

SPEECH DELAY DISORDER IN EARLY CHILDHOOD

Ni Made Yuniari

Pendidikan Bahasa Inggris, Universitas Dwijendra, Denpasar

e-mail: yuniari6868@gmail.com

ABSTRACT

This research is a descriptive qualitative research in the form of literature studies from various references that are relevant to speech delay disorders in early childhood. This research aims to find out how children who experience speech delays are handled according to the type and causes of speech delays. Based on the results and discussion of the research, it can be concluded several things. The causes of speech delay in children are numerous and broad, namely, Mental retardation, Hearing loss, Maturation delay, Expressive language disorder, Psychosocial deprivation, Autism, Elective mutism, and Cerebral palsy. Those causes affect the children's language development. The children's language development is influenced by 5 factors, namely: health factors, intelligence, socioeconomic status, gender, and family relationships. Related to the factors that influence children's language development. Then came the types of speech delays in children, namely; 1) Specific Language Impairment; 2) Speech and Language Expressive Disorder; 3) Centrum Auditory Processing Disorder; 4) Pure Dysphatic Development; 5) Gifted Visual Spatial Learner; 6) Disynchronous Developmental. After understanding about the types of speech delay in children, then treatment of speech delay can be selected. Treatment of speech delay begins with patient identification such as medical history, speaking ability, listening ability, cognitive ability, and communication ability. Then the treatment is continued with the diagnosis of disorders experienced by the patient. After the results of the diagnosis are obtained, then the appropriate therapy is applied to the patient such as Speech Therapy, Oral Motor Therapy, and Melodic Intonation Therapy. Therefore, this research is expected to provide benefits to parents with speech delays. So that parents can detect whether their child has a speech delay early and provide appropriate treatment immediately.

Keywords: Speech Delay, Disorder, Early Childhood

1. INTRODUCTION

The period from infancy to childhood is a very important period in a person's life where a child's growth process is very rapid at this time, not only physical growth, but also the growth of the brain and important nerves in the parts of a child's body. Child development consists of gross motor, fine motor, socialization, cognitive and language. Children are born with mechanisms for developing speech and language skills (Safitri, 2017). There are two reasons why in the early days children have a great desire to learn to speak. First, because when child is able to talk and communicate with other children while playing, he/she will feel great pleasure. With the ability to speak, it will be easy for child to socialize and join with other friends, children who experience speech delays will experience obstacles in the school or social environment, and this is not the case with children who are already good at speaking. Second, because with the ability to speak, child will be able to be independent so that he/she can express anything according to his/her needs and desires (Hurlock, 2008). Because this period is very important for a child, if there is an oddity or abnormality during this growth period it will become a big worry and anxiety in the minds of parents.

Currently there are many cases of toddlers who experience delays in speaking (Speech Delay). Many of these cases make parents feel anxious and worried about the growth and development of their children. These things make many parents look for various ways to deal with speech delay sufferers (Yuniari et al., 2020). Before handling children who experience speech delays, the causes of speech delays, factors that affect children's language development, and the types of speech delays must be understood first. After that, it can be decided what therapy is appropriate for children with speech delays. Based on the explanation above, the writer is encouraged to study more deeply about speech delays in early childhood. The purpose of this study is to find out how children who experience speech delays are handled according to the type and causes of speech delays. Therefore, this research is expected to provide benefits to parents with speech delays. So that parents can detect early whether their child has a speech delay and provide appropriate treatment immediately.

2. RESEARCH METODOLOGY

This research could be compared with the result of the previous research. The first research entitled "Speech Therapist Strategies that Can Be Applied by Parents with Speech Delays" (Yuniari et al., 2020). The results of this research are that there are several strategies or techniques that parents can apply to overcome speech delays in children stated by therapists. These strategies include: 1) Train children to speak correctly, slowly and repeatedly. 2) When speaking always pay attention to the grammar being spoken. 3) Always involve the child speaking in every situation by correcting the child's pronunciation which is still wrong. 4) The use of technology media that supports children's vocabulary. 5) Regular consultation with pediatricians and child psychologists to determine the child's development. Another research entitled "Language development and social emotions in children with speech delay: case study of 9 year olds in elementary school" (Fitriyani et al., 2019). This research describes develop children with problems with speech and language delay (speech delay), seen from the cognitive, affective and psychomotor aspects and the influence of their social-emotional behavior. The findings in this research are social-emotional behaviors that have a major influence on develop children with language delay disorders, which require intervention programs suitable with the support of the family and the surrounding environment. The last previous research that could be compared with this research is research entitled "Factors Associated with Toddler Language Development at the 2016 Baserah Health UPTD" (Safitri, 2017). The results of this research showed correlation between knowledge with toddler language development, there is a connection with the development of language parenting a toddler, and no socio-economic relations of toddler language development. For health workers is expected to provide information to mothers who have children in the prevention and early detection of developmental language delays.

3. RELATED RESEARCH/LITERATUR REVIEW

The research carried out descriptively by using data collection techniques in the form of literature studies from various references that are relevant to speech delay disorders in early childhood. The collected data were analyzed descriptive qualitatively to find out the causes and types of speech delays in early childhood.

So by knowing this data, parents can detect speech delays in their children and can immediately take appropriate treatment.

4. RESULTS AND DISCUSSION

As stated in the previous explanation, this research aims to find out how children who experience speech delays are handled according to the type and causes of speech delays. The result and discussion can be described as follow.

4.1 Early childhood development

Early childhood development (ECD) refers to the physical, cognitive, socioemotional, and linguistic development of young children until they enter primary school.(Naudeau, Sophie and Hasan, 2016).

4.2 Definition of Speech and Language

Speech is the verbal production of language, whereas language is the conceptual processing of communication. Language includes receptive language (understanding) and expressive language (the ability to convey information, feelings, thoughts, and ideas). Language is commonly thought of in its spoken form, but may also include a visual form, such as American Sign Language.(Mclaughlin, 2011). According to Juliari & Yuniari, 2019 language could be said as a mean of communication. It is a kind of symbols used to express our thoughts, feelings, and ideas. Through language, people interact and cooperate one to the other.

4.3 Definition speech delay

Speech delay refers to the condition when the child's speech is not in accordance with the child's development, which is characterized by speech sound patterns (Sunderajan & Kanhere, 2019).

Speech delay is defined as when the child's conversational speech sample is either more incoherent than would be expected for age or is marked by speech sound error patterns not appropriate for age. (Shriberg et al., 1997)

4.4 Stages of Language Development in Children

Children's language acquisition stages are divided into four, namely: (a) babbling stage, (b) one word one phrase stage (holophrastic stage), (c) More Than One Word Stage (Telegraphic Stage), (d) Transformational and Morphemic Stage (Differentiation Stage). (Natsir, 2017)

Babbling Stage

At this stage the child is about six months old, he/she starts babbling. In this stage the child utters a number of speech sounds that are meaningless and a small number resemble meaningful words or word fragments due to coincidence.

One word one phrase stage (holophrastic stage)

At this stage the child uses one word to express complex thoughts, either in the form of wishes, feelings or findings without clear distinctions. For example, the word sit, for a child can mean "I want to sit", or the word chair, can also mean "Mommy is sitting". New parents can understand what the child means if they know in what context the word is spoken, while observing facial expressions and other body language. In general, the first words spoken by children are nouns, after some time they are followed by verbs.

More Than One Word Stage (Telegraphic Stage)

This stage occurs at around 18 months of age. In this stage the child is able to make simple sentences consisting of two or three words. The sentence sometimes consists of the main sentence and the predicate, sometimes the main sentence with an object with incorrect grammar. After two words comes a sentence with three words, followed by four words and so on. In this stage, the language used by children is no longer egocentric, from and for themselves. Start communicating with other people smoothly. Parents start doing question and answer with children in a simple way. Children also begin to be able to tell stories with their own simple sentences.

Transformational and Morphemic Stage (Differentiation Stage)

This stage occurs at around two and a half to five years of age. Children's speaking skills start smoothly and develop rapidly. In speaking, children not only add to their amazing vocabulary, but children begin to be able to say word for word according to their type, especially in the use of nouns and verbs. Children are able to use the personal pronoun "I" to refer to themselves, are able to use words in the plural, prefixes, suffixes and communicate more smoothly with the environment. Children begin to be able to criticize, ask, answer, order, tell and other forms of sentences that are common to an adult "style" of speech.

4.5 Causes of speech delay

The causes of speech delay are numerous and broad, all disorders ranging from hearing processes, transmitting impulses to the brain, brain, muscles or sound-making organs. According to (Shetty, 2012) there are several causes of speech delay namely, Mental retardation, Hearing loss, Maturation delay, Expressive language disorder, Psychosocial deprivation, Autism, Elective mutism, and Cerebral palsy

a) Mental retardation

Mental retardation is the most common cause of speech delay, accounting for more than 50% of cases a mentally retarded child demonstrates global language delay and also has delayed auditory comprehension and delayed use of gestures. In general, the more severe the mental retardation, the slower the acquisition of communicative speech, Bilingualism, Psychosocial deprivation

b) Hearing loss

Intact hearing in the first few years of life is vital to language and speech development. Hearing loss at an early stage of development may lead to profound speech delay. Hearing loss may be conductive or sensorineural conductive loss is commonly caused by otitis media with effusion, malformations of the middle ear structures and atresia of the external auditory canal.

c) Maturation delay

Maturation delay (developmental language delay) accounts for a considerable percentage of late talkers. In this condition, a delay occurs in the maturation of the central neurologic process required to produce speech. The condition is more common in boys, and a family history of "late bloomers" is often present. The prognosis for these children is extremely good and they usually have normal speech development by the age of school entry.

d) Expressive language disorder

Children with an expressive language disorder (developmental expressive aphasia) fail to develop the use of speech at the usual age. These children have normal intelligence, normal hearing, good emotional relationships, and normal articulation skills. The primary deficit appears to be a brain dysfunction that results in an inability to translate ideas into speech. A child with expressive language disorder needs active intervention to develop normal speech as it is not self correcting. They are also at a risk for language learning disabilities (dyslexia).

- e) **Bilingualism**
A bilingual home environment may cause a temporary delay in the onset of both languages. The bilingual child's comprehension of the two languages is normal for a child of the same age; however, and the child usually becomes proficient in both the languages before the age of 5 years.
- f) **Psychosocial deprivation**
Physical deprivation (e.g., poverty, poor housing, and malnutrition) and social deprivation (e.g., inadequate linguistic stimulation, parental absenteeism, emotional stress, and child neglect) have an adverse effect on speech development. Abused children who live with their families do not seem to have a speech delay unless they are subjected to neglect.
- g) **Autism**
Autism is a neurologically based developmental disorder, onset before the age of 36 months. Autism is characterized by delayed and deviant language development, failure to develop the ability to relate to others and ritualistic and compulsive behaviors, including the stereotyped repetitive motor activity. A variety of speech disorders have also been described, such as echolalia and pronoun reversal. The speech of some autistic children has an atonic, wooden, or a sing song quality. Autistic children in general, fail to make eye contact, smile socially, and respond to being hugged or use gestures to communicate.
- h) **Elective mutism**
Elective mutism is a condition in which children do not speak because they do not want to. Typically, children with elective mutism will speak when they are on their own, with friends and sometimes with their parents, but they do not speak in school, public situations or with strangers. It is seen more commonly in girls than in boys. The basis of mutism is usually family psychopathology. The children are negativistic, shy, timid, and withdrawn. The disorder can persist for months or years.
- i) **Receptive aphasia**
A deficit in the comprehension of spoken language is the primary problem of receptive aphasia. The speech of these children is not only delayed but also sparse, agrammatic, and indistinct in articulation. Most children with receptive aphasia develop a speech of their own, understood only by those who are familiar with them.
- j) **Cerebral palsy**
Delay in speech is common in children with cerebral palsy. Speech delay occurs most often in those with an athetoid type of cerebral palsy. The speech delay may be due to hearing loss, spasticity of the muscles of the tongue, coexisting mental retardation or a defect in the cerebral cortex.

4.6 Factors that affect children's language development

Early language recognition is needed to acquire good language skills. Yusuf (2014:153-158) states that language development is influenced by 5 factors, namely: health factors, intelligence, socioeconomic status, gender, and family relationships. In detail, a number of factors that influence language development can be identified as follows.

- a) **Cognition (Knowledge Acquiring Process)**
High and low individual cognitive ability will affect the speed of individual language development. This is relevant to the significant correlation between one's thoughts and language.
- b) **Communication Patterns in the Family.**
In a family where there are many directions of communication patterns will accelerate the development of the family language.
- c) **Number of Children or Number of Families.**
In a family that has many family members, children's language development is faster because communication varies compared to those

who only have an only child and no other members other than the nuclear family.

d) Birth Order Position.

The language development of children whose birth position is in the middle will be faster than the eldest or youngest child. This is because the eldest child has a downward communication direction only and the youngest child only has an upward communication direction.

e) Bilingualism

Children who are raised in families that use more than one language or have better and faster language development than those who only use one language because children are used to using a variety of languages. For example, inside the house the child uses the local language and outside the house he/she uses Indonesian.

4.7 Types of Speech Delay

Speech delays not only affect children's social and personal adjustments, but also affect their academic adjustments. Reading ability which is the main subject at the beginning of the child's school. According to (Tsuraya, 2016) there are several types of speech delay, including: 1) Speech and Language Expressive Disorder. In this type, children experiencing disturbances in language expression. 2) Specific Language Impairment. It is language disorder which is a primary disorder caused by a developmental disorder itself, not caused by sensory disturbances, neurological disorders and cognitive (intelligence) disorders. 3) Centrum Auditory Processing Disorder. It is speech disorders which is not caused by problems with the hearing organ. The child hearing itself is in good condition, but has difficulty in processing information that is located in the brain. 4) Pure Dyspatic Development. It is a disorder of the development of expressive speech and language that has weaknesses in the phonetic system. 5) Gifted Visual Spatial Learner. It is a child who learns holistically rather than in a step-by-step fashion. Visual imagery plays an important role in the child's learning process. Because the individual is processing primarily in pictures rather than words, ideas are interconnected (imagine a web). 6) Disynchronous Developmental. It is the development of a gifted child who has a developmental deviation from the normal pattern. There is an asynchronous internal development and an asynchronous external development.

4.8 Treatment of speech delay

Treatment of speech delay begins with patient identification (Sastra, 2011: 30) such as medical history, speaking ability, listening ability, cognitive ability, and communication ability. Then the treatment is continued with the diagnosis of disorders experienced by the patient. After the results of the diagnosis are obtained, then the appropriate therapy is applied to the patient.

a) Speech Therapy.

Speech therapy usually uses audio or video and mirrors. Speech therapy for children usually uses a play approach, puppets, role playing, pairing pictures or cards. Adult speech therapy usually uses direct methods, namely through practice and practice. Articulation therapy for adults focuses on helping patients to produce sounds correctly, including how to position the tongue correctly, shape the jaw, and control the breath in order to produce sounds correctly.

b) Oral Motor Therapy.

This therapy uses exercises that do not involve speech, such as drinking through a straw, blowing a balloon, or blowing a trumpet. This exercise aims to train and strengthen the muscles used for speaking.

c) Melodic Intonation Therapy.

Melodic intonation therapy can be applied to stroke patients who experience language disorders. The music or melody used normally

5. CONCLUSION

Based on the results of the research above, it can be concluded several things. The causes of speech delay are numerous and broad, namely, Mental retardation, Hearing loss, Maturation delay, Expressive language disorder, Psychosocial deprivation, Autism, Elective mutism, and Cerebral palsy. Those causes affect the children's language development. The children's language development is influenced by 5 factors, namely: health factors, intelligence, socioeconomic status, gender, and family relationships. Related to the factors that influence children's language development. Then came the types of speech delays in children, namely; 1) Specific Language Impairment; 2) Speech and Language Expressive Disorder; 3) Centrum Auditory Processing Disorder; 4) Pure Dysphatic Development; 5) Gifted Visual Spatial Learner; 6) Disynchronous Developmental. After understanding about the types of speech delay in children, then treatment of speech delay can be selected and conducted. Treatment of speech delay begins with patient identification such as medical history, speaking ability, listening ability, cognitive ability, and communication ability. Then the treatment is continued with the diagnosis of disorders experienced by the patient. After the results of the diagnosis are obtained, then the appropriate therapy is applied to the patient such as Speech Therapy, Oral Motor Therapy, and Melodic Intonation Therapy. Therefore, this research is expected to provide benefits to parents with speech delays. So that parents can detect early whether their child has a speech delay.

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