contribute to narrative coherence and organisation [18, 20]. These elements reflect  
10 the ability to understand and convey mental states, establish context, depict motivations, and demonstrate  
11 logical progression within a story.  
12

13  
14 Children with typical development exhibit well-developed skills in utilising these story grammar elements,  
15 showcasing their ability to construct narratives with depth and complexity [18]. However, children with  
16 hearing impairments may face challenges fully utilising these elements. Each story grammar component  
17 and its presentation in the elicited narratives of children with and without HI are discussed below.  
18

### 19 **Characters**

20  
21 Children without HI had higher mean character development ranks than those with HI. This finding  
22 suggests that children with hearing impairments may demonstrate a restricted use of nouns and pronouns,  
23 possibly due to differences in the quantity and diversity of language exposure and the input and  
24 rehabilitation methods compared to children with normal hearing [23].  
25

### 26 **Setting**

27  
28 Significant differences were observed in establishing the setting element, with typically developing children  
29 outperforming children with hearing impairments. This finding highlights the difficulties that children with  
30 hearing impairments may experience in acquiring a wide range of vocabulary words, which can impede  
31 their ability to describe and establish the setting of a story [23].  
32

### 33 **Initiating Event**

34  
35 The results demonstrated significant differences in the initiating event element, with typically developing  
36 children achieving higher mean ranks. Children with HI exhibit difficulty stringing together a series of  
37 actions due to their limited vocabulary and poor syntactic skills to effectively use the PNG markers to  
38 generate seamless narration [24].  
39

### 40 **Internal Plan**

41  
42 Significant differences were found in the internal plan element, with typically developing children  
43 exhibiting higher mean ranks. This finding aligns with the theory of mind framework, as internal plans  
44 involve characters' thoughts and intentions. This finding suggests that children with hearing impairments  
45 may face challenges in understanding and expressing the mental states of story characters, potentially due  
46 to limited access to spoken language and delays in linguistic development [24].  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

**Attempt**

The findings revealed significant differences in the attempt element, with typically developing children outperforming children with hearing impairments. This result can be attributed to the theory of mind perspective, as understanding characters' actions and strategies requires understanding their mental states. Children with hearing impairments may face challenges in comprehending and expressing these mental states, impacting their ability to construct narratives with well-developed attempts [23].

**Outcome**

Significant differences were observed in the outcome element, with typically developing children achieving higher mean ranks. This finding can be attributed to the theory of mind framework, as accurately comprehending and expressing the outcomes of story events relies on understanding characters' mental states. Predicting outcomes also depends on the inherent ability to provide closure to the stimulus used for storytelling. Children with hearing impairments may encounter difficulties comprehending and expressing these outcomes, impacting their narratives' coherence and organisation [24].

**Resolution**

The results indicated significant differences in the resolution element, with typically developing children exhibiting higher mean ranks. As reported in earlier literature, this story-grammar parameter was frequently sparse for children with typical development [18,20]. This story grammar component requires a complex understanding of a coordinated sequence of events to give closure to the storytelling higher mean ranks. As reported in earlier literature, this story-grammar parameter was frequently sparse for children with typical development [18,20]. This story grammar component requires a complex understanding of a coordinated sequence of events to give closure to the story. This finding suggests that children with hearing impairments may face challenges in comprehending and expressing the intentions and motivations of story characters, which are crucial for effectively depicting initiating events [23,24]. This finding relates to the theory of mind framework, as constructing a coherent and well-organised resolution requires understanding the characters' mental states and the overall story structure.

Notably, although the story grammar elements in question may present difficulties for children with hearing impairments, certain constituents may also prove intricate for children with typical development, as per Venkatraman. Although children's language ages were matched using a standardised test tool, the quantity of communication did not reflect its quality. This study on child cochlear implant users' narrative skills highlights qualitative differences and challenges faced in higher-level language tasks. Although limited in sample size, the findings provide valuable insights and encourage further exploration in this vital area. The general trend of diminished performance in these components among children with hearing impairments indicates a necessity for focused interventions and assistance to augment their narrative proficiencies.

1  
2  
3 Studies by Uzuner, Kircaali-Iftar et al., Spencers et al. and Zamani et al. reinforce that the story grammar-  
4 based narrative intervention is effective for children with hearing impairments [15–17]. While this study  
5 undoubtedly offers substantial contributions to the narrative analysis of children with hearing impairment,  
6 it is crucial to note that it exclusively assessed the story-retelling task. Nevertheless, it remains paramount  
7 to encompass a more comprehensive array of narrative skills, including personal narratives and story  
8 generation, in order to gain a more comprehensive understanding of these children's overall narrative  
9 performance.  
10  
11  
12  
13

### 14 **Conclusion**

15 The complexity of story grammar components in typical development highlights the richness and depth of  
16 narratives typically developing children construct. However, children with hearing impairments face  
17 challenges in effectively utilising these elements, potentially due to limited access to spoken language,  
18 delays in linguistic development, and difficulties in the theory of mind understanding. Comprehending these  
19 barriers can provide direction for creating custom-tailored interventions and strategies to promote the  
20 narrative proficiency of children with hearing impairments, thereby enhancing their linguistic and  
21 communicative abilities. Analysing narratives regarding story grammar components would provide a  
22 picture of the individual's ability to construct narratives and shed light on the narrative organisation and  
23 coherence inadequacies. An intervention plan based on the story grammar components can facilitate the  
24 qualitative richness and appropriateness of narrative skills acquired by children with hearing impairments.  
25  
26  
27  
28  
29  
30  
31  
32

### 33 **Acknowledgements**

- 34  
35 1. Prof. Prakash Boominathan, Principal, Sri Ramachandra Faculty of Audiology and Speech-Language  
36 Pathology (SRFASLP), Sri Ramachandra Institute of Higher Education and Research (SRIHER), for  
37 permitting us to conduct the study.  
38  
39 2. Cochlear Implant Team of SRIHER for helping out in the data collection process.  
40  
41

### 42 **Contributorship statement**

- 43 1. Drafting and critical revision: Ms. Jenithaa drafted the manuscript and incorporated feedback from co-  
44 authors and reviewers.  
45  
46 2. Conception and design: Dr. Krupa Venkatraman contributed to the study's design and methodology and  
47 gave final approval for publication.  
48  
49 3. Data acquisition and analysis: Ms. Jenita and Ms. Latika collected and analysed data, offering valuable  
50 insights.  
51  
52

### 53 **Competing interests**

54 No, there are no competing interests for any author  
55

### 56 **Funding**

1  
2  
3 The study was not funded by any agencies or organisations.  
4

#### 5 **Data sharing statement**

6 Data are available upon reasonable request.  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16

#### 17 **References**

- 18 [1] Geers, A.E. (2004) 'Speech, language, and reading skills after early cochlear implantation', *Archives of*  
19 *Otolaryngology–Head & Neck Surgery*, 130(5), p. 634. doi:  
20 <https://doi.org/10.1001/archotol.130.5.634>.  
21  
22 [2] Rubinstein, J.T. (2002) 'Paediatric cochlear implantation: Prosthetic Hearing and language  
23 development', *The Lancet*, 360(9331), pp. 483–485. doi: [https://doi.org/10.1016/S0140-](https://doi.org/10.1016/S0140-6736(02)09679-4)  
24 [6736\(02\)09679-4](https://doi.org/10.1016/S0140-6736(02)09679-4).  
25  
26 [3] Sharma, S. *et al.* (2020) 'Cochlear implants: Evaluation of effects of various parameters on outcomes  
27 in pediatric patients at a tertiary care centre for unilateral ear implantation', *Indian Journal of*  
28 *Otolaryngology and Head & Neck Surgery*, 74(S1), pp. 360–367. doi:  
29 <https://doi.org/10.1007/S12070-020-02129-9>.  
30  
31 [4] Ganek, H., McConkey Robbins, A. and Niparko, J.K. (2012) 'Language outcomes after cochlear  
32 implantation', *Otolaryngologic Clinics of North America*, 45(1), pp. 173–185. doi:  
33 <https://doi.org/10.1016/J.OTC.2011.08.024>.  
34  
35 [5] Worsfold, S. *et al.* (2010) 'Narrative skills following early confirmation of permanent childhood  
36 hearing impairment', *Developmental Medicine & Child Neurology*, 52(10), pp. 922–928. doi:  
37 <https://doi.org/10.1111/J.1469-8749.2010.03641.X>.  
38  
39 [6] Soares, A.D., Goulart, B.N. and Chiari, B.M. (2010) 'Narrative competence among hearing-impaired  
40 and normal-hearing children: Analytical cross-sectional study', *Sao Paulo Medical Journal*, 128(5),  
41 pp. 284–288. doi: <https://doi.org/10.1590/S1516-31802010000500008>.  
42  
43 [7] Fairgray, E., Purdy, S.C. and Smart, J.L. (2010) 'Effects of auditory-verbal therapy for school-aged  
44 children with hearing loss: An exploratory study', *The Volta Review*, 110(3), pp. 407–433. doi:  
45 <https://doi.org/10.17955/TVR.110.3.616>,  
46  
47 [8] Weiss, A.L. and Johnson, C.J. (1993) 'Relationships between narrative and syntactic competencies in  
48 school-aged, hearing-impaired children', *Applied Psycholinguistics*, 14(1), pp. 35–59. doi:  
49 <https://doi.org/10.1017/S0142716400010134>.  
50  
51 [9] Yoshinaga-Itano, C. and Downey, D.M. (1986) 'A hearing-impaired child's acquisition of Schemata',  
52 *Topics in Language Disorders*, 7(1), pp. 45–57. doi: [https://doi.org/10.1097/00011363-198612000-](https://doi.org/10.1097/00011363-198612000-00007)  
53 [00007](https://doi.org/10.1097/00011363-198612000-00007).  
54  
55 [10] Johnson, C.J. (1995) 'Expanding norms for narration', *Language, Speech, and Hearing Services in*  
56 *Schools*, 26(4), pp. 326–341. doi: <https://doi.org/10.1044/0161-1461.2604.326>.  
57  
58  
59  
60

- 1  
2  
3 [11] Kirk, K.I. *et al.* (2002) 'Effects of age at implantation in young children', *Annals of Otolology,*  
4 *Rhinology & Laryngology*, 111(5\_suppl), pp. 69–73. doi:  
5 <https://doi.org/10.1177/00034894021110s515>.
- 6  
7 [12] Amemiya, E.E., Goulart, B.N. and Chiari, B.M. (2013) 'Use of nouns and verbs in the oral narrative  
8 of individuals with hearing impairment and normal hearing between 5 and 11 years of age', *Sao*  
9 *Paulo Medical Journal*, 131(5), pp. 289–295. doi: [https://doi.org/10.1590/1516-](https://doi.org/10.1590/1516-3180.2013.1315384)  
10 [3180.2013.1315384](https://doi.org/10.1590/1516-3180.2013.1315384).
- 11  
12 [13] Griffith, P.L., Ripich, D.N. and Dastoli, S.L. (1990) 'Narrative abilities in hearing-impaired children:  
13 Propositions and cohesion', *American Annals of the Deaf*, 135(1), pp. 14–21. doi:  
14 <https://doi.org/10.1353/AAD.2012.0424>.
- 15  
16 [14] Petersen, D. and Spencer, T.D. (2014) 'Narrative assessment and intervention: A clinical tutorial on  
17 extending explicit language instruction and progress monitoring to all students', *Perspectives on*  
18 *Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD)*  
19 *Populations*, 21(1), pp. 5–21. doi: <https://doi.org/10.1044/CDS21.1.5>.
- 20  
21 [15] Spencer, T.D. *et al.* (2013) 'Effects of an individualised narrative intervention on children's  
22 storytelling and comprehension skills', *Journal of Early Intervention*, 35(3), pp. 243–269. doi:  
23 <https://doi.org/10.1177/1053815114540002>.
- 24  
25 [16] Zamani, P. *et al.* (2018) 'The effects of narrative-based language intervention (NBLI) on spoken  
26 narrative structures in Persian-speaking cochlear implanted children: A prospective randomised  
27 control trial', *International Journal of Pediatric Otorhinolaryngology*, 112, pp. 141–150. doi:  
28 [10.1016/j.ijporl.2018.06.048](https://doi.org/10.1016/j.ijporl.2018.06.048).
- 29  
30 [17] Uzuner Y. The impact of strategies used in the balanced literacy approach on story grammar  
31 acquisition of three Turkish students with hearing loss: An action research study. *Deafness &*  
32 *Education International* 2007; 9:24–44. doi:10.1179/146431507790560075.
- 33  
34 [18] Venkatraman K, Thiruvalluvan V. Story Grammar Analysis of Narratives in Typically Developing  
35 Tamil Speaking Children. *Language in India*. 2021; 21:204–20.
- 36  
37 [19] Abinayaa, K. *et al.* (2023) 'Adapting the multilingual assessment instrument for narratives to Tamil',  
38 *ZAS Papers in Linguistics*, 65, pp. 73–84. doi: <https://doi.org/10.21248/zaspil.65.2023.620>.
- 39  
40 [20] Priyadharshini D, B. Development of Story Grammar in Five- To Eight-Year-Old Tamil Speaking  
41 Children – a Pilot Study. *Asia Pacific Journal of Research*. 2017; 1:1–8.
- 42  
43 [21] Maria J, Kowsika Devi Baskar, Akshay Krishnan. Macrostructural and microstructural discourse  
44 abilities in children with hearing impairment. *JCLAD [Internet]*. 2021 Mar 30 [cited 2023 Oct  
45 13]:176-88.
- 46  
47 [22] Stein NL, Glenn CG. An Analysis of Story Comprehension in Elementary School Children. *New*  
48 *Directions in Discourse Processing*. 1979:53–120. [URL] (accessed January 12, 2021).
- 49  
50 [23] Kao, S.-M. (2015) 'Narrative development of school children', *SpringerBriefs in Education*  
51 [Preprint]. doi: <https://doi.org/10.1007/978-981-287-191-6>.
- 52  
53 [24] Westby, C. (2016) 'Theory of mind in children's narratives', *Word of Mouth*, 28(1), pp. 8–10. doi:  
54 <https://doi.org/10.1177/1048395016651596b>.
- 55  
56  
57  
58  
59  
60

# BMJ Open

## Comparative Analysis of Story Grammar Development: A Cross-Sectional Study of Tamil-Speaking Child Cochlear Implant Users and Hearing Peers in Tamil Nadu, India

|   |  |
|---|--|
| Journal:  | <i>BMJ Open</i>  |
| Manuscript ID   | bmjopen-2023-077145.R3   |
| Article Type:   | Original research  |
| Date Submitted by the Author:   | 10-Nov-2023  |
| Complete List of Authors:   | Muthu, Jenithaa; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology<br>Venkatraman, Krupa; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology<br>Ganesh, Latika; Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Audiology and speech language pathology |
| <b>Primary Subject Heading</b>:   | Paediatrics  |
| Secondary Subject Heading:  | Paediatrics, Health services research, Diagnostics, Ear, nose and throat/otolaryngology  |
| Keywords:   | PAEDIATRICS, Speech pathology < OTOLARYNGOLOGY, Audiology < OTOLARYNGOLOGY, Community child health < PAEDIATRICS, OTOLARYNGOLOGY   |
| <p>Note: The following files were submitted by the author for peer review, but cannot be converted to PDF. You must view these files (e.g. movies) online.</p> <p>Comparative_Analysis_of_Story_Grammar_Development_in_Tamil_Maindoc.docx</p> |  |

SCHOLARONE™  
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.