

## LANGUAGE ACQUISITION IN CHILD WHO SPEECH DELAY

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### ABSTRACT

This study aims to determine the factors that influence speech delays in children and also the treatment given by parents and the environment in response to this problem. This study uses a qualitative method with a case study approach. The unit of analysis is *speech delay*. Resource persons in this study amounted to 3 people consisting of two primary sources (her mother and father) and one secondary resource person (neighbor of the subject). Data collection techniques in this study used interview techniques, observation, field notes, and supporting documentation to strengthen the accuracy of the data taken. The data validity technique used in this study was the persistence of field observations and triangulation techniques. The results showed that there were 4 factors that influenced the *speech delay* that occurred in the subject in this case. These 12 factors are *multilingual*, a good model to imitate, lack of opportunities to practice speaking, lack of motivation to speak, encouragement, guidance, relationships with peers, adjustment, multiple births, gender, sex role classification, and family size / size. family. In addition to the factors mentioned above, there are 3 factors which are the findings of this study, namely the sister system, children's habits in watching television, and the knowledge of people around the subject who do not know this obstacle.

*Keywords: Language Acquisition, Children's Language, Delay in speaking*

### INTRODUCTION

Language is a form of rules or symbol systems used by children in communicating and adapting to their environment to exchange ideas, thoughts and emotions. Language can be expressed through speaking referring to verbal symbols. Apart from using verbal symbols, language can also be expressed through writing, gestural signs and music. Language can also include nonverbal aspects of communication such as gesticulation, gestural or pantomime. Gesticulation is an expression of hand and arm movements to emphasize the meaning of speech.

Pantomime is a way of communication that changes verbal communication with action which includes several gestures (expressions of movement that use each part of the body) with different meanings).

Speech and language skills involve cognitive, sensorimotor, psychological, emotional and environmental development. Language skills can generally be divided into receptive abilities (listening and understanding) and expressive abilities (speaking). Speech ability can be assessed more than other abilities so that discussion of language skills is more often associated with speaking ability. Proficiency in language and speaking is influenced by intrinsic factors (from children) and extrinsic factors (from the environment). Intrinsic factor, which is an innate condition including the physiology of the organs involved in language and speech skills. Meanwhile, the extrinsic factor is in the form of a stimulus that is around the child, especially the words that are heard or addressed to the child.

The problem of speech delays in children is a serious problem that must be addressed immediately because it is one of the most common causes of developmental disorders in children. Speech delays can be seen from the accuracy of word use, which is marked by unclear pronunciation and in communicating only sign language can be used, so that parents and those around them cannot understand the child, even though the child can actually understand what people are talking about.

## **LITERATURE REVIEW**

### **The theory of language acquisition**

#### **Behaviorist Theory**

This theory has been pioneered by Skinner, Pavlov and Thorndike. This theory states that some proficiency including language is obtained from the environment. The students are stimulated and interested in speaking. Each correct speech is rewarded and repeated until it becomes a habit. Language learning is a mechanical process. Reviewers of this theory argue that the human brain is like a black box.

In language teaching and learning, oral proficiency is the most important aspect of writing proficiency. Writing proficiency is the second most important skill. Therefore, the teacher must first teach oral and give emphasis to oral practice, followed by writing proficiency. Because language is a character or habit, teachers need to prioritize inner training. That is, the teacher needs to provide sufficient training for students so that a student is victorious in mastering and understanding the language system being learned. In addition, the law of grammar does not need to be studied formally by students.

In teaching and learning sessions, teachers need to start with the easy patterns then move on to the more difficult ones. Teachers can also start from the smallest unit to the larger unit (fostered). This case may make it easier for students to understand the subject matter being studied.

In addition, teachers also need to be creative in providing stimulating material to attract students' interest to learn the headings that are conveyed. At the same time, the teacher must also provide rewards for the right actions or responses. This reward

can make the student repeat the correct case, making it an automatic action. Therefore, learning is a process of stimulation and reciprocity, the teacher needs to play its role as a driving force and driving force to attract students' interest into the ongoing teaching and learning process. Next, the teacher is an example or model to students. Every teacher's actions and conversations will be imitated and the students follow. Therefore, the teacher plays an important role in using correct language for students to emulate.

### **Cognitive Theory**

Cognitive theory was pioneered by Jean Piaget da Gestalt. Cognitive theory is a mental process that plays an important role in acquiring language, especially the first language (mother tongue). Children have a special effort to hear, interpret the sounds of the language they hear. Children also acquire their first language in a very short period of time, namely 4 to 5 years only.

Language learning is a mental process (thinking). Therefore, children need to have the knowledge to understand language (meaning) and not rely solely on vigorous practice. The mistakes students make are not failures but good trials. This theory also states that children learn based on the concept of trying. The point here is that students will be given the opportunity to try to answer a question so that they can successfully implement it. The role of the teacher in giving training as well, the teacher does not have to give exercises in the form of automatic habits but provide exercises that build proficiency by using established formulas. According to this theory, writing and reading is prioritized because it is an affirmation to oral. Therefore, teachers need to prioritize writing and reading.

### **Mentalist Theory**

This theory was pioneered by Noam Chomsky. According to Noam Chomsky, children are born with the intention of the Language Acquisition Device (LAD). Children hear the language in their environment. Based on actual situations, they listen, analyze, form grammatical concepts and formulas. Then they will form a verse. According to Noam Chomsky, children begin to speak their first language when they are eighteen months old. Mastery of designation (external structure) is sometimes not the same as mastery of grammar and meaning formulas (internal structure) even though mastery of external language depends on the pursuit of the internal language.

In teaching and learning, every student should try to master the language perfectly because they have LAD. Teachers need to teach language deductively. When grammar is also taught in a direct and structured manner. At the same time , they need to master grammar formulas so that they can use them creatively. The point here is that students can produce new verses.

In addition, teachers are encouraged to provide opportunities for students to think when teaching and learning languages. This is because they can foster concepts and meanings. When teaching and learning takes place, students need to be exposed to real (authentic) materials not made up materials. Language teaching and learning also

emphasize reading and writing skills and not neglecting listening and speaking skills. From the aspect of giving training too, teachers need to provide exercises that build proficiency by using language formulas creatively. In addition, teachers are encouraged to make students aware of mistakes and encourage students to correct mistakes that are carried out based on knowledge of the formulas they have learned.

### **Internationalist Theory**

This theory was pioneered by Halliday. This theory explains that childhood language development involves the interaction of language and mental processes. Children acquire language because they have a need to interact with family and community experts. As community experts, they should also have the ability to master the skills of describing thoughts in language according to social situations. When children interact, they will master a more precise meaning. This theory places more emphasis on building beliefs in communicating ideas or meanings.

### **Children's Language Development**

A normal child will acquire his first language in a relatively short time (ie, from 2-6 years of age). According to Skinner (1957), a child will develop language skills if it gets stimuli from other people. So, human language behavior is language behavior that is confirmed through the medium of other people. Correspondingly, the development of language behavior depends on environmental factors.

Children's language development is not only influenced by the environment. Neurological and biological development influence language development. A child who has a neurological disability in the language area is very difficult to develop his language skills (Chaer, 2009).

With regard to biological development, according to Lenneberg (1967) the development of children's language follows a biological schedule that cannot be negotiated. A child cannot be forced or encouraged to be able to say something, if his biological abilities are not yet possible. On the other hand, if a child is biologically able to do something, he or she can not be prevented from saying it because there is a link between biological development and language skills.

Language has a very important role in child development. Children who are intelligent in language enjoy playing activities which facilitate their need to speak, negotiate, and also express feelings and thoughts in words. Lust (2006 ) divides children's language development as follows:

1. 0-6 months of age children just cry
2. 6-12 months of age your child begins to babble and begins to understand a few words and short commands
3. Age 18-24 months children have mastered 3 to 15 words
4. Children aged 24 months and over can make a phrase
5. Children aged 30 months and over can communicate intensely and are frustrated if their language is not understood by adults

6. At 36 months, children master 1000 vocabulary words and 80% of the words are pronounced clearly
7. Above 36 months, the child's language is relatively stable

In general, children between the ages of 4 and 5 have mastered sentences consisting of four to five words. They are also able to use a preposition, like below, above, on the inside and on the side. Children use verbs more than nouns. Children between 5 and 6 years of age can pronounce sentences consisting of six to eight words. Children can already explain the simple meaning of words to know the opposite, using conjunctions, prepositions and articles. At the end of kindergarten age, children are generally able to speak simple words and simple language, their speech is fluent, understandable and sufficient to follow grammar even though they still make language errors (Syaodih, 1995).

Children's language development cannot be separated from cognitive development. Piaget (1959) divided the stages of human cognitive development into four categories: (a) the motor sensory stage (ages 0-2 years), (b) the preoperative stage (ages 2-7 years), (c) the concrete operation stage (ages 7- 11 years) and (d) the formal operation stage (age 11 years and over). At the age of 2 years and over, children have started talking with increased vocabulary mastery.

At the motor sensory stage and the preoperative stage stimulation must occur in the child so that further development can take place properly. If at that time the child does not get the right stimulus, the child will face difficulties. Children who have reached the speaking readiness stage, but have not received a stimulus to practice their speaking skills, will experience difficulty speaking (Gunarsa, 1989: 25, Yunanto, 2004: 64; Arifuddin, 2010: 117)). The most important preoperative stage is for the child to start using language. When they are 4 years old, children usually use language more fluently (Suparno, 2001: 56; Sudono, 2000: 3).

Piaget (1959) argued that thinking precedes language and is broader than language. Language is one of the main ways of expressing thoughts. In all development thought always precedes language.

In line with the above, Vygotsky (1962) explained that the development of language along with cognitive development, even complementary. Both develop in one social sphere. This means that language can aid cognitive development. Language can direct children's attention to new objects or new relationships that exist in the environment, introduce children to different views, and provide information to children. Language is one of the various tools contained in the human cognitive system.

Children are active and adaptive, but egocentric, whose thought processes are very different from adults, so their learning experiences are adjusted to their understanding. In the view of Vygotsky (1978), the mental or cognitive structure of children is formed from the relationship between mental functions. In this regard, the relationship between language and thought is believed to be very important.

Cummings (2008) also confirms THAT k ognisi is fundamental for pe rk

embangan skills of air communication . Cognitive weakness will cause different language disorders. The heterogeneity of cognitive impairment results in a diverse clinical population of language disorders. S ebuah studies that have examined the relationship between cognitive and language development showed that cognitive impairment can have a bad influence significantly to the development of speech and language acquisition.

Schaerlaekens & Gillis (1987) divided the phases of children's language development into four periods. This difference is based on certain characteristics unique to each period. The periods are as follows: a) *The Prelingual Period ( age 0-1 years)* is the period when the child is unable to pronounce the 'language' as spoken by adults. However, the development of producing these sounds begins in the weeks since his birth; b) *Early Lingual Period (ages 1-2.5 years)* is the period when the child begins to say his first words, even though they are not complete. For example: *atit* (sick), *agi* (again), and so on. At this time some sound combinations were still too difficult to pronounce, also some sounds were still difficult to pronounce, such as: / r /, / s /, / k /, / j /, and / t /. The increase in language proficiency in this period is very fast and can be divided into three periods, namely: (1) one-word sentence period ( *holophrase* ), (2) two- word sentence period , (3) sentence period of more than two words ( *more word sentence* ) ; c) *Differentiation Period (ages 2,5-5 years)* is a period when children make differentiation in the use of words and sentences; d) *Near School Period (after 5 years of age)* is the period when children enter elementary school; that is, when they are between five and six years old.

Hurlock (1996) states that learning to speak is one of the developmental tasks in infancy and early childhood. The child's ability to understand language (receptive ) develops before speaking ability. When starting to speak, children make various progress in developing speaking skills such as in terms of vocabulary, sentence formation, and clarity in speaking. Children's clarity in speaking comes from the child's ability to articulate words appropriately.

## **Speech Delay**

Ability in language and speaking is influenced by intrinsic factors (children) and extrinsic factors (psychosocial). The intrinsic factor is the innate condition including the physiology of the organs involved in language and speech skills. Meanwhile, extrinsic factors can be in the form of stimuli that are around the child. The factors that influence speech delays are as follows:

### **1. Intrinsic Factors**

#### **a. Mental retardation**

Mental retardation is the most common cause of delayed speech, accounting for more than 50% of cases. A mentally retarded child exhibits overall language delays, delays in hearing comprehension, and motor delays. In general, the more severe the mental retardation, the slower the speech communication skills. In 30% -40% of children with mental retardation, the cause cannot be determined. Causes of mental retardation include genetic defects, intrauterine infections, placental insufficiency,

medications during pregnancy, trauma to the central nervous system, hypoxia, hypothyroidism, poisoning, meningitis or encephalitis, and metabolic disorders.

#### **b. Hearing loss**

The function of hearing in the first few years of life is very important for the development of language and speech. Hearing loss in the early stages of development can cause severe speech delays. Hearing loss can be either conductive or neural sensory disturbances. Conductive hearing loss is commonly caused by otitis media with effusions.<sup>34</sup> The hearing loss is intermittent and averages from 15 dB to 20 dB.<sup>35</sup> Several studies have shown that children with conductive hearing loss are associated with fluid in the middle ear during the first few years of life risk of experiencing speech delays. <sup>35,36</sup>

Conductive disturbances can also be caused by structural abnormalities of the middle ear and atresia of *the external auditory canal* . Sensorineural hearing loss can be caused by intrauterine infection, kernicterus, autotoxic drugs, bacterial meningitis, hypoxia, intracranial hemorrhage, certain syndromes (eg, Pendred syndrome, Waardenburg syndrome, Usher syndrome) and chromosomal abnormalities (eg, trisomy syndrome). Sensorineural hearing loss is usually most severe at higher frequencies. <sup>2</sup>

#### **c. Autism**

Autism is a neurological development disorder that occurs before a child reaches 36 months of age. Autism is characterized by delayed language development, deviation in the ability to interact, ritualistic and compulsive behavior, and repetitive stereotypical motor activities. Various speech disorders have been described, such as ecolalia and pronoun inversion. Autistic children generally fail to make eye contact, respond to smiles, respond to hugs, or use gestures to communicate. Autism is three to four times more common in boys than girls. <sup>2</sup>

#### **d. Selective mutism**

Selective mutism is a condition in which children don't speak because they don't want to. Usually, children with selective mutism will talk when they are alone, with their friends, and sometimes with their parents. However, they don't talk at school, in general situations, or with strangers. The condition occurs more frequently in girls than boys.<sup>36</sup> Significantly, children with selective mutism also have articulatory or language deficits. Children with selective mutism usually manifest other symptoms of poor adjustment, such as lack of peers or being overly dependent on their parents. Generally, these children are negativistic, shy, timid, and withdrawn. The disorder can last for months to years.

#### **e. Cerebral palsy**

Speech delays are commonly experienced by children with *cerebral palsy* . Speech delay occurs most frequently in people with the *athetoid* type of *cerebral palsy* . It can also be accompanied or combined by factors that cause others , such as: hearing loss, weakness or stiffness of the muscles of the tongue, accompanied by mental retardation or defects in the cerebral cortex.

**f. Abnormalities in speech organs**

These disorders include short tongue, deformity of teeth and mandible (lower jaw), cleft lip ( *palatoschizis / cleft palate* ), deviation of *the nasal septum* , adenoids or laryngeal abnormalities. On a short tongue there is difficulty sticking out the tongue so that it is difficult to pronounce the letter "t", "N", and "l". Deformities of the teeth and mandible cause wheezing sounds such as "f", "v", "s", "z", and "th". Cleft lip abnormalities can cause resonance deviations in the form of *rhinolalia aperta*, which is the nasal sound occurs in high-pressure letters such as "s", "k", and "g".

**2. Extrinsic Factors (Psychosocial)**

In this situation the child does not get sufficient stimulation from the environment. Children do not get enough time and opportunity to talk to their parents. The results showed that inadequate stimulation will cause language disorders, namely speech delays, but not severe. If the child who is not getting enough stimulation also experiences lack of food or *child abuse* , the language disorder can be heavier because the cause is not just deprivation but also neurological disorders due to malnutrition or child neglect. Various kinds of psychosocial deprivation that result in speech delays are

**a. Quiet Environment**

Talking is a part of behavior, so the skill is through imitation. If speech stimulation is lacking from the start (nothing is imitated) it will hinder the child's speech and language skills.

**b. Twins**

In twins, language development is worse and longer than only children. They are one each other giving each talk bad environment because usually have behaviors that mimic each other. This causes them to imitate each other in a state of speech that is neither good nor good.

**c. Bilingualism**

The use of 2 languages can cause speech delays, but this situation is temporary. Smith researched a group of children with a bilingual environment that appeared to have a lower vocabulary than children with one language, except for children with high intelligence.

**d. Wrong Teaching Techniques**

Wrong way and communication in children often cause speech and language development delays in children because their development occurs due to the process of imitating and learning from the environment.

**e. Television viewing patterns**

Watching television on children ages toddler are factors that make children become passive listeners. When watching television, children will act more as the receiving party without having to digest and process the information that comes in. As a result, in a certain period of time, the brain should receive a lot of stimulation from the environment / parents to then give *feedback* again, but because the one that provides more stimulation is television, the brain cells that deal with language and



speech problems will be stunted.

## METHODOLOGY

This study uses a case study (*case study*) on qualitative research approach (gay, et al., 2009; Creswell, 2007). The general objective of the research is to obtain in-depth and comprehensive on language acquisition (*language acquisition*) for children with speech delay (*language delay*). Its specific objectives are:

1. Know deeply and comprehensively the acquisition of phonology, morphology, syntax, semantics, and pragmatics in children who experience speech delays.
2. Know deeply and comprehensively the obstacles experienced by children who experience speech delays in language acquisition
3. Knowing in depth and comprehensively the factors causing speech delays in language acquisition.
4. Know in depth and comprehensively the language acquisition strategies used by children who experience speech delays in language acquisition.

The research was carried out in Mataram, West Nusa Tenggara, the place is in the house of a family and in the community as a place to play.

The data in this study are the utterances produced by Farel who was 6 years old. The data sources used in this study as a whole can be categorized into two:

1. Audio-visual recordings (recordings of the activities of each research subject while playing or carrying out activities in the family and community environment
2. Informants: parents of research subjects who will be used as supporting data when discussing research data obtained from research subjects under study.

The data collection technique is done by observing and interviewing. In this study, triangulation was carried out by means of data triangulation, situational and data collection methods.

## RESULT

Based on the research findings, it is known that the language acquisition of a child is strongly influenced by the environment in which they live, be it the environment, biological factors, and the diversity of languages used. Farel, as the subject under study in the study, had a pure speech delay, this can be proven by tests of cognitive and neurological abilities that were not disturbed when examined by a neurologist. The conclusion of this expert was strengthened by the results of the examination of a child psychologist who concluded that Farel did not have a mental disorder. And it is also reinforced by special needs counseling guidance experts who say that they only need services in the language field, not special treatments given to children who experience language disorders caused by *down syndrome*, *mentally retarded* or other language disturbances.

In terms of the class of words Farel can produce, he is able to produce nouns, adjectives, verbs, adverbs, particles, prepositions, pronouns, conjunctions and words that have experienced affixation.

1. Viewed from the aspects of phonology, morphology, syntax, semantics, and pragmatics, Farel who experienced speech delays were:
  - a) Phonological aspect, it can be said that there are several processes that occur, namely the sound substitution process caused by the difficulties he experiences in producing certain sounds so that he tends to perform sound substitution to make it easier for him to utter or produce the sound. The next process is the assimilation process, then the syllable structure process which also consists of several processes, namely reducing the sound consisting of cluster consonants, removing consonants at the end of words, and deleting syllables in lexemes that do not get stressed.
  - b) From the morphological aspect, it can be showed that the acquisition of Farel language is no longer dominated by the lexeme babas, but has been dominated by bound lexemes through the affixation process, namely by adding a prefix, suffix, prefix and suffix to the base lexeme. As for the affixations that have been obtained at the age of eight years, such as; prefix [ber-], [men], [pe-], [di-], and [ter-]. The suffixes are [- right ], [-an], [-i], and [-in]. prefix and suffix [di-i], [se-an], [di-kan], [me-right], and [ke-an]. Besides that, he is already able to form repeated words from the basic lexeme to express different meanings.
  - c) From the synthetic aspect, it can be described that the utterances that can be produced or exerted by Farel are still classified as phrases, lower clauses / clauses (ket) / abverbial phrases, upper / parent sentence clauses with pattern (SP). although some of the utterances produced by him have a more complete structure, this structure is still mostly unclear.
  - d) Semantic and pragmatic aspects can be explained that the semantic acquisition achieved by Farel is good but there are still some errors in the use of inaccurate diction so that the meaning of the sentence can be different or inaccurate as well as errors in using the hyphen, meaning which is produced in each ujan still tends to the semantic meaning of the sentence.
2. There are many obstacles experienced by Farel in producing words, namely obstacles in pronouncing some of the sounds in a word, obstacles to pronouncing cluster consonants, and also obstacles to pronouncing adjacent consonant sounds.
3. The factors that cause late acquisition of Farel are biological factors, social environmental factors, and also motivational factors.
4. The language acquisition strategy used by Farel is analogy and imitation strategy

## CONCLUSION

The result of the research shows that pure Farel experiences speech delays which are influenced by the environment in which he lives. In terms of the class of words Farel has been able to produce, he is capable of producing nouns, adjectives, verbs, adverbs, particles, prepositions, pronouns, conjunctions and words that have experienced affixation but are still in very large numbers. Limited. And factor as the cause that system siblings, children in television viewing habits, and knowledge of

the people around the subjects who are less aware will this bottleneck.

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