

AN ANALYSIS OF CHILDREN'S LANGUAGE DISORDERS AND LANGUAGE ACQUISITION

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Abstract

The acquisition of the language for the children under the age of three years is very important to be noticed, especially for the parents. This article tries to identify the language acquisition for the children early in order to the reader especially parents to have the basic knowledge in helping their children to get the speaking skill optimally. Then, the parent knows how to solve the speaking interference for the children.

Key words: Language Acquisition, Language Disorders, Development, Children.

INTRODUCTION

Language plays an important role in human life (Kardiansyah, 2021). In addition to being a medium for action, language also serves as a reflection of the culture of its speakers (Puspita & Pranoto, 2021), (Ivana & Suprayogi, 2020). Language can control behavior, bring about action, and change situations (Kuswoyo et al., 2021). So is the role of language for children of advanced age. Acquiring language in children ages 1-3 or older is a process that is both physical and psychological (Aminatun & Oktaviani, 2019), (B. N. Sari & Gulö, 2019). Physically, a child's ability to produce words is marked by the development of their developing tongue and teeth (Amelia et al., 2022), (Pratiwi & Fitri, 2021). While psychologically speaking, the ability to produce words and the variation of speech is very much determined by the emotional state of the child when they practice speaking (Aguss et al., 2021), (Kuswoyo & Siregar, 2019), (Fakhrurozi & Puspita, 2021). In relation to children's speech patterns in general, it is important to note some similarities and differences for certain vowels and consonants (Kardiansyah, 2019a), (Afrianto & Ma'rifah, 2020), (Samanik & Lianasari, 2018). Pronunciation based on this sign system (symbol) is learned by a branch of linguistics called phonology (Gulö & Nainggolan, 2021), (Al Falaq & Puspita, 2021). However, there is still much that parents have not learned, so many parents have not given their children special treatment in language learning (Qodriani & Wijana, 2020), (Kasih et al., 2022), (Al Falaq et al., 2021). Parents' sometimes still misunderstandings about the effective time of learning this language and leading to a delay

in language acquisition (Kardiansyah, 2019b), (Fakhrurozi & Adrian, 2021). Parents should be aware that developing children's language skills is a parent's job (Ambarwati & Mandasari, 2020), (Oktaviani & Sari, 2020). Parents are expected to also have prior knowledge in helping their children develop optimal speech skills (Qodriani & Wijana, 2021), (Mandasari & Wahyudin, 2019). Also how to recognize and deal with speech disorders in children so that they can be anticipated early on.

Acquisition involves many aspects of development, so the views of many experts in relevant fields such as general linguistics, psychology, neurology, biology, and language acquisition will be utilized (Gulö, 2018), (K. Sari & Pranoto, 2021), (Suprayogi & Eko, 2020). The development of language by (Arpiansah et al., 2021) is divided into three periods, namely (a) diary period, (b) large sample period, (c) longitudinal study period. Language acquisition is a species-specific human capacity (Yudha & Mandasari, 2021), (Putri & Aminatun, 2021), (Oktaviani, 2018). Only human beings can acquire language (Samanik, 2021), (Purwaningsih & Gulö, 2021). This means that in the human mind there are restrictive principles that determine the nature of human language (Afrianto & Gulö, 2019), (Journal et al., 2021). Furthermore, language acquisition is not dependent on human intelligence at all (Fithratullah, 2021). No matter how low human intelligence is, he will still be able to speak, unless the person has a mental or physical disability (Wardaningsih et al., 2022), (Setri & Setiawan, 2020). In addition, the acquisition of children's language in the world occurs in different situations, but has the same strategy (Megawaty & Santia, 2019). Fourth, the input received by the child is confusing, but the child can interpret and hypothesize himself and thus form a language that is accepted by the surrounding community.

LITERATURE REVIEW

When ordered from infancy, there is a lot of development in the child's language during childhood (Pranoto & Suprayogi, 2020). Initially when he was born, he could only communicate through tears (Mandasari & Wahyudin, 2021). Either that means eating, drinking, pumping, irritating, or something else. In short, at the age of 10 to 12 months the child will begin babbling, which is more varied, with the child starting to use body language (Septiyana & Aminatun, 2021), (Yulianti & Sulistiyawati, 2020). For example, when she was being carried by her mother, her feet would cling to her body or pull on her

mother's clothes, meaning, "I still want to play with Mother. Don't go ahead! " At the age of 10 to 14 months, begin to come up with meaningful and purposeful words from her small mouth (Fithratullah, 2019), (Ngestirosa et al., 2020). So when he says "Ma...!" His hand will reach towards mom, for example. In other words, the noise of a child means that as long as it produces a sound it will point to an object (Fakhrurozi et al., 2022). At the age of 13 months, children can begin to communicate with the body language which represents or uses symbols (Pradana & Suprayogi, 2021), (Suprayogi et al., 2021). For example, when he was thirsty, he would throw his favorite cup and say "em... ma...!", Though his words were unclear, but there was a meaning, "Please, the cup was filled. I'm thirsty! " So, since the children's language at this age is still very limited, she uses body language as a communication tool. At this age, too, children are usually good at using symbolic gestures (Aminatun et al., 2021). For example, when he is given some warm milk, he will blow milk. Being 18 months to 2 years old is a critical time for a child to learn a new language or words. By the age of 2.5 to 3 years, he had begun to use 2 to 3 sentences with even a subject or predicate and his understanding was good. It's just that the child's grammar is still not good. For example, when he sees a cat's parent, he will refer to it as "cat mama." So, she still struggles with language issues, but conceptually understands that she is bigger than her child.

The development of a child's sense of well-being is in keeping with his biological schedule. This statement needs to be understood correctly because many people associate it with age. Lenneberg's statement on this is directed at the child's motor development, and the number of years and months of the child. This explains why some children of the same age can talk while other children of the same age have not. In language acquisition, input is a very important and very important factor. Humans will not be able to master a language without the power of language. In addition to increasing the ability to speak, the comprehensiveness begins to accelerate and capture what adults say, as well as being able to tell that something is different from anything else. For example, if they are shown a picture of a cat and someone else is saying a fish, the child will say "no". The environment and parents will determine the language acquisition of the child in relation to the element of children's verbal fluency. By the time the child reaches the age of two, he has mastered all the Indonesian phonetic phonemes. Alphonic variations are beginning to be heard, except for the [o] vowel which is actually a derivative of [au], as in the word buffalo.

Phonemes that two- to three-year-olds have mastered in phonological review show some interesting things. Their vocal development seems to follow universal theory as stated by Jakobson, though not completely. This means that two- to three-year-olds are new to the vocals [a], [i], and [u] later as they progress to other vocals.

METHOD

In this study, the writers utilized library research techniques and subjective depiction. This study utilized a subjective methodology zeroing in on story understanding. Subjective means examination dependent principally upon a constructivist viewpoint with respect to a singular's encounter that has been by and large or socially built. The information hotspot for this study was a strategies for teaching in second language acquisition. Information assortment strategies were performed by exploring or perusing sources in books, the web, as well as in past exploration reports, and others. Most understudies can find their assets in the library, information on the main libraries, experience with the chapter by chapter guide and other reference works, about complex is surely a fundamental apparatus for pretty much every understudy of writing. The information examination procedure utilized in this study is clear investigation. To help this information, the specialists looked for important information from different sources. Information investigation is the methodical course of considering and orchestrating information from meetings, perceptions, and records by coordinating the information and concluding what is significant and which should be contemplated. also, make determinations that are straightforward.

RESULTS AND DISCUSSION

1. Articulation Disorders

Children whose speech is unclear or difficult to capture in psychological or psychiatric terms are called articulation or phonological disorders. However, these disorders are usually due to developmental disorders. As we grow older, it is hoped that this disorder can be overcome. However, some disorders are mild and severe. Unfortunately, at the age of 3 children are unable to pronounce [l], [r], and [s]. so the word car is called "mobing" or run is called "forgotten." Usually this disruption will disappear with the age of the child or when we practice it by using good and proper language. Phonological disorders may be due to age-related factors that may cause speech or speech motor muscles to be incomplete

or not fully developed; from the arrangement of the teeth, the shape of the jaw, to the tongue that may still be stiff. Some cases of this disorder are related to mental retardation. A child whose intelligence is not so good, his speech development will also be disrupted. When neurological disorders are the cause, there is a function of the nervous system that is impaired. Another reason is hearing loss. When a child can't hear clearly, his or her speech improves. No less important, environmental factors, especially when children are not or are not trained to speak properly. When the cause is less training or stimulation it is easier and relatively quick to cure as it gets good treatment. However, when it comes to neurological disorders, it is necessary to consult a neurologist. Meanwhile, when it comes to mental retardation, it's usually a bit more difficult depending on the level of mental retardation. When it comes to the medium category, the pronunciation of children's words is often difficult to catch. However, with oral therapy, the pronunciation can be quite clear, although there are some that are still difficult to digest by those who listen. Obviously, if the disorder is in a difficult state, it is advisable to bring the child to a consultation. Such a difficult criterion is that when interrupting communication or contact with others, even the average person does not understand what it means. Once in school, this disruption can affect performance. For example, having to sing in front of a class, but not being fluent, makes it difficult to perform. If he was brave, his vague pronouncements would entice his friends to mock him. It takes speech therapy to resolve it. The therapist will usually reevaluate if the child has speech motor impairment. Speech motor disorders can be trained, just like blowing candles. It is not uncommon for the help of THT experts to correct the disruption of speech-related organs in the mouth area. There may be children whose tongues do not form properly, which may be too short and affect their ability to speak. Congenital defects, such as chewing can also affect the way they speak, but these disorders can be overcome with surgery and speech therapy. Children who suffer from phonological disorders are on the verge of being overweight, usually late in their development. For example, new speakers may be 3 years old, or newcomers can say "mom / dad". Another possibility, though it's been 2 years but his speaking ability is still a meaningless bubbling alias, like "ma ... ma ... pa ... pa". However, the receptive language or the recipient is good enough, until he or she is asked to speak or understand. It is also advisable to take this into consideration because if left untreated, the child may develop severe phonological disorders. That's why, at the age of 10 months or a year, children begin to be able to call it "mom / dad", but after 2 years, we have to be suspicious and

quickly ask for expert help. Especially when we have enough stimulation, you can bring her to a psychologist first to find out if she has phonological disorders, mental disorders, neurological disorders, or other causes. If the problem involves a disorder that psychologists cannot deal with, the child should be referred to another specialist, such as a neurologist or speech therapist. Speech therapists can be found at various institutions that provide therapy for autistic children or children with attention disorders. They also deal with children with speech disorders. While longevity depends on a number of things, such as the severity of the disorder, the parents' efforts to deliver their child to therapy regularly or to train them at home, as well as the cooperation of the child. So, we should not hesitate to ask our therapist what to do at home to take care of our children. Therapist skills also influence the time it takes to deal with child maltreatment. Similarly, it is very important to mastery of each disorder, degree of difficulty, and proper handling of each disorder. In addition, the therapist should also be able to build a good relationship with the child, so that the child will enjoy the program. On the contrary, it can be a hindrance if the therapist is rigid and unable to persuade the child.

2. Dislogia

Dislogia is a communication disorder caused by psychosocial and mental disorders. Dislogia is most commonly found in children with autism or hyperactivity. Children with hyperactivity are difficult or unable to remember when they are studying. That means that his language input is incorrect. In other words, children with dyslexia are those with language problems. Different from a child who has only behavioral symptoms while their language is okay. That is, the pure child is suffering from psychological disorders, not dislogia. Dislogia due to disruption of the child's brain developmental neurological problems. It could be because there is damage to the central area of the brain's sensory system, or it could be to the forehead that reflects the behavior. Worse, if damage to the emotional center results in disruption, it also disrupts the motor. As a result, the child has language and motor impairments. Children with dysentery often have specific motor behavior. For example, it's not possible to snore even after 6-7 months. Or as they grow older, they cannot perform bilateral movements, such as moving their arms in one direction and rhythmic opposite directions. The aspects that support dislogia can be seen from the beginning. For example, newborns can reach the age of 9 months, when they are normally 3 months old. This could be a sign of something wrong in the child's brain center that

could later be related to other functions of the body. Another indication is that the child is hyperactive. Being told to sit down begs for his forgiveness. Want to walk and keep moving. He also likes walking stitches. There are times when children like to walk stitches. However, if you are still 1.5-2 years old, be careful. The stitch path is actually influenced by the left and right motor center capabilities, unless the stitches are just for a moment. For example, if he walks on grass or in a dirty place. Actually, Weight or light dislogia depending on the child's age, Children are 3 years old but their language ability is the same as their one year old, of course their condition is worse than their native language is 2 years old. So, at least, it's determined by the child's decoding or comprehension and encoding (childbirth) by they calendar age and ability. To find out if a child suffers from dislogia or not, the doctor can determine. The child's neurologist will perform an EEG, MRI, or CT Scan to find out what factors are affecting the child's development. If you need help from a professional, then the doctor will refer you to help early. Speech therapists will also provide therapy programs based on the degree to which they are exposed to dislogia, providing data from medical and psychologists to determine the emotional and mental functions of the person involved.

CONCLUSION

The ability of children to speak certain words is comparable. Maem, mime, papa, mama, and other childlike expressions can all be used to indicate similarity. The mother is the most crucial factor in a child's language development. Because the child has a tendency to imitate and follow in their footsteps, including language, in this instance, the mother is considered to be the most determinant of the child's language acquisition and proficiency. Therefore, it is best not to use profane language when mentioning names. Practicing vocals, which children understand the best, is the best way to develop early childhood skills. In addition, the child must be given the chance to speak in front of his or her parents, not just so that the child can use vocabulary. As the child's potential grows from 0 to 11, this child's ability must be prepared early. Battery life is an important factor in language development for children under the age of three, so parents should be able to make the most of it. Parents can practice and improve their children's vocabulary in a variety of ways, including by adding to the child's vocabulary, clearly describing the words, constantly introducing new words, and teaching them early reading habits.

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