Islamic EduKids: Jurnal Pendidikan Anak Usia Dini
Homepage: https://journal.uinmataram.ac.id/index.php/IEK/index
E-ISSN: 2716-2516
Vol.6 No. 1, Juni 2024

EVALUATION OF SPEECH DELAY DISORDER THROUGH PEDIATRIC ORAL MOTOR THERAPY

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Abstract

Speech delay is a communication disorder that occurs in young children who experience delays compared to children their age. This research aims to provide oral motor therapy for children who experience speech delay through fun games aged 5 years. The research method used by researchers is a qualitative method, with a case study approach model. The data collection techniques used by this researcher are interview techniques, documentation techniques, and observation techniques. This research was conducted at Al-Aqsa Kindergarten group B with the initials of subject A who was 6 years old. Based on the research results, show that after oral therapy children's motor skills with fun games such as; blowing whistles, pieces of paper, and balls, can increase language development in subject A. With oral motor therapy, can stimulate language development in subject A consistently and easily.

Keywords: *Evaluation, Speech Delay Disorder, Oral Motor Therapy.*

Abstrak

Speech delay adalah gangguan komunikasi yang terjadi pada anak usia dini yang dimana mengalami keterlambatan dari anak-anak seusianya. Tujuan dari penelitian ini yaitu untuk terapi oral motor anak yang mengalami *speech delay* melalui permainan menyenangkan usia 5 tahun. Metode penelitian yang digunakan peneliti adalah metode kualitatif, dengan model pendekatan studi kasus. Teknik pengumpulan data pada penelitian ini yaitu teknik wawancara, teknik dokumentasi, dan teknik observasi. Penelitian ini dilakukan di TK Al-Aqsha kelompok B dengan inisial subjek A yang berusia 6 tahun. Berdasarkan hasil penelitian menunjukkan bahwa setelah terapi oral motor anak dengan permainan menyenangkan seperti; meniup peluit, sobekan kertas,dan bola, dapat meningkatkan perkembangan bahasa pada subjek A. Dengan terapi oral motor ini dapat menstimulus perkembangan bahasa subjek A dengan cara konsisten dan mudah.

Kata kunci: Evaluasi, Gangguan *Speech Delay*, Terapi Oral Motor.

INTRODUCTION

Speech delay is a speech disorder commonly experienced in early childhood that is delayed in children of the same age. According to Papalia, a child who has a speech delay is a 2-year-old child whose pronunciation is unclear or incorrect in pronouncing a word or sentence, while a 5-year-old child has an obstacle to the object. According to Herlock, some children experience speech disorders in their social interactions and have obstacles resulting from the language development of their peers. From this opinion, it can be said that children who experience speech delay are children who have characteristics that have very low quality in language and communication (Sri Winarti et al., 2022).

Speech delay can be treated with speech therapy and brain therapy. Speech therapy aims to help children improve the use of their oral muscles to speak more fluently. In speech therapy, assistance is given both to improve the function of the speech organs and their environment and to train the speech organs that have difficulty, as well as to improve articulation or pronunciation (Misykah, 2022). Detecting speech delays early is very important as it can increase the chances of recovery. All those involved in the child's care should play a role in the early detection of this problem, including parents, family, the obstetrician supervising the pregnancy, and the pediatrician treating the child (Saputra, 2020).

In early detection, it is important to identify whether a child's speech delay is functional or nonfunctional. Functional speech delay is commonly experienced by some children and is often mild, indicating only immaturity of speech function. At a certain age, especially after two years, this condition usually improves on its own. The child may receive stimulation and interventions to help improve (Sri Winarti et al., 2022). Several factors cause delays in language development in early childhood as follows: (1) gender differences, the development of girls and boys who are more likely to be slow are boys, (2) internal factors, such as heredity or genetics, (3) the physical condition of the child, such as neurological disorders Inadequate stimulation provided by parents has a significant impact on children's language development, and has the potential to affect their cognitive and social-emotional development (Sri Winarti et al., 2022).

Children with speech delays will have an impact on their daily communication. There are several impacts over a long period on children experiencing speech delay as follows; (1) Academic achievement may be affected, where children may have difficulty in actively participating in the learning process, including difficulty in expressing their opinions or ideas; (2) inability to socialize, where children experience inability to interact with their peers and surroundings; (3) Children may become more passive, as they experience difficulty in expressing their emotions, which in turn can affect their psychological well-being. Consequently, speech delays in children can hinder their ability to interact with their peers and surroundings, whereas interaction is one of the important functions of language (Sri Winarti et al., 2022)

In the language development of children who experience speech delay disorders can be stimulated using oral motor therapy through fun games such as; blowing whistles, scraps

of paper, and blowing balls using pipette straws. Where this fun game can improve and train oral motor in early childhood because blowing is an activity that can train oral motor in children. This oral motor can train the ability to speak.

METHOD

This research uses a descriptive qualitative approach to understand and describe the characteristics of children who experience speech delay. The research was conducted at Al Aqsha Kindergarten, Parepare City. This research uses data collection techniques of observation, interview, and documentation. Observations were made at Al-Aqsha Kindergarten School with the object of research, namely 5-year-old children, Subject A in this study has a female gender and sits in grade B at Al-Aqsha Kindergarten which has a total of 15 students, 8 boys, and 7 girls.

In observation activities, researchers conduct a direct observation to see children's behavior and language during the initial activities, core activities, and final activities during the learning process. Furthermore, researchers conducted interviews with teachers to obtain information related to learning during the process. Documentation was conducted to strengthen supporting documents to be documented during the learning process and document evidence in applying the game. After collecting data, the researcher analyzes the data, which is used in descriptive qualitative which describes through words the results of data collection that has been obtained.

RESULTS AND DISCUSSION

Generally, therapy is aimed at restoring a person's health from their illness with the help of medication or treatment from a doctor or specialist. Play therapy is an effective part of pediatric nursing care in reducing or preventing anxiety before and after surgery. This demonstrates the importance of play therapy in pediatric nursing care to reduce the duration of hospitalization and promote the overall growth and development of the child (Wahyuni & Wukiratun, 2017).

According to Dardjowidjojo, language vocabulary is said to be a mastery that is not only in pronunciation but must involve meaning and form. In the vocabulary of aud, the speech tool cannot be formed if it is perfect so it cannot produce good language sound results. This happens because of phonetic disorders. This phonetic occurs commonly among AUD children whose word formation is not yet perfect. Incomplete pronunciation of words cannot be tolerated if this happens as an adult. The impaired pronunciation of dorso velar

phonemes in children is called "lisp". If this disorder occurs continuously, it will result in a decrease in self-confidence (Kifriyani, 2020).

Communication through speech is one of the most important forms. When a child does not achieve age-appropriate speech, it can hinder their social interactions. Speech delays can also affect the child emotionally, which in turn can lead to inappropriate behavior. In addition, errors in infant speech often stem from uncorrected habits in learning. The child may speak too fast, thus omitting difficult parts of words (Murhanjati et al., 2017).

The results of interviews conducted by researchers with subject A have characteristics, namely, in the aspect of language development which is focused on mentioning known letter symbols. Subject A still has difficulty having conversations with other people and subject A has difficulty speaking or slurring. Based on the theory of Asri Yulinda, several factors that become the background of delayed speech development in children can be divided into internal and external factors. Internal factors include genetic aspects, physical disabilities, complex neurological conditions, premature birth, and gender. Meanwhile, external factors include the number of children in the family, parent's education level, family economic status, family dynamics, and the use of more than one language in the child's environment (Sari, 2018).

In the first observation, A was playing with his friends, then we came and made them feel surprised by our arrival until A called us with the word "tata" which should be called by the word "brother" and spoke with a less clear articulation. This is an obstacle for children in communicating with others.

Children who experience speech impairment can be recognized in situations experienced by children. The general description of aids who experience speech impairment in this study is that AUD's skills to use their language skills are quite slow compared to their age (Wukiratun, 2017). According to Hurlock (2003), in the context of child development psychology, speech delay can be observed when a child has speech abilities that are not in line with the abilities of children of the same age. This is usually reflected in the way of articulation and the accuracy of the use of words. In addition, the child tends to use sign language, similar to baby language, which may be difficult for people outside the family environment to understand (Istiqlal, 2021).

In the case that A is experiencing language difficulties, the researcher wants to apply oral motor therapy to children who experience speech delay. Oral motor therapy is very well used in children who experience speech delay because, through oral motor therapy, children can blow a small plastic ball through a pipette, blow a whistle, and tear small pieces of paper. Where these activities can improve and train the child's oral motor. According to Tambunan (2018), there are four main components in language skills, namely: 1) listening; 2) speaking; 3) reading; and 4) writing. Children will achieve speaking skills when they have developed an understanding of all four aspects of language skills (listening, speaking, reading, and writing) (Budiarti et al., 2022).

Children who experience speech delay must be given more attention to help children in their future growth and development. According to Santi (2016) how to deal with children who have speech delay disorders is to apply oral motor therapy. Oral motor development is an ability that includes all activities that use the muscle movement system of the oral cavity (oral cavity), for example, the tongue, palate, jaw, cheeks, and lips, and coordination between motion and oral cavity organs. Oral motor is a coordination of movement of hard tissue, soft tissue, vascular system, and nerve control in the face and mouth area that forms oral motor function. Another case with Gany (2021) reveals that structural coordination is prioritized for swallowing, speaking, and chewing all types of food. The oral motor program consists of activities to develop tongue lateralization, chewing strength, and lip control (Budiarti et al., 2022).

The activities to be carried out, namely, children's oral motor therapy, where this activity can stimulate the language development of children who experience speech delay. Before starting activities in the classroom, the children first carry out gymnastics guided by the class teacher, after the gymnastics are finished the children will be asked questions about the gymnastic activities that have been carried out, then after the activities pray, after praying the class teacher invites us to guide the class, but before starting the activity the researcher introduces himself first, then gives ice breaking to students. The next activity carried out is to explain to the children the activities carried out today.

The first game is blowing a plastic ball through a pipette straw, the second game is blowing a whistle, then the third game is tearing paper. In the first game, the materials provided are small colored plastic balls, plastic straws, and white medium-sized plastic cups. The first stage is to instruct the children to sit in front of the table, then the second stage is

to take a medium-sized white glass and store it on a long table and align it as many as five to six plastic cups or can be conditioned, then the third stage is to give each child one plastic straw, after the straw has been held by each of them then store the color plastic ball on the plastic glass than through the instructions given, the children will blow the color ball through the plastic straw with a distance of one inch of an adult until the ball falls.

Furthermore, the following is an explanation of the results of fun games as children's oral motor therapy for children with speech delay disorders in improving language development in children.

1. The game of blowing a plastic ball through a pipette

Figure 1

Based on the observations in Figure 1, children are so enthusiastic about the activities carried out, showing that children have been able to follow the instructions given, through these games children can train the oral cavity, regulate children's breathing and children begin to dare to speak and participate directly in playing together with their friends. Furthermore, the second game is torn paper, in this activity the children will be given instructions in the form of game rules then the children will be given paper and then tear the paper respectively after that the children will blow the torn paper.

2. Scrap Paper Game

Figure 2

Based on the observations in Figure 2, children understand the rules of the game and follow the directions given and then this paper tear activity supports children to blow correctly, helps the movement of lips quickly, regulates the strength of children's blowing, and helps children know how to blow correctly.

Then in the third game, namely blowing the whistle, the activity is carried out by giving each child one whistle and then instructing the child to blow it with an assessment that blows the whistle long and loud.

3. Whistle Blowing Game

Figure 3

Based on the observations in Figure 3, the activities carried out foster the enthusiasm and enthusiasm of children in the game, children know the sound of loud sounds, and with this activity, children can train the oral cavity and face of the child which is useful for stimulating the movement of the oral cavity. After the child's oral motor therapy activities are implemented, the researcher gathers the children in one group and then asks questions about the activities carried out, expresses his pleasure in the game earlier, and asks questions about the steps taken, these activities are to stimulate the child's memory after what has been done.

The activities applied are blowing the ball through a straw, blowing whistles and scraps of paper this activity, training the child's oral cavity, training the movement of lips quickly, stimulating the inside of the mouth, and training children to blow long, moving parts of the mouth. Speaking stimulation for audio through oral motor can stimulate children's ability to communicate even though it takes time and regularly so that children can benefit when parents and children's educators are actively able to be involved directly in conversation and ask questions to children. After applying oral motor therapy by blowing through straws, blowing whistles, and scraps of paper, Subject A began to develop very well, Subject A has

now begun to say greetings when meeting other people, although the pronunciation of greetings is not yet perfect when speaking, his articulation has begun to be clear, the mention of words is getting clearer such as the words milk, kaka, and here, the maintenance of A's vocabulary is increasing, able to blow regularly and able to answer simple questions.

CONCLUSION

Speech delay disorders through oral motor therapy can improve children's language development based on fun games which include, blowing the ball through a pipette straw, paper tear game, whistle blowing game. From the findings obtained, there are quite good changes in children's language development. This is due to the oral motor stimulation that can stimulate children's ability to communicate directly involving children in conversation.

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