

Case Study of Speech Delay Children at Raudhatul Atfhal Sakinah Kindergarten, Jakarta

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ABSTRACT

Education is the right of all human beings, whether children, adolescents, or adults, both girls and boys, both normal children and children with special needs. one example of a child with special needs is a child who has a speech delay, the characteristics of a child who has a speech delay can be known through the pronunciation of words that are always imperfect, not frequently the interlocutor uses sign language when communicating with the child. The problem of speech delays in children is a serious problem, children who have speech delays find it difficult for them to join playmates, even their friends will mock them besides that this will be a mental burden on their parents, not only the child and even the parents. also feel sad about this, because no human being wants to be created with flaws. This study aims to determine: the development of language and speech, (2) how to learn children who have speech delays, (2) find out what factors affect speech delays, (3) and to find out the efforts of teachers and parents in helping a child with speech delays . The approach used in this research is qualitative research. Qualitative research aims to understand the phenomena experienced by research subjects holistically and by means of descriptions in the form of words and language in a special natural context and using various methods



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1. INTRODUCTION

Early childhood is the golden age or also known as the golden age. Because during this period all aspects of growth and development, including physical, motoric, social, emotional, cognition and language (speech) develop very rapidly. Dyer (2009:2) defines speaking and language abilities as two things that are measured separately and together are considered to reflect a child's overall oral abilities. Speech consists of the various sounds people make with their mouths to communicate.

Language is a system of arbitrary verbal symbols used by members of a society to communicate and interact with each other, based on the culture they share (Djardjowidjojo, 2008:10). In line with this opinion, Chaer and Leonie (2010: 15) state that language is a system, meaning that language is formed by a number of components that have a fixed pattern and can be given rules.

Speaking in general can be interpreted as conveying one's intentions (ideas, thoughts, contents of the heart) to other people (Haryadi and Zamzani, 2000:72). Meanwhile, according to

Tarigan (2008:15), speaking is the ability to utter sounds or words to express, state and convey thoughts, ideas and feelings. According to Brown and Yule (in Santoso, et al, 2007:34) that speaking is the ability to pronounce language sounds to express or convey thoughts, ideas or feelings verbally.

Speech delay is diagnosed when the child's conversational speech sample is either more unintelligible than would be expected for his or her age or is characterized by speech sound error patterns not appropriate for his or her age (Shriberg, 1993; Shriberg, Austin, Lewis, McSweeney , & Wilson, 1997).

Papalia (2004:252-253) explains that children who are late talkers are children who at the age of 2 years have a tendency to pronounce words incorrectly, then have a poor vocabulary at the age of 3 years, or also have difficulty naming objects at the age of 5 years. . And children like that will tend to be unable to read.

Every child has a unique way of learning, as do children with special needs. Students have different characteristics such as cognitive ability, readiness for learning, motivation level, and learning styles (Demir, Kilinc, & Dogan, 2012). There is not any individual who is exactly the same as one another (Baş & Beyhan, 2010). The learning styles used in storing and managing information also vary (Daşdemir, 2016). Some students can easily remember the information only by reading once, but some others need to read for several times. There are also some students who are able to store the information in their brain only by looking at the objects, but some others need to touch, practice, and perform a more in-depth study about a particular object. Thus, every student has a unique style of managing a learning material.

Roestiyah NK (2001: 125) stated that the drill method is a technique that can be interpreted as a way of teaching where students carry out training activities, so that students have higher dexterity or skills than what they have learned. As for opinions about the drill method from other experts. According to Haryanto et al. (2003: 40) states that the drill method is a way of teaching by repeatedly practicing what the teacher has taught so as to obtain certain knowledge and skills.

Speech delay can be treated with speech therapy and brain therapy. Speech therapy is therapy that helps children improve the muscles of the mouth so that it helps children speak better. The assistance that can be given in speech therapy is a) for speech organs and their surroundings which are functional in nature and assistance for training speech organs that are experiencing difficulties, b) for articulation or pronunciation (Sri Muji Rahayu, 2014:425)

2. METHODS

This research uses a qualitative approach with a case study method. Nana Syaodih (2005: 99) stated that case study research is research that focuses on just one phenomenon that is chosen to be understood in depth. This research aims to find out in depth about children who experience speech delays, including how children learn to speak with delays, the factors that cause speech delays, and the strategies used by teachers and parents in dealing with children with speech delays. This research was carried out at Raudatul Atfal Sakinah kindergarten, in Jakarta in 2021.

The subject of this research was a child who experienced speech delays. Sugiyono (2012: 50) stated that samples in qualitative research are not called respondents, but rather as sources, participants, informants, friends or teachers in the research. The data sources in this research are people as sources and documents as supporting data. The resource persons chosen by the researchers were class teachers and parents. The supporting data in this research is the assignment sheet.

Data collection techniques are the steps used by researchers to obtain data (Sugiyono, 2012: 62). This research uses observation, interview and documentation techniques. The instrument in qualitative research is the researcher himself. Sugiyono (2012:

60) revealed that the researcher is a human instrument whose function is to determine the focus of the problem, select informants as data sources, carry out data collection, assess data quality, analyze data, interpret data, and make conclusions about the findings. Researchers as research instruments are assisted with observation guide instruments, interview guides, and field note sheets.

Sugiyono (2012: 89) states that data analysis is the process of systematically searching for and compiling data obtained from interviews, field notes and documentation, by organizing data into categories, breaking it down into units, synthesizing it, arranging it into in a pattern, choosing

what is important and what will be studied, and making conclusions so that they are easily understood by yourself and others.

3. RESULTS AND DISCUSSION

The Speaking and Language Skills of Ahmad

Ahmad is a 4 year old child, who goes to Raudhatul Atfhal Sakinah Kindergarten, Ahmad's father is an employee, as is Ahmad's mother, Ahmad has one older brother who is approximately 10 years older, and Ahmad has one grandmother who lives with them in Central Jakarta. Based on an interview with Ahmad's mother, Ahmad was 0-12 months old, he very rarely babbled, unlike normal children, if I talked to him he just started responding, and even then he just laughed and couldn't respond with words. Furthermore, at the age of 12-24 months, he was still unable to pronounce words, Ahmad only "nodded" when he was offered something, and "shaked his head" when Ahmad didn't want something given, and pointed at an object when Ahmad wanted it.

Aged 24-36 months, Ahmad can say a few words but is still not perfect, such as when he wants to say "mama", Ahmad can only say "ma" when he says "car" Ahmad cannot say it perfectly. And at the age of 36-48, Ahmad still has difficulty combining several words, such as saying "I want to eat", but Ahmad cannot pronounce them perfectly. Apart from that, Ahmad's mother also explained that Ahmad is very active in activities. If you pay attention, Ahmad does not have any deficiencies in his speech organs, but Ahmad seems to have a bit of difficulty swallowing his saliva.

Ahmad's daily life at school

Ahmad is an active child, Ahmad looks very cheerful and enthusiastic when he takes part in the morning exercise activity, which is held every Friday, after carrying out the exercise, the teacher holds a game, Ahmad looks very enthusiastic about playing, Ahmad can take part in this game, when he sees a teacher practice.

After finishing playing, the children were asked by the teacher to rest for a few minutes, after the break the teacher invited the students to study in the classroom, the teacher asked the students to sit in a circle, to hear the story or explanation from the teacher, but In just a few minutes the teacher explained, several children went to look for something to do because they were bored, including Ahmad, Ahmad and his friends went to play with the toys provided in class, Ahmad even ran and laughed with his friends, but there were also friends. who likes to mock Ahmad because he often doesn't pronounce words clearly.

The teacher was not angry with them, after the teacher had finished giving the explanation, the teacher gave an individual explanation to Ahmad and then gave him a task, such as coloring a picture. Ahmad was enthusiastic about coloring, even though the results were still not neat. After finishing coloring, the children took a break to play on the school field, running around with their friends.

Before going home, the teacher and the children repeated their previous memorization. Ahmad's friends had already memorized the prayers that had been delivered, only Ahmad couldn't, this proved that Ahmad was just silent when the other friends were praying. Ahmad went home later. later than his friends, because the teacher provided a special method in training Ahmad to speak, the teacher used the drill method.

Ahmad's daily life in his home environment

Since childhood, Ahmad was raised by his grandmother, because both of Ahmad's parents had to work. His grandmother was the quiet type and didn't talk much, Ahmad was left busy with his own toys, his grandmother only gave Ahmad milk and food when Ahmad felt hungry, and changed his diapers when Ahmad urinated and defecated, Ahmad showed all this by crying. . Grandmother rarely invites Ahmad to talk, while the role of an older sibling is invisible, the older sibling doesn't like children, the older sibling is also an indifferent child, the older sibling rarely communicates with his younger sibling, the older sibling prefers watching TV, playing with gadgets and reading his favorite books. , as well as going out with friends to finish his homework.

Ahmad's mother and father returned home at around 16.00 WIB, unlike his father, brother and grandmother who didn't talk much, Ahmad's mother was a friendly, cheerful person and liked to joke, Ahmad's mother admitted that she was very happy when she met Ahmad after coming home from work, her mother always took Ahmad with her. to talk, introducing the names of objects

around him, such as cars, statues and robots, father, older brother and grandmother only spoke occasionally, but mother didn't have much time with Ahmad, because Ahmad was asleep at 21 WIB. That's how Ahmad lived in his daily life until Ahmad was 2 years old.

Ahmad's mother began to feel that there was something strange about Ahmad, because his speech development was very slow, the mother decided to have Ahmad examined by a specialist doctor, from the results of the examination it turned out that Ahmad had an abnormality in his brain, Ahmad's mother felt very shocked and sad when she found out the results of this examination. , the doctor who examined Ahmad suggested that Ahmad should take part in a speech therapy and brain therapy program.

When Ahmad was 0-12 months old, Ahmad could not yet chatter, even though Ahmad should have been able to do it. This was conveyed by Monks et.al (2002: 160) who stated that the first words spoken by small children were words. babbling and repeated letters, such as ma-ma, ba-ba, da-da. Meanwhile, Hurlock (1978: 181) adds that babbling is a form of sound exercise, which arises spontaneously, but has no real meaning or association for the baby. Some babies start babbling at the beginning of the second month of life. After that there was an increase which peaked between the sixth and eighth months. source(3489 (1).

Furthermore, at the age of 12-24 months, he still couldn't pronounce words, Ahmad only "nodded" when something was offered, and shook his head when Ahmad didn't want something given, and pointed to an object when Ahmad wanted it. even though Hurlock (1978:189) stated that children aged 12-18 months should be able to say one word and it can be interpreted as a meaningful sentence. Santrock (2002:186-187) adds that when children are in the age range of 12-26 months, the child's main vocabulary will consist of many nouns and verbs with a few adjectives and adverbs. Children have started to pay attention to the order of the words they use. However, this is different from what happened to Ahmad, at the age of 24-36 Ahmad could only pronounce nouns rudimentarily. (3489 (1)

At the age of Ahmad 36-48 Ahmad started to say the names of objects, but some words were still not perfect, and at this age Ahmad started to make positive sentences which were still not perfect, even though at this age Ahmad should not only make positive sentences but also make positive sentences. negative and interrogative, this statement is in accordance with what Papalia (2004: 250-251) also explains that between the ages of 4-5 years, the average length of the sentences they make is 4-5 words and may be in the form of statements, sentences negative, interrogative sentences, or command sentences. Based on several experts, it can be concluded that Ahmad is classified as a child who has a speech delay.

Ahmad is an active student, this can be seen during the learning process, Ahmad prefers learning that involves his motor skills, unlike his friends who are enthusiastic in listening to the teacher's explanation, Ahmad only lasts 5 minutes, Ahmad prefers being ordered to put together a puzzle. , coloring, jumping, running and so on, thus, Ahmad's type of learning is a kinesthetic learning type as stated by Davis (in Marleny Leasa et.al, 2017) Kinesthetic learners enjoy doing a variety of physical activities that facilitate them to store information.

The teacher uses the drilling method to train Ahmad in speaking, the teacher invites Ahmad to practice after school, the teacher intends for Ahmad to have motor skills or movements; like memorizing words. This is in accordance with the aim of the drilling method itself, namely that the drilling method aims to ensure that children have motor skills; such as memorizing words, writing using tools/making an object; carry out movements in sports. According to Roestiyah NK (2001: 125)

Since he was little, Ahmad has been raised by his grandmother. Grandmother is the quiet type, as is Ahmad's older brother. When it comes to raising Ahmad, his older brother and grandmother rarely invite Ahmad to talk so Ahmad doesn't get the opportunity to speak, his mother also doesn't encourage Ahmad to think logically. analysis or very simple sentences.

Often working mothers ask their children to talk and only say one or two words which contain very short instructions or answers. This type of parenting can cause delays in speaking to children. Law et al in (Widodo Judarwanto), found that children who receive examples Inadequate language from families, those who do not have sufficient communication stimuli and also those who lack opportunities to interact will have low language skills.

Delayed speech is caused by problems in the oral motor area of the brain, so this condition causes inefficient connections in the area of the brain that is responsible for producing speech. As a result, the child experiences difficulty in using his lips, tongue and even jaw to produce certain

word sounds. Developmental barriers in the brain that controls oral motor skills are a factor that causes speech delays. (Jacinta FR 2001).

4. CONCLUSION

The results of the research show that Ahmad, as a child with speech delays, prefers the kinesthetic way of learning. There are 2 factors in this research, which cause children to experience delays in speaking, namely: (1) parenting patterns (2) the presence of brain abnormalities. Next, the teacher uses the drill method to help the child with speech delay, while the effort made by the parents is to hand the child over to an expert for speech therapy and brain therapy.

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