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LANGUAGE DEVELOPMENT: EARLY DETECTION OF SPEAKING DISORDERS AND THE PROCESS OF TREATING

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ABSTRACT

The old paradigm states that speech disorders in children are normal, so when they become disorders, it will have an impact on the process of language development from childhood into adulthood. The number of cases of speech disorders found in children is caused by the delay in early detection by parents. This is due to the lack of information regarding children's speech disorders. The purpose of writing this article is to 1) find out the stages of children's language development, 2) find out the causes of speech and language disorders in children, and 3) find out the symptoms and process of handling speech and language disorders in children. The article writing methodology uses a systematic literature review approach for 39 articles. The results of the writing revealed four stages of children's language development, namely the babbling stage, the holophrastic stage (the one-word, one-phrase stage), the two-word, one-phrase stage (telegraphic), and the differentiation stage. Every child has a different range of stages. Factors that cause children's speech disorders can be caused by medical factors, physiological factors, and environmental factors. Children's speech disorders can take the form of delays in language development, aphasia, speech organ disorders, hearing problems, autism, and emotional and behavioral disorders. Treatment of speech disorders can be done with speech therapy, oral motor therapy, and melodic intonation therapy. The implications of writing this article can be used as a reference by parents and health practitioners for early detection and treatment of speech disorders.

KEYWORDS Early Detection, Speech Disorders, Treatment Process

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INTRODUCTION

Misbahuddin (2020) defines language as a symbol of sound that serves as a means of communication and interaction between humans and is produced by speech tools. Language is one of the components that exist in humans to be able to represent the contents of feelings and thoughts (Simarmata and Sulastri, 2018). Each individual can improve his or her language skills as time progresses. Individuals who have optimal language skills will be able to absorb various types of information and news both in written and oral form. In essence, language skills consist of listening aspects, speaking aspects, reading aspects, and writing aspects (Erka, 2014). Each individual must be able to master these aspects so that they can be skilled in language. One aspect of language skills that must be mastered by individuals is speaking skills.

Speaking skills are non-genetic skills that cannot be inherited naturally from parents. This speaking skill is one that has a great influence on other skills. Along with individual development, the process of physical maturation, and components related to speaking skills, these skills will expand and increase. This will depend on the child's developmental stage.

The early development of children's speech starts with the process of muttering and continues with the process of imitating language (parroting) (Setyawan, 2016). Every baby will go through the process of language development on a daily basis. However, this developmental process is different for every baby. There are babies who have a slow development process, and there are also babies who have a fast development process. In this case, a mother has an important role in providing stimulation to be able to trigger the development of the baby. The best way for the mother to stimulate the baby and for the baby to stimulate the mother is for the mother to model language or provide motivation to train the baby's speaking skills so that they can be used to their fullest.

It is undeniable that many problems were discovered in this era in the form of language disorders and other disorders, including speech disorders. This speech disorder is mostly experienced by small children who are under five years old (Nilawati and Suryana, 2012; Dewanti et al, 2016; Azizah, 2018). Many people believe that toddler speech disorders are normal and natural (Idris, 2019; Masitoh, 2019). So many parents are late in realizing that their child has a speech disorder. Many speech disorders can be detected early in toddlers. For example, if there is a child who is the same age as a baby and who can say words but who still can only mutter like breath sounds, it can be assumed that the child has a speech disorder. Another example is when a child is able to say a few words, but at a certain age the words are lost. It can also be assumed that the child has a speech disorder.

Speech disorders are related to problems with the voice, articulation, stuttering (fluency of speech), difficulty using words (aphasia), and speech delay (Amalia et al, 2019). This speech delay can be caused by various factors, including the loss of hearing ability (Chamidah, 2019). Speech disorders are also related to the function of the oral and auditory muscles. This speech disorder can be recognized by simple things such as voice sounds that are not like normal (unusual), nasal, and hoarseness, as well as not being able to use language and not understanding the meaning of language. There is also an issue with the oral motor apparatus not being able to turn on the ability to speak.

It is the duty of everyone, especially parents, to be able to detect early delays in children's speech in order to reduce the risk of child development. The health paradigm that states that children's speech development disorders are common needs to be changed so that it does not have an impact on children's growth and development. This paradigm shift is the reason for the author's decision to develop this article. So the purpose of writing this article is (1) to find out the stages of children's language development, (2) to find out the

causes of speech and language disorders in children, and (3) to find out the symptoms and the process of handling speech and language disorders in children.

RESEARCH METHOD

This research is survey-based descriptive research using the SLR (systematic literature review) method. The survey was conducted using secondary data, namely research articles on online learning in mathematics at every level of education, which includes teachers and students.

This research consists of data collection, data analysis, and drawing conclusions. The data collected is in the form of research articles published in national journals located in the Google Scholar database. Articles were detected, and only articles that met the inclusion criteria could be used. The article inclusion criteria used are as follows:

1. The article is the result of research related to language and speech disorders
2. The time span of the article is 2012-2021.

This study's population consisted of all research articles on language and speech disorders. After conducting a search, a sample of 39 articles was obtained that matched the inclusion criteria. The research instrument was in the form of an observation sheet linked to inclusion and exclusion criteria that were grouped based on the year of study, research subjects, methodology, and research results.

RESULT AND DISCUSSION

The discussion in this article is divided into three main parts: the stages of language development in children, the causes of speech disorders and language disorders in children, and the symptoms and process of handling speech and language disorders in children.

A. Stages of language development in children

In general, children's language development consists of two stages, namely pre-linguistic stages and linguistic stages (Darwansyah et al, 2013). The pre-linguistic stage is a stage that is between 0 and 1 years old, where the child's desire begins to say the first word. While the linguistic stage is a stage that occurs between the ages of 1 and 5 years where children are able to start talking like adults, Fatmawati stated that there are three stages of early speech development in children, namely (a) holophrase (one word phase or naming stage), (b) more than one word phase (telegraphic stage), and (c) morphemic stage (transformational stage) (Masitoh, 2019) . Natsir also said that learning a child's language happens in stages: the babbling stage, the holophrastic stage (the one-word, one-phrase stage), the telegraphic stage (the two-word, one-phrase stage), and the differentiation stage (Masitoh, 2019).

a. Babbling Stage,

This stage is also known as the chattering stage. Stages begin at the age of six months. At this stage, the child will pronounce sounds that have no meaning, but also, by coincidence, will convey the experience of meaningful words that have meaning (Marsis and Annisa, 2018).

b. Holophrastic Stage (One Word One Phrase Stage).

At this stage, the child will express his or her thoughts and feelings using only one word (Murny, 2011). This can be in the form of feelings, desires, or things he encounters without a clear process of defining differences. For example, "sick" means that the child is sick. "Eat" means the child wants to eat. At this stage, parents must be able to understand what the child means so that the child's desires can be fulfilled. Understanding this word can also be seen in the mimicry and body language of the child.

c. Stage Two Words One Phrase (Telegraphic)

This stage is at the age of approximately 18 months. At this stage, the child is able to compose simple sentences (2–3 words) (Rezeki and Sagala, 2019). At this stage, the child is no longer egocentric. At this stage, the child has started the process of communicating with the closest person. At this stage, parents are also able to carry out a simple question-and-answer process. At this stage, the child is able to tell simple stories.

d. Stages of differentiation (transformational and mophemy stages)

This stage is the last one for toddlers who are in the 2.5–5-year age range. At this stage, children's language development progresses rapidly. Children are able to string words together optimally. At this stage, the child is able to use and understand words to convey the contents of his mind and heart (Aprilia, 2020).

This stage must be mastered by parents in order to maximize the language potential of their children. In addition, language development is also influenced by several factors, namely:

a. Cognitive factors

Cognitive factors greatly affect children's language skills (Ssiron, 2016). Children with strong cognitive abilities will have an easier time improving their language skills. On the other hand, it is hard for children with low cognitive skills to learn language skills.

b. Family communication pattern factors

Communication patterns affect children's language development. Families that have multi-directional communication within the family will be able to develop children's speaking skills (Astuti et al, 2019).

c. Number of family or number of children

Children who are in a large number of families will tend to have more varied communication skills than single children. Because there are so many people in the family, there will be a lot of different ways to talk to each other.

d. Birth order

The order of a child's birth also affects the development of a child's language (Rahayu, 2019). Middle children will tend to have good language development because they have the opportunity to communicate with their brothers and sisters. The eldest and youngest children communicate only with younger and older siblings.

e. Bilingual

Bilingualism is the use of two or more everyday languages in the family environment. Children who use more than one language will have varying language

abilities. However, in toddlers, it will cause speech delay (Ladyani, Pinilih, and Faqih, 2019).

In addition to the things listed above, it is important to pay attention to the following things that can help children learn to speak:

a. Maturity of tools for speech

The process of speaking is influenced by the tools of speech. The speech apparatus is the width of the oral cavity, palate, throat and other tools. If one of these speech tools is problematic, it will have an impact on the child's speaking process (Masitoh, 2019).

b. Readiness to speak.

Readiness to speak is related to the mental readiness of children. Children are mentally ready to talk, which is around the age of 12-18 months. This phase is called the teachable moment phase. In this phase, the child is ready to speak (Putra, Yudiernawati, and Maemunah, 2018).

c. There is modeling.

Modeling means that children need a model to be able to pronounce words. This model can be adults, radio, television and other media.

d. Opportunity to practice.

Children who are accustomed to being trained in their speaking skills by adults will have good speaking skills. Therefore, there is a need for innovations made by parents to train children to speak (Masitoh, 2019).

The things above are ways to support children's ability to speak. Here are some ways to help young children, especially toddlers, develop their speech skills:

a. Tell us about our activities. Talk to your toddler about your daily activities in a firm manner. Tell toddlers anything that can be told. Even though it will look strange, it will be able to stimulate toddler's speaking ability (Nasriah and Yanti, 2019).

b. Doing modeling. Parents must be able to be good speech models for toddlers (Astikasari and Weto, 2018). For example, if a toddler says "mamam," then the parent must explain that the correct sentence is "this is food." Then develop these words into new ones, such as "this is cake, the most delicious food." This not only increases a toddler's vocabulary regarding vocabulary but can also be used as a toddler's process to combine various kinds of words.

c. Provide opportunities for toddlers. Give opportunities for toddlers to express their needs through their speaking skills (Susanti, 2018). For example, a child wants to ask for a doll while pointing at the doll. However, they act like they don't know the child's will while asking the child to explain what to do.

d. Avoid using redundant sentences or slang.

B. Causes of speech and language disorders in children

Children's speech development can be seen in the accuracy with which they use vocabulary when interacting with their peers. Children who do not experience delays or speech disorders will more easily interact with their peers. However, children who experience speech delays will have problems interacting with peers. The delay in speaking will affect the child's personal and academic abilities (Hartanto et al., 2016). Children who experience delays will have problems at the beginning of school, especially with the ability to read. Therefore, it is necessary to understand the causes of speech disorders.

The causes of speech disorders start with the disturbance of the hearing process, the distribution of impulses (signals) to the brain, brain processes, muscle processes, and

processes contained in the sound-making organs (Humaeroh, 2017). In general, speech disorders are caused by a disturbance in the dominant hemisphere that occurs in the speech process (Melati, 2019). However, there are several causes of speech disorders or delays, namely:

a. Medical factor

Medical factors are related to the non-optimal functioning of the central nervous system. This dysfunction is caused by an injury to that part of the nerve. This case is called aphasia. Aphasia is an individual's inability to speak caused by a disturbance in the central nervous system (Melati, 2019).

This injury occurs in the brain caused by trauma experienced by the child. This trauma can occur when the child is still in the mother's womb. In addition, premature events, physical impact, excessive drug consumption and poisoning can also trigger trauma to the child's brain. Therefore, further medical examination is needed to determine this problem.

b. Physiological conditions.

Physiological conditions relate to the ability of the organs that support the ability to speak to be able to carry out their functions. This organ can be in the form of sensory nerves, the condition of the speech organs (mouth, throat, tongue, lips, and so on), and the condition of the hearing organs (earlobe, and so on) (Masitoh, 2019).

c. Environmental conditions

The environment is very influential on the child's speech ability. A conducive environment will help children's speech development (Sumaryanti, 2017). Parents who are active in providing verbal stimulation to children will be able to improve their children's speaking skills.

So, it can be concluded that the causes of speech disorders and delays in children can be caused by medical factors, physiological factors, and environmental factors.

C. Symptoms and the process of handling speech and language disorders in children

Language disorders are closely related to speech disorders. This language disorder is a disorder faced by individuals in the communication process, especially those related to symbolic processes. This results in individuals not being able to convert a concept into a symbol that is understood by others. There are several forms of speech and language disorders, namely:

a. Language development delay

Delay in language development is a disorder experienced by children when they fail to reach the stages of language development. This lack of developmental achievement is caused by several factors, including mental and intellectual problems, learning difficulties, minimal brain dysfunction, nutism, congenital aphasia, and deafness (Masitoh, 2019). Children with language problems and delays can have trouble with phonological, semantic, and syntactic processes, which can cause problems in the way they communicate. In addition, a disturbance in the transformation will also have an impact on behavior disorders. Behavioral disorders will result in a lack of interest in and attention to the surrounding environment.

b. Aphasia

Aphasia is a language disorder that happens when there is damage to the cortex of the brain (Hidayanti, 2020). In the cerebral cortex, there are lesions that make it difficult for children and even cause them to lose the ability to understand symbolism both passively and actively. Clinically, aphasia is divided into three types: sensory aphasia, conductive aphasia, and amnestic aphasia. The explanation is as follows:

1) Sensory aphasia

Sensory aphasia is a disorder characterized by difficulty in providing stimuli that the patient receives (Astriani et al., 2019). In this case, the patient will speak spontaneously. Sometimes it is also found that the patient is fluent but does not fit the context of the conversation.

2) Motor aphasia

Motor aphasia is also known as Broca's aphasia and can also be referred to as nonfluent aphasia or expressive aphasia (Astriani et al., 2019). In his case, patients who experience this aphasia will find it difficult to organize thoughts, desires, and feelings into symbols that can be understood by everyone. Patients who experience this are able to receive stimuli, but it is difficult to express them. This motor aphasia can be seen from the patient's difficulty in writing. In general, patients who experience motor aphasia have damage to Broca's center in the interior temporal lobe, posterior lobe, or interior parietal lobe.

3) Conductive aphasia

Conductive aphasia is also known as dynamic aphasia or as ranscortic sensory aphasia (Luria and Tsyetkoya, 2014). Patients with conductive aphasia have difficulty imitating repeated sounds of language. In certain cases, the patient is fluent in delivering short sentences, but in long sentences, the patient will be overwhelmed. The arcuate fascius and the inside of the supramarginal gyrus in the superior temporal lobe are damaged or broken, which is what causes this aphasia.

4) Amnestic aphasia

Amnestic aphasia is also known as nominal aphasia or anomia. Patients with amnestic aphasia find it difficult to select and use appropriate symbols. In his case, the symbols that are difficult for the patient to choose are those that relate to the situation, activity, and name. Patients with this type of aphasia have it because the left temporal lobe's angular gyrus has been damaged.

c. Speech organ disorders

Speech organ abnormalities are deviations from the normal functioning of the speech organs. These speech organ abnormalities include a short tongue, deformities of the lower jaw (mandible) and teeth, palatoschizis/cleft palate (cleft lip), laryngeal (adenoid) abnormalities, and deviation of the nasal septum (Nilawati and Suryana, 2012). In the case of a short tongue, the patient will find it difficult to pronounce the letters t, n, and l. In the case of patients with deformities of the lower jaw (mandible) and teeth, this will result in a wheezing sound when pronouncing the letters f, v, z, s, and th. In the case of a patient with a cleft lip, it will cause a resonance discrepancy in the form of rhinolia aperta. Rinolaliaaperta is the presence of a nasal sound when pronouncing high-stressed letters d hearing disorders.

Patients who experience hearing loss will result in speech disorders (Dewanti et al, 2016). Hearing loss can occur due to trauma, infection, or congenital abnormalities (Ariesanti, 2020). Infection can occur if there is an infection in the hearing apparatus. While

congenital abnormalities can occur due to genetic factors, drug consumption during pregnancy, or a family history of deafness, Furthermore, disturbances in infants can occur if they do not have an infection, have a severe infection, use drugs, or are exposed to hyperbilirubin.

e. Emotional and behavioral disorders

The presence of disturbances in the ability to speak is closely related to minimal brain dysfunction (Putri Andini, 2020). This disorder is accompanied by learning difficulties, unskilled, and hyperactive.

f. Autism

Autism can cause severe speech impairment. Autism is characterized by problems in pervasive development that result in cognitive, communication, behavioral, and even social interactions (Widiastuti, 2014). Autism is a problem related to digestion, the body's immune system, fungal invasion, viruses, bacteria, and other pathogens.

Based on this description, it can be seen that there are many speech disorders that can be experienced by each individual. However, the speech disorder can be treated in order to optimize the ability to speak. The crew's first step in dealing with speech disorders is to identify the patient. Patient identification can be done by knowing the medical history, listening ability, speaking ability, communication ability, and cognitive ability. After that, it is continued by conducting an examination and diagnosis of the disorders and problems faced by the patient. Once the disorder is known to be experienced, therapy is started. The types of therapy that can be given are:

1) Talk therapy

Speech therapy can be done through audio and video shows or by also using a mirror (Sunanik, 2013). This therapy can be done by combining play techniques such as playing with dolls, role playing, putting up pictures, or placing cards. Adults, on the other hand, use direct methods such as practice methods and practice methods.

Therapy for adults is focused on articulation so that the patient is able to produce the right sound. This therapy can be done by positioning the tongue properly, positioning the jaw, and regulating breathing so that it can produce the right sound.

2) Oral motor therapy

Oral motor therapy is done without involving the process of speaking, such as by blowing a balloon, drinking through a straw, or blowing a trumpet. This therapy aims to train the muscles that are part of the speech apparatus (Ary, 2019; Masitoh, 2019).

3) Melodic intonation therapy

This therapy is focused on stroke patients (Indreswari, 2018; Tomo et al., 2020). This therapy is done by playing music that is slow, lyrical in nature, and has a different melodic pressure. There are various kinds of therapy that can be done to treat patients who have speech disorders.

CONCLUSION

The stages of children's language development consist of the babbling stage, the holophrastic stage (the one-word, one-phrase stage), the two-word, one-phrase (telegraphic) stage, and the differentiation stage. Every child has a different range of stages. Children who do not develop their speech process are likely to have a speech disorder. Factors that cause children's speech disorders can be caused by medical factors, physiological factors, and environmental factors. Children's speech disorders can take the form of delays in language development, aphasia, abnormalities of the speech organs,

hearing loss, autism, and emotional and behavioral disorders. Handling speech disorders can be done with speech therapy, oral motor therapy, and melody and intonation therapy.

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