

**THE PROFILE OF A SUCCESSFUL SPEECH
SOUND DISORDER LEARNER
(A PSYCHOLINGUISTIC
ANALYSIS)**



Thesis Submitted to Fulfill One of the Requirements for Obtaining
a Master's Degree in English Language Education (M.Pd)
at Postgraduate Program of IAIN Parepare

THESIS

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ACKNOWLEDGMENT

الْحَمْدُ لِلَّهِ رَبِّ الْعَالَمِينَ وَالصَّلَاةُ وَالسَّلَامُ عَلَى أَشْرَفِ الْأَنْبِيَاءِ وَالْمُرْسَلِينَ
وَعَلَى آلِهِ وَصَحْبِهِ أَجْمَعِينَ أَمَّا بَعْدُ

The feeling of gratitude and heartfelt thanks are extended to my beloved and respected parents who has constantly prayed for and supported the writer throughout education. To the writer beloved siblings and all her family members who have assisted the writer throughout the process of writing this thesis. As well as friends, friends, seniors, and good people who have helped a lot in the process of writing this thesis, whom the author cannot mention one by one.

The process of writing this thesis, the writer grateful for the help, guidance, and encouragement from various parties. Therefore, with all humility, the writer would like to express my gratitude to the following:

1. Prof. Dr. Hannani, M.Ag., as the Rector of IAIN Parepare, Dr. H. Saepuddin, S.Ag., M.Pd., Dr. Firman, M.Pd., and Dr. Muhammad Kamal Zubair, M.Ag., each as the Vice Chancellor, who has given the writer opportunity to study at Postgraduated of IAIN Parepare.
2. Dr. Hj. Darmawati, S.Ag., M.Pd, the Director of Postgraduate of IAIN Parepare, who has given the writer academic services in process and completing the study.
3. The writer's deepest appreciation is extended to Dr. Arqam, M.Pd., and Dr. H. Ambo Dalle, S.Ag., M.Pd., each as the first and the second consultant for their guidance and encouragement during the research.
4. The writer's deepest appreciation is extended to Dr. Abdul Haris Sunubi, S.S., M.Pd and Dr. Magdahalena Tjalla, M.Hum., each as the first and the second examiner for their guidance in completing this research.

5. The Head and staff of the library at IAIN Parepare for their assistance in obtaining the necessary references for this thesis.
6. All the the lecturers of English Education and all the staffs of IAIN Parepare at Postgraduate program, thanks for your time, knowledge, advice and motivation that you have given to the writer since she is studying in this great campus.
7. The learner and also his mother who has been the subject of research and all roles that have contributed to the process of writing the thesis.

The Reseracher would like to express my gratitude to everyone who has provided assistance, both morally and materially, in completing this writing. May Allah SWT accept all the goodness as a perpetual charity and bestow His blessings and rewards upon them.

Finally, I humbly request the readers to kindly provide constructive suggestions for the improvement of this thesis.

Parepare, 25 January 2024

The Researcher,



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PEDOMAN TRANSLITERASI ARAB-LATIN

1. Konsonan

Daftar huruf bahasa Arab dan transliterasinya ke dalam huruf Latin dapat dilihat pada halaman berikut:

Huruf Arab	Nama	Huruf Latin	Nama
ا	Alif	tidak dilambangkan	tidak dilambangkan
ب	Ba	B	Be
ت	Ta	T	Te
ث	s\`a	s\`	es (dengan titik di atas)
ج	Jim	J	Je
ح	h}a	h}	ha (dengan titik di bawah)
خ	Kha	Kh	ka dan ha
د	Dal	D	De
ذ	z\`al	z\`	zet (dengan titik di atas)
ر	Ra	R	er
ز	Zai	Z	zet
س	Sin	S	es
ش	Syin	Sy	es dan ye
ص	s}ad	s}	es (dengan titik di bawah)
ض	d}ad	d}	de (dengan titik di bawah)
ط	t}a	t}	te (dengan titik di bawah)
ظ	z}a	z}	zet (dengan titik di bawah)
ء	`ain	`	apostrof terbalik
غ	Gain	G	Ge
ف	Fa	F	Ef
ق	Qaf	Q	Qi
ك	Kaf	K	Ka
ل	Lam	L	El
م	Mim	M	Em
ن	Nun	N	En
و	Wau	W	We
هـ	Ha	H	Ha
ء	Hamzah	`	Apostrof
ي	Ya	Y	Ye

Hamzah (ء) yang terletak di awal kata mengikuti vokalnya tanpa diberi tanda apa pun. Jika ia terletak di tengah atau di akhir, maka ditulis dengan tanda (').

2. Vokal

Vokal bahasa Arab, seperti vokal bahasa Indonesia, terdiri atas vokal tunggal atau monoftong dan vokal rangkap atau diftong.

Vokal tunggal bahasa Arab yang lambangnya berupa tanda atau harakat, transliterasinya sebagai berikut:

Tanda	Nama	Huruf Latin	Nama
اَ	<i>fath}ah</i>	a	a
اِ	<i>kasrah</i>	i	i
اُ	<i>d}ammah</i>	u	u

Vokal rangkap bahasa Arab yang lambangnya berupa gabungan antara harakat dan huruf, transliterasinya berupa gabungan huruf, yaitu:

Tanda	Nama	Huruf Latin	Nama
اَيَّ	<i>fath}ah dan ya>'</i>	ai	a dan i
اَوَّ	<i>fath}ah dan wau</i>	au	a dan u

Contoh:

كَيْفَ : *kaiifa*

هَوَّلَ : *haulā*

3. Maddah

Maddah atau vokal panjang yang lambangnya berupa harakat dan huruf, transliterasinya berupa huruf dan tanda, yaitu:

Harakat dan Huruf	Nama	Huruf dan Tanda	Nama
اَ... اِ... اُ...	<i>fath}ah dan alif atau</i>	a>	a dan garis di atas
اِي	<i>kasrah dan ya>'</i>	i>	i dan garis di atas
اُو	<i>d}ammah dan wau</i>	u>	u dan garis di atas

Contoh:

مَاتَ : *ma>ta*

رَمَى : *rama>*

قِيلَ : *qi>la*

يَمُوتُ : *yamu>tu*

4. Ta marbu>}ah

Transliterasi untuk *ta>' marbu>t}ah* ada dua, yaitu: *ta>' marbu>t}ah* yang hidup atau mendapat harakat *fath}ah*, *kasrah*, dan *d}ammah*, transliterasinya adalah [t]. Sedangkan *ta>' marbu>t}ah* yang mati atau mendapat harakat sukun, transliterasinya adalah [h]. Kalau pada kata yang berakhir dengan *ta>' marbu>t}ah* diikuti oleh kata yang menggunakan kata sandang *al-* serta bacaan kedua kata itu terpisah, maka *ta>' marbu>t}ah* itu ditransliterasikan dengan ha (h).

Contoh:

رَوْضَةُ الْأَطْفَالِ : *raud}ah al-at}fa>l*

الْمَدِينَةُ الْفَاضِلَةُ : *al-madi>nah al-fa>d}ilah*

الْحِكْمَةُ : *al-h}ikmah*

5. Syaddah (Tasydi>d)

Syaddah atau *tasydi>d* yang dalam sistem tulisan Arab dilambangkan dengan sebuah tanda *ta>di>d* (ّ), dalam transliterasi ini dilambangkan dengan perulangan huruf (konsonan ganda) yang diberi tanda *syaddah*.

Contoh:

رَبَّنَا : *rabbana>*

نَجَّيْنَا : *najjaina>*

الْحَقُّ : *al-h}aqq*

نُعَم : *nu"ima*

عَدُوُّ : *'aduwwun*

Jika huruf *ى* ber-*tasydid* di akhir sebuah kata dan didahului oleh huruf *kasrah* (ِ), maka ia ditransliterasi seperti huruf *maddah* menjadi *i>*.

Contoh:

عَلِيٌّ : 'Ali> (bukan 'Aliyy atau 'Aly)

عَرَبِيٌّ : 'Arabi> (bukan 'Arabiyy atau 'Araby)

6. Kata Sandang

Kata sandang dalam sistem tulisan Arab dilambangkan dengan huruf *al* (*alif lam ma'arifah*). Dalam pedoman transliterasi ini, kata sandang ditransliterasi seperti biasa, *al-*, baik ketika ia diikuti oleh huruf *syamsiyah* maupun huruf *qamariyah*. Kata sandang tidak mengikuti bunyi huruf langsung yang mengikutinya. Kata sandang ditulis terpisah dari kata yang mengikutinya dan dihubungkan dengan garis mendatar (-).

Contoh:

الشَّمْسُ : *al-syamsu* (bukan *asy-syamsu*)

الزَّلْزَلَةُ : *al-zalzalalah* (*az-zalzalalah*)

الفَلْسَفَةُ : *al-falsafah*

الْبِلَادُ : *al-bila>du*

7. Hamzah

Aturan transliterasi huruf hamzah menjadi apostrof (') hanya berlaku bagi hamzah yang terletak di tengah dan akhir kata. Namun, bila hamzah terletak di awal kata, ia tidak dilambangkan, karena dalam tulisan Arab ia berupa alif.

Contoh:

تَأْمُرُونَ : *ta'muru>na*

النَّوْعُ : *al-nau'*

شَيْءٌ : *syai'un*

أَمْرٌ : *umirtu*

8. Penulisan Kata Arab yang Lazim digunakan dalam Bahasa Indonesia

Kata, istilah atau kalimat Arab yang ditransliterasi adalah kata, istilah atau kalimat yang belum dibakukan dalam bahasa Indonesia. Kata, istilah atau kalimat yang sudah lazim dan menjadi bagian dari perbendaharaan bahasa Indonesia, atau sering ditulis dalam tulisan bahasa Indonesia, atau lazim digunakan dalam dunia akademik tertentu, tidak lagi ditulis menurut cara transliterasi di atas. Misalnya, kata al-Qur'an (dari *al-Qur'a>n*), alhamdulillah, dan munaqasyah. Namun, bila kata-kata tersebut menjadi bagian dari satu rangkaian teks Arab, maka harus ditransliterasi secara utuh. Contoh:

Fi> Z{ila>l al-Qur'a>n

Al-Sunnah qabl al-tadwi>n

9. Lafz} al-Jala>lah (الله)

Kata "Allah" yang didahului partikel seperti huruf *jarr* dan huruf lainnya atau berkedudukan sebagai *mud}a>f ilaih* (frasa nominal), ditransliterasi tanpa huruf hamzah.

Contoh:

بِاللَّهِ *billa>h* دَيْنُ اللَّهِ *di>>nulla>h*

Adapun *ta>' marbu>t}ah* di akhir kata yang disandarkan kepada *lafz} al-jala>lah*, ditransliterasi dengan huruf [t]. Contoh:

هُم فِي رَحْمَةِ اللَّهِ *hum fi> rah}matilla>h*

10. Huruf Kapital

Walau sistem tulisan Arab tidak mengenal huruf kapital (*All Caps*), dalam transliterasinya huruf-huruf tersebut dikenai ketentuan tentang penggunaan huruf kapital berdasarkan pedoman ejaan Bahasa Indonesia yang berlaku (EYD). Huruf kapital, misalnya, digunakan untuk menuliskan huruf awal nama diri (orang, tempat, bulan) dan huruf pertama pada permulaan kalimat. Bila nama diri didahului oleh kata sandang (al-), maka yang ditulis dengan huruf kapital tetap huruf awal nama diri tersebut, bukan huruf awal kata sandangnya. Jika terletak pada awal kalimat, maka huruf A dari kata sandang tersebut menggunakan huruf kapital (Al-). Ketentuan yang sama juga berlaku untuk huruf awal dari judul referensi yang didahului oleh kata sandang al-, baik ketika ia ditulis dalam teks maupun dalam catatan rujukan (CK, DP, CDK, dan DR). Contoh:

Wa ma> Muh}ammadun illa> rasu>l

Inna awwala baitin wud}i'a linna>si lallaz\i> bi Bakkata muba>rakan

Syahru Ramad}a>n al-laz\i> unzila fi>h al-Qur'a>n

Nas}i>r al-Di>n al-T{u>si>

Abu>> Nas}r al-Fara>bi>

Al-Gaza>li>

Al-Munqiz\ min al-D}ala>l

Jika nama resmi seseorang menggunakan kata Ibnu (anak dari) dan Abu> (bapak dari) sebagai nama kedua terakhirnya, maka kedua nama terakhir itu harus disebutkan sebagai nama akhir dalam daftar pustaka atau daftar referensi. Contoh:

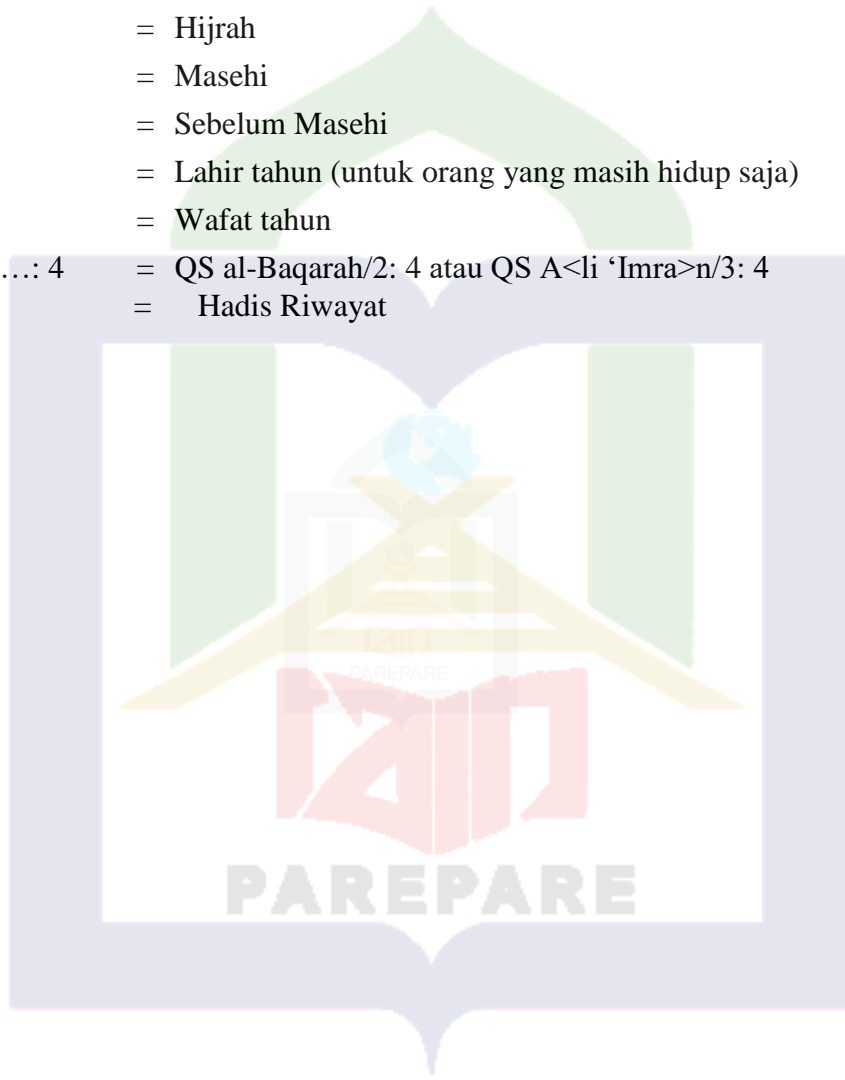
Abu> al-Wali>d Muh}ammad ibn Rusyd, ditulis menjadi: Ibnu Rusyd, Abu> al-Wali>d Muh}ammad (bukan: Rusyd, Abu> al-Wali>d Muh}ammad Ibnu)

Nas}r H{a>mid Abu> Zai>d, ditulis menjadi: Abu> Zai>d, Nas}r H{a>mid (bukan: Zai>d, Nas}r H{ami>d Abu>)

11. Daftar Singkatan

Beberapa singkatan yang dibakukan adalah:

swt.	= <i>subh}a>nahu> wa ta'a>la></i>
saw.	= <i>s}allalla>hu 'alaihi wa sallam</i>
a.s.	= <i>'alaihi al-sala>m</i>
H	= Hijrah
M	= Masehi
SM	= Sebelum Masehi
l.	= Lahir tahun (untuk orang yang masih hidup saja)
w.	= Wafat tahun
QS .../...: 4	= QS al-Baqarah/2: 4 atau QS A<li 'Imra>n/3: 4
HR	= Hadis Riwayat



ABSTRAK

Nama : Mutiara Ramadhani
NIM : 2120203879102015
Judul Tesis : The Profile of a Successful Speech Sound Disorder Learner (a Psycholinguistic Analysis)

Penelitian ini bertujuan untuk mengetahui bagaimana cara pelajar menangani gangguan bicaranya. Penelitian ini dilaksanakan di Desa Pao-pao. Adapun yang menjadi rumusan masalah pada penelitian ini adalah: 1) Apa penyebab gangguan berbicara pada pelajar?; 2) Bagaimana gangguan bicara itu bisa terjadi?; 3) Bagaimana pelajar itu bisa menangani gangguan bicaranya?

Pengumpulan data dilakukan dilakukan melalui wawancara, dokumentasi, dan observasi. Data tersebut dikumpulkan dari wawancara yang dicatat kemudian ditranskrip. Hasil data dianalisis dengan cara mengumpulkan data, mereduksi data, menyajikan data dan mengambil kesimpulan. Penelitian ini menggunakan pendekatan kualitatif.

Hasil penelitian ini adalah: 1) Penderita bibir sumbing seperti yang dialami oleh pelajar tersebut merupakan faktor bawaan sejak lahir yang mana terdapat cacat pada organ wicara. Celah pada gusi dan langit-langit mulut mengakibatkan suara menjadi bersengau; 2) Gangguan bicara itu bisa terjadi karena faktor internal dimana melibatkan cacat genetik yang dialaminya sejak lahir. Hal ini diduga terjadi akibat ibunya pernah mengalami kecelakaan dan pernah mengkonsumsi makanan fermentasi yang mengakibatkan pendarahan; 3) Kekurangan yang dimiliki pelajar tersebut tidak menjadi penghalang untuk meraih apa yang ia cita-citakan. Menurutnya pendidikan sangatlah penting karena tanpa pendidikan pasti akan mengalami ketertinggalan pada era teknologi yang semakin pesat.

Kata Kunci: Gangguan Berbahasa, Pelajar, Psikolinguistik

ABSTRACT

Name : Mutiara Ramadhani
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Title : The Profile of a Successful Speech Sound Disorder Learner
(a Psycholinguistic Analysis)

This research aims to find out how student deal with his speech disorder. This research was carried out in Pao-pao Village. The problem formulation in this research is: 1) What are causes the learner's speech sound disorder?; 2) How can speech disorder occur?; 3) How does the learner deal with his speech sound disorder?

Data collection was carried out through interviews, documentation and observation. The data was collected from interviews which were recorded and then transcribed. The data results are analyzed by collecting data, reducing data, presenting data and drawing conclusions. This research uses a qualitative approach.

The results of this research are: 1) Suffering from cleft lip as experienced by this student is a congenital factor from birth where there is a defect in the speech organs. Cracks in the gums and roof of the mouth cause the voice to become nasal ; 2) Speech disorders can occur due to internal factors involving genetic defects that have occurred since birth. This is thought to have occurred because the mother had had an accident and had consumed fermented food which resulted in bleeding; 3) The student's shortcomings do not become an obstacle to achieving what he dreams of. According to him, education is very important because without education you will definitely be left behind in the era of increasingly rapid technology.

Keywords: Speech Sound Disorder, Learner, Psycholinguistic

PAREPARE

تجريد البحث

الإسم : موتيارا رمضاني
 رقم التسجيل : ٢١٢٠٢٠٣٨٧٩١٠٢٠١٥
 موضوع الرسالة : ملف نجاح الطلاب الذين يعانون من اضطرابات
 التحدث (التحليل اللغوي النفسي)

تهدف هذه الدراسة إلى معرفة كيفية تعامل الطلاب مع اضطرابات النطق. تم إجراء هذا البحث في قرية باو باو. صياغة المشكلة في هذه الدراسة هي: (١) ما الذي يسبب اضطرابات النطق لدى الطلاب؟ (٢) كيف حدث اضطراب الكلام؟ (٣) كيف يمكن للمتعلم التعامل مع اضطراب النطق لديه؟

يتم جمع البيانات من خلال المقابلات والتوثيق والملاحظة. تم جمع البيانات من المقابلات المسجلة ثم نسخها. يتم تحليل نتائج البيانات من خلال جمع البيانات وتقليل البيانات وتقديم البيانات واستخلاص النتائج. يستخدم هذا البحث نهجا نوعيا.

نتائج هذه الدراسة هي: (١) الذين يعانون من الشفة المشقوقة كما عانى منها هؤلاء الطلاب هم عوامل خلقية منذ الولادة حيث توجد عيوب في أعضاء الكلام. الفجوات في اللثة وسقف الفم تؤدي إلى أصوات الأنف. (٢) يمكن أن تحدث اضطرابات الكلام بسبب عوامل داخلية تنطوي على عيوب وراثية تحدث منذ الولادة. ويعتقد أن هذا قد حدث بسبب تعرض والدته لحادث وتناول طعام التجريف مما أدى إلى نزيف. (٣) قصور الطالب ليس عائقا أمام تحقيق ما يطمح إليه. ووفقا له، فإن التعليم مهم للغاية لأنه بدون التعليم سيتخلف بالتأكيد في عصر التكنولوجيا السريعة بشكل متزايد.

الكلمات الرئيسية: اضطرابات النطق، المتعلم، علم اللغة النفسي.

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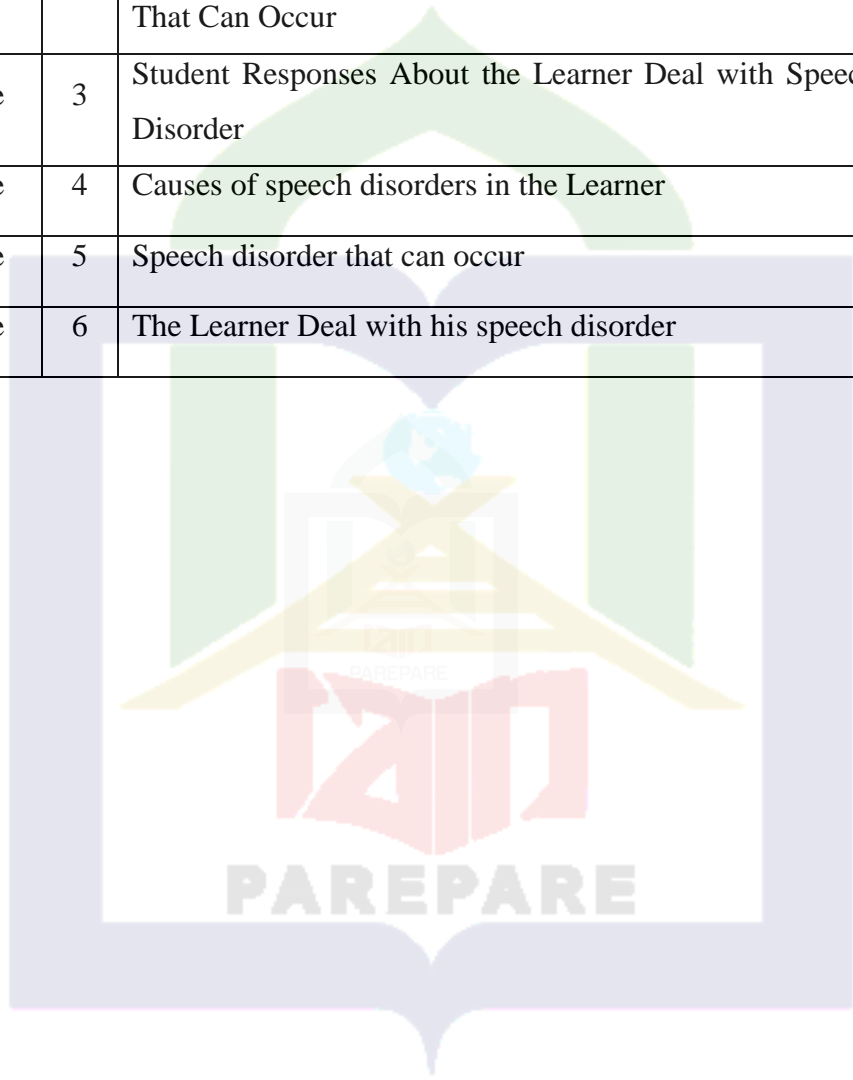
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CHAPTER I

INTRODUCTION

A. Background of the Research

In everyday life, humans cannot be separated from language. Language is a means used by humans to socialize with their environment. With good communication, we can understand what the message conveyed by other people means. If there is a disruption in the function of the speech organ, an individual experiences difficulty in conveying messages to other people. Therefore, language as a means of communication has a very important role in everyday life. Solchan 2008, there is no doubt that language is very important for life. Without language, humans could not do anything, and humans would not even exist. So, language exists because humans exist.¹

The essence of language is a free system of sound symbols used by members of society to identify themselves, work together, and interact with each other Kridalaksana, 2001. According to Gorys Keraf, 2009, language is used to communicate between members of society through sound symbols originating from human speech apparatus. However, Fradana & Suwarta, 2020, explained that the essence of language is a systematic system. In generative systems, this

¹Sri Suharti at al., *Psycholinguistic Studies* (Aceh: Muhammad Zaini Publishing Foundation, 2021), p.50.

consists of a choice of symbols or emblems.² Based on expert opinions, it can be concluded that language is a systematic system consisting of symbols that can be used to communicate within a member or group of society to create relationships between individuals and other individuals. It can be said that the existence of language as the glue of society makes us as humans perfect creatures on earth.

In this research, the author will discuss people with cleft lips by analyzing psycholinguistic studies. The nasal sound produced by the resonance factor is known as cleft lip. For example, resonance disorders of the hard palate (palatum) in the oral cavity are the cause of clefts. This disorder also occurs in people who experience paralysis of the soft palate (velum). His voice became nasal because the cavity in the ceiling did not provide the resonance it should. This numbness is often recognized directly by sufferers of myasthenia gravis, which is a disorder that causes muscles to become weak and tired quickly. Chaer, 2009 Nasal sounds are produced by cleft sufferers because the oral and nasal cavities communicate through the hard palate (palatal), which disrupts the resonance that should be disrupted.³

One of the objects of study in psycholinguistics is language disorders. Speech disorders in children can have an impact on learning disabilities. Speech and communication disorders involve barriers to understanding and producing language. These two things include the output of the information processing process, messages, and thoughts followed by choosing the right words so that the

² Bambang Riadi at al., *Introduction to Indonesian* (Central Java: Lakeisha, 2022), p. 3.

³ Abdul Chaer, *Psycholinguistics* (Jakarta: PT Rineka Cipta, 2009), p.150.

verbal explanation can be understood by the interlocutor. Kemp et al., 2011.⁴ In general, psycholinguistics is a knowledge that focuses on language acquisition in children. As is the case with dealing with children or people who experience difficulties in speaking such as autism spectrum, verbal apraxia, dyslexia, stuttering, and other difficulties.

Psycholinguistics is a science that describes the psychological processes that occur when a person produces sentences and understands the sentences he hears when communicating and how language skills are acquired by humans. Simanjuntak, 1987.⁵ Originally the term used for psycholinguistics was *linguistic psychology* and some call it linguistic psychology. *psychology of language*. Then, as a result of more focused and systematic collaboration, a new science was born which was later called *psycholinguistics*.⁶ In Harley's opinion, psycholinguistics is the study of mental processes in language use. Meanwhile, according to Clark's opinion, language psychology is related to three main things, namely comprehension, production, and language acquisition. In detail, psycholinguistics studies four main topics, namely: (1) comprehension, namely the mental processes that humans go through so that they catch what people say and understand what is meant, (2) production, namely the mental processes in us what makes us able to speak the way we say it, (3) the biological and neurological basis that makes

⁴ Kempt, 'Learning Disabilities in Children: Learning Disability Symptoms, Types and Testing', 2011 <www.helpguide.org> [accessed 5 July 2011].

⁵ Mangantar Simanjuntak, *Introduction to Modern Psycholinguistics* (Kuala Lumpur: Dewan Bahasa dan Pustaka Malaysia, 1987), p. 1.

⁶ Kholid A. Harras and Andika Dutha Bachari, *Basics of Psycholinguistics* (Bandung: UPI Press, 2009), p. 1.

humans able to speak, (4) language acquisition, namely how children acquire their language.⁷

Communication will run smoothly if a child can speak. Speaking ability can be assessed from other abilities so that discussions about language ability are more often related to speaking ability. A child's language and speaking proficiency is influenced by intrinsic factors (from the child) and extrinsic factors (from the environment). Intrinsic factors are congenital conditions from birth including physiology and organs involved in language and speaking abilities. Extrinsic factors include stimuli around the child, especially the words heard or shown to the child. Abdul Chaer, 2003 said that speech mechanism disorders are a production of speech (speech) by integrated activities of the vocal cords, tongue, muscles that form the oral cavity and esophagus, and the lungs (pulmonary), on the vocal cords (larynx), on the the tongue (lingual), and in the oral cavity and throat (resonant).⁸

Several things need to be perfected in speaking, namely the perfection of the spoken word tool. Speech tools are a priority in perfect speaking, without perfect speech tools the communication process will not be perfect. A cleft lip is an imperfection in the communication process, the lips are a vital tool that plays a big role in perfect communication. This was confirmed by Verhaar, 2001. Cleft lip sufferers have difficulty pronouncing vowel and consonant sounds, especially consonant sounds that involve popping sounds. A burst is a sound produced by

⁷ Soenjono Dardjowidjojo, *Psycholinguistics: An Introduction to Human Language Understanding*, Cet 2 edis (Jakarta: Indonesian Obor Foundation, 2005), p.7.

⁸ Abdul Chaer, *Psycholinguistics Theoretical Studies* (Jakarta: Rineka Cipta, 2003), p.149.

suddenly blocking the flow of air completely at a certain place of articulation and then releasing it again, as in the sounds /p/, /b/, /k/, /g/, /a/.⁹ According to Rahmanita, in 2020, cleft lip sufferers will produce unclear sounds when pronouncing some phonemes or letters, especially when pronouncing consonant phonemes.¹⁰

There are three types of damage to the speech organs in cleft lip sufferers, including incomplete one-sided cleft lip, completely one-sided, and complete two-sided. One-sided cleft lip is incomplete, that is, the cleft is only on one side of the lip and does not extend into the nasal cavity. A complete one-sided cleft lip means that the patient has a cleft in only one lip but it enlarges to reach the nasal cavity. A complete double-sided cleft lip means that the patient has a gap on both sides of the lip and extends to the nasal cavity. A cleft lip or Cleft Lip is a condition where the lip is slit or opened, while a cleft palate is a condition where the palate is open in the oral cavity. This is caused by abnormal or perfect development of the lips and palate during the formation process in the fetus (Khairina, Nasution, & Daulay, nd).¹¹

In this study, the author used a 21-year-old male student with the initials AP as the research subject. He is the third of four children. AP was born in Datae village with a normal delivery assisted by a birth attendant. Since he was born he

⁹ Verhaar, *Principles of General Linguistics* (Yogyakarta: UGM, 2001).

¹⁰ Rakhmanita, 'Psycholinguistic Study of Autism Language Disorder', 2020 <https://www.researchgate.net/profile/Elsa_Rakhmanita/publication/338395984_Psycholinguistic_Study_on_Autism_Language_Disorder/links/5e97c3f2299bf130799e3de3/Psycholinguistic-Speech-Study-Autism-Speech-Disorder>.

¹¹ MAJ (nd) Khairina, D., Nasution, SY, & Daulay, 'Analysis of Language Disorders in Children Through Psycholinguistic Study', *Jurnal Sasindo (Program* <<https://jurnal.unimed.ac.id/2012/index.php/sasindo/article/view/21068>>.

had a cleft lip and at the age of three years, the first sewing process was carried out on the lip area. Based on information from the child's parents, further surgery will be carried out on the gum area and finally on the palate. Like most children, he attended public schools from elementary school to university level. Currently, he is continuing his studies at one of the private universities in South Sulawesi, namely Universitas Muhammadiyah Parepare (UMPAR). He majored in Information Engineering. Even though the child has a speech disorder, it does not hinder his educational process. His lecturer gave him the confidence to do a comparative study in Yogyakarta for four months in 2022 and he is a child who easily gets along with his environment. Therefore, the author is very interested in researching this because the author wants to know how the child overcomes his speech disorder so that he has high self-confidence and can interact well with his environment.

B. Research Questions

1. What are causes the learner's speech sound disorder?
2. How can speech sound disorder occur?
3. How does the learner deal with his speech sound disorder?

C. Objective of the Research

The purpose of the research is to make it easier for the writer to research the problem so that it can be achieved according to what the researcher wants, namely as follows:

1. To know and analysis the causes of speech disorders in the learner.
2. To describe the occurrence of speech disorders in the learner.
3. To know the learner deal with his speech disorder.

D. Significance of the Research

1. Theoretical Benefits

Theoretically, this research will help the development of science, add to the literature, and strengthen theories in the field of psycholinguistics, especially regarding language disorders experienced by children with cleft lips, both in terms of attitudes and mental aspects.

2. Benefits of Practice

In practice, this research will be useful as follows:

- a. The results of this research can add knowledge, insight, and experience for researchers regarding language, especially regarding speech disorders in cleft lip sufferers. Psycholinguistic review.
- b. The results of this research can practically be used as a contribution to the community's ideas to be able to interpret or understand the things that cause cleft lip sufferers.
- c. The results of this research can be used as a reference source for research in the field of linguistics and as learning material in the field of psycholinguistics in higher education.

CHAPTER II

REVIEW OF RELATED LITERATURE

A. Previous Related Research Finding

Research related to speech disorders has been carried out by many researchers and the results related to this research, are as follows:

Erna, conducted research entitled "Language Disorders in Eighteen-Year-Old Adolescents Due to Cleft Lip: A Phonological Perspective". This research aims to identify changes in Indonesian language phonemes in the form of noun, verb, adjective, and adverbial word classes spoken by cleft lip sufferers. The data source in this study was 18-year-old teenagers with cleft lip. The data collection process uses the method of listening, recording, and noting. The research results showed that several phonemes were difficult for the informants to pronounce and tended to sound nasal, but some phonemes sounded clear like normal people.¹²

Yesi, conducted research entitled "Language Disorders in Cleft Lip/Cleft Patients Through a Phonological Perspective". This study aims to determine language disorders in sufferers of phonological gaps/clefts. This research examines the phoneme pronunciation of cleft lip sufferers, which phoneme pronunciation is correct and which is not. This research uses a qualitative approach, namely focusing on careful research, on the pronunciation of phonemes in cleft lip sufferers. The data source for this research is adult men who suffer

¹² Erna Trianingsih, 'Language Disorders in Eighteen Year Old Adolescents Due to Cleft Lip: A Phonological Perspective', 3.1 (2023), p. 17–27.

from cleft lip in the upper part. The data collection technique uses the watch, note, technique II method by listening to videos that have been uploaded on the research subject's social media and noting the important points contained in them. The results of this research are that the research subjects have difficulty pronouncing words and even pronounce them with a nasal sound, but several word consonants sound clear.¹³

Septara, 2020, conducted research entitled "Language Disorders in Nine-Year-Old Children Due to Paralysis of the Mouth Vellum: Phonological Perspective". This research aims to determine language disorders from a phonological perspective in terms of phonemes, which ones have disorders, and which ones are normal. This research uses a qualitative research approach. The object of this research is phoneme sounds that are difficult and not difficult to pronounce by people with paralysis of the palate or cleft palate. The data source (informant) in this research was a nine-year-old child with a cleft palate. Providing data uses listening and interview methods, listening techniques include note-taking and recording. Based on the research results, some phonemes informants had difficulty pronouncing their sounds and tended to sound nasal, but some phonemes sounded clear like normal people.¹⁴

Dedhe, 2020, conducted research entitled "Analysis of Language Disorders in Children Through Psycholinguistic Studies". This research aims to determine the factors that influence children's language disorders and know the indicators of language disorders in children. This analysis is intended for children

¹³Yesi Mariani and Irwan Siagian, 'Language Disorders in Cleft Lip Sufferers from a Phonological Perspective', 06.01 (2023), 7022–29.

¹⁴September __ /jbi.v5i3.863>.

aged over three years who have language disorders, as this study was carried out on children aged 9 years and over 6 years who have speech delays and obtained observations related to language disorders that occur in children, the factors that affects and how delays in speaking in children. The research method used is a qualitative descriptive research method. The accuracy of the data is obtained from the researcher's observations. The research instrument is a human instrument. Researchers become the main data collection tool as well as directly analyzing the data.¹⁵

Nyayu, conducted research entitled "The Contribution of /R/ Phoneme Language Disorders in Language Acquisition Learning". This research aims to determine fluency and articulation disorders in phoneme pronunciation. The research method used is qualitative research. The analysis obtained from the object of study proves that children should be trained in various ways so that their fluency in saying words and sentences becomes good and smooth. For this reason, the role of the family is very important in training children's language acquisition so that they are not disturbed in speaking. This analysis proves that children can be trained with small methods such as singing or showing pictures of animals or objects so that the hope for children being able to pronounce the /R/ phoneme well can be recorded.¹⁶

Based on the study of previous research results that have been described, studies related to language disorders have many factors that cause language

¹⁵Dedhe Khairina and others, *Analysis of Language Disorders in Children Through Psycholinguistic Study*.

¹⁶Nyayu Lulu Nadya and Hirma Kirana, 'The Contribution of Phoneme /R/ Language Disorders in Language Acquisition Learning Development of Tutorial Video Media for English Vocabulary in Sports Game Students Sports Education', *Wahan Didaktika*, 18.1 (2020), 70–81.

disorders, including those described above, namely cleft lip, speech delays, and problems pronouncing certain phonemes. Previous research was studied based on a phonological perspective. They focused their research on phoneme sounds that were difficult and not difficult for cleft lip sufferers to pronounce. However, the research that will be carried out by the author has a research focus on the success of students who experience cleft lip speech disorders. The researcher aims to find out how students can deal with their speech disorders.

The author's research subject here is a student who experiences speech problems due to a cleft lip. In general, he attended public schools like other normal children. From a physical perspective, the student has imperfections in his speech apparatus. However, what is interesting about the research subject is that he can overcome his limitations with very high self-confidence, is easy to get along with, and even has a desire to continue learning. Therefore, researchers did not focus their research on physical aspects, but researchers tried to find out how these students could survive under such conditions.

B. Theory Overview

1) Speech Sound Disorder

a. Definition of Speech Disorder

Lewis and Shriberg, 2006 revealed that Speech Sound Disorder is a very clear delay in the ability to articulate language sounds which is estimated to occur in 3.8 percent of children aged six years and under. Most of these children will later experience academic barriers in the areas of language, reading, and spelling. This inability may last until a certain age but the exact cause of this disorder is not

yet known. In the Speech Sound Assessment and Intervention Module, 2012, speech sound disorders are divided into two, namely articulation disorders and phonological disorders. Articulation disorders are disorders that arise due to problems with the motor skills used to produce sounds in speaking. Often appears with reductions when saying words, replacing syllables with other language sounds, adding different sounds, and deviations in language sounds. Meanwhile, phonological disorders are obstacles that arise in the development of the language sound system. This obstacle results in errors in all sound patterns of the language. In this study, we will discuss more about SSD which refers to phonological disorders.

Spivey said that children with phonological language disorders often mispronounce some sounds and replace them with other sounds, for example, words in English that end in s, f, sh, and ch will be replaced with t. For example, fire becomes tire, shoe becomes toe, sun becomes tune. Some words also change at the end, for example book becomes booh, bed becomes beh. In his research, Geirut, 2004 revealed that children with phonological language disorders have many words that other people do not understand and omit several parts of a word. About 10 percent of them are in the pre-school environment and generally appear at the age of two to four years. They can only name eight of the 24 consonants in English on average. The vocabulary they have usually contains errors in nasal sounds, pauses between syllables (stops), and fluency in pronouncing words (glides) but not in every articulation of syllables and sibilant sounds (fricatives). Some of them also reduce or mispronounce vowel sounds (vowels). There are

no errors in the prenatal period or during development, they have normal intelligence and hearing. In general, they also show good perception abilities, information processing abilities, and oral motor skills.

Most children with SSD respond well to therapy, and speech impediments improve over time, so this disorder will not be present forever. However, if accompanied by language disorders, there will be a poor prognosis for the development of speech sound abilities and may be associated with specific learning disorders. Dodd, 2014 stated that there are three categories needed to describe children with SSD, namely the characteristics of a series of symptoms of errors in speaking, abilities related to speaking disabilities, and the language learning environment. Caroline Bowel, 2015 states that speech sound disorder is an obstacle or delay in a child's speech development. SSD is a big umbrella for several other sub-categories of language barriers, namely articulation disorders, phonological disorders, and apraxia in children. Shriberg in Bowel, 2015 state that there are three possible causes of SSD disorders, namely: 1. There are genetic language processing barriers. 60 percent of children with this cause are referred to speech pathologists and speech therapists. 2. An irregular condition that arises due to an infection in the ear. About 30 percent of cases like this occur and are treated by speech therapists. 3. And 10 percent of the group who experienced SSD were genetically impaired in speech motor control. Including children with Apraxia and Dysarthria Bowel (2015) also revealed that there is a possibility that children with SSD, even though they have undergone therapy, will still experience difficulties with phonological problems which include difficulties with language sounds and

word structure or with active auditory memory (Auditory Working Memory) even though their speech clarity has improved in the early years of school. Children with verbal comprehension barriers will usually be followed by barriers to written comprehension. They understand short verbal and written words more easily than long ones. In SSD, in particular, phonological disorders are specific and specific depending on the daily spoken language used by children in various cultures Dodd, 2014. For example, in English, the sounds /r/ and /l/ are two separate sounds because they can differentiate two words with different pronunciations, especially in the words /roar/ and /law/. Meanwhile, in Japanese, you cannot differentiate between the two language sounds. Phonological rules in each language have different phonological distinctions and place different language sounds in each word.

According to Van Tiel, 2011, in speaking, there is an ability called phonological ability, namely the child's ability to distinguish a sound and pronounce it again, which can be seen by looking at his ability to articulate words. If there are no articulation disorders, the child experiences errors in pronouncing vowels or consonants in a word, for example, he has to pronounce "/bu/" as "/hu/", "ancol" is pronounced "ancong". Or he misplaces a vowel in a word, "locomotype" becomes "molokotype". Pronunciation or articulation (Anonymous, 2015) is the physical ability to move the tongue, lips, teeth, and jaw to produce a series of speech sounds that are arranged into words and sentences. In three-year-old children, there are still many errors in pronunciation. Normally, at the age of six years, children already have good phonological skills, but in children with

speech delays, these phonological abilities are also delayed, so parents and teachers must still pay attention to this phonological problem. Phonological disorders will also affect a child's ability to write, read, and in language/dictation lessons. This phonological awareness has an important meaning in subsequent development. Where children will be able to master language understanding, language creativity, and a rich vocabulary list.

Speech sound disorders (SSDs) are functional or organic deficits that impact the ability to perceive and/or produce speech sounds. They can be subdivided into two primary types: articulation disorders (also called phonetic disorders) and phonemic disorders (also called phonological disorders). These disorders can result from various causes, such as:

- a) Developmental disorders like autism
- b) Genetic syndromes like Down syndrome
- c) Hearing loss due to ear infections or other factors
- d) Nervous system disorders such as cerebral palsy
- e) Illnesses like frequent ear infections
- f) Physical problems like a cleft lip or palate

Some common characteristics of speech sound disorders include:

- a) Distortions and substitutions in the production of individual speech sounds
- b) Phonological disorders that focus on predictable, rule-based errors affecting more than one sound

Treatment for speech sound disorders may include:

- a) Working with a speech-language pathologist to develop a treatment plan
- b) Addressing the underlying cause, such as improving hearing, treating neurological issues, or providing support for physical problems
- c) Focusing on specific sounds or sound patterns that are difficult for the individual to produce or understand

It is essential to work with a healthcare provider and schools to develop a treatment plan and provide support for children with speech sound disorders. In some cases, speech sound disorders can coexist with other disorders, such as specific language impairment or developmental disorders.

Children with SSD generally have difficulty pronouncing words with proper articulation or pronunciation. Their phonological abilities develop below their expected age. This obstacle causes them to be less able to express themselves well to other people around them. The surrounding environment will also find it difficult to understand the spoken language spoken by children with SSD. Neurologically, children with SSD were previously described as idiopathic or the main cause of the disorder was unknown, meaning that the language barrier experienced by a person could not be explained neurologically or whether there were abnormalities in the brain during medical examination using MRI. (Liegeois, et al, 2014). However, in the latest neuroimaging methods over the last ten years, anomalies or abnormalities in the brain have begun to be discovered, both functionally and sub-macroscopically, which are related to this obstacle.

A speech sound disorder is a type of speech disorder where a person has difficulty producing or using certain sounds correctly. There are two primary types of speech sound disorders: articulation disorders and phonemic disorders. Articulation disorders involve difficulty in making certain sounds, while phonemic disorders involve a pattern of sound errors. Speech sound disorders can be organic or functional, with organic speech sound disorders resulting from an underlying motor/neurological, structural, or sensory/perceptual cause, and functional speech sound disorders having no known cause. Treatment for speech sound disorders may include working with a speech-language pathologist to develop a treatment plan and may involve exercises to strengthen the muscles used in speech, as well as practicing specific sounds and words. Some speech sound errors may be caused by other conditions such as developmental disorders, genetic disorders, hearing loss, or physical problems affecting speech.

The language process in humans is very complicated, Chaer analogizes this to the process in computers, therefore the process of acquiring, learning, and using language cannot be the same between one human and another, and not all humans can produce perfect language sounds. Imperfections and processing of language are caused by non-connection of the parts that play a role in speaking. The impact of these parts not being connected is disorders in humans. In psycholinguistics, there is a scientific discipline that explains and deals with language disorders. According to Field, 2023, language disorders can be studied for two basic reasons. Firstly, by understanding the difficulties of people with language disorders in the field of linguistics and by comparing them with normal

language acquisition. And theoretically by studying deviations in language acquisition.¹⁷

According to Mulyani, language ability is the result of a combination of all child development systems because language ability is sensitive to delays or damage to other systems. In this case, language skills involve motoric, emotional, social, and cognitive skills. Thus, language development is the ability to grasp the meaning that other people want to communicate and the ability to communicate with other people.¹⁸ Suroso explained that oral communication often fails simply because the method of delivery is not appropriate. Therefore, in oral communication, misunderstandings often occur between the communicant and the communicator.¹⁹

Speaking is a motor activity that contains psychic modalities. The mechanism of speaking is a process of producing speech (speech) by the integrated activities of the vocal cords, tongue, and muscles that form the oral cavity, esophagus, and lungs. Disturbances due to resonance factors are disturbances that cause the sound produced to be nasal. In people with clefts, for example, the voice becomes nasal (bindeng) because the oral cavity and nasal cavity are used to communicate through a defect in the hard palate (palate) so that the resonance that should be paralyzed occurs in the soft palate (velum). The ceiling cavity does not provide the resonance it should, so the sound becomes nasal. Sufferers of myasthenia gravis (a disorder that causes muscles to become

¹⁷ Field, *Psycholinguistics; A Resource Book for Students*, Routledge, Routledge English Language Introductions (Mc Gill University., 2003).

¹⁸ Novi Mulyani, *Basic Development of Early Childhood* (Yogyakarta: Gava Media, 2018).

¹⁹ Eko Suroso, *Psycholinguistics* (Yogyakarta: Ombak Publishers, 2016).

weak and tire quickly) are often recognized directly because of this nausea. Chaer, 2009.²⁰

Biological language disorders are caused by organ imperfections. Examples include those experienced by the deaf, blind, and people with speech disorders. However, one thing that will be discussed in this chapter is disorders of the speech mechanism. Imperfection of the speech organs hinders a person's ability to produce speech (speech) that is truly integrated from the vocal cords, tongue, and muscles that form the oral cavity, esophagus, and lungs. This is called a speech mechanism disorder. According to Chaer, based on the mechanism, speech disorders can occur due to abnormalities in the lungs (pulmonary), vocal cords (larynx), tongue (lingual), and the oral cavity and esophagus (resonant).²¹

1) Disorders due to pulmonary factors

This speech disorder is experienced by people with lung disease. In sufferers of this lung disease, their ability to breathe is very poor, so their speech is characterized by a monotonous tone, very small voice volume, and intermittent, even though in terms of semantics and syntax there are no problems.

2) Disorders due to laryngeal factors

Disorders of the vocal cords cause the resulting voice to become hoarse or disappear altogether. This speech disorder due to laryngeal factors is characterized by a hoarse or lost voice, without semantic and syntactic abnormalities. This means that, from a semantic and syntactic perspective, the statement is acceptable.

²⁰ Abdul Chaer, *Indonesian Phonology* (Jakarta: PT Rineka Cipta, 2009).

²¹ A Chaer, *Psycholinguistics: Theoretical Study* (Jakarta: PT Rineka Cipta, 2003).

3) Disorders due to lingual factors

A tongue that has canker sores or is injured will feel painful if you move it. To prevent pain, the way of speaking is regulated by limiting tongue movement. In situations like this, the pronunciation of some phonemes becomes imperfect. For example, the sentence "Don't hesitate, just take it" becomes "Hangan agu-agu sikang amby aja". In people who have a stroke and are paralyzed on one side of their body, their tongue is paralyzed on one side. His speech becomes slurred or slurred, which in medical terms is called dysatria (impaired articulation).

4) Disturbances due to resonance factors

Disturbances due to this resonance factor cause the sound produced to be nasal. For example, people with cleft palates suffer from resonance disorders in the hard palate (palatum) in the oral cavity. Apart from that, it also occurs in people who experience paralysis of the soft palate (velum). The ceiling cavity does not provide the proper resonance so the sound becomes nasal. Sufferers of myasthenia gravis (a disorder that causes muscles to become weak and tire quickly) are often recognized directly because of this nasality.

b. Causes of Language Disorders

Common causes of speech sound disorders include:

1. Brain injury: Injury to the brain can affect speech development and result in speech sound disorders.
2. Developmental disabilities: Conditions such as autism can lead to speech sound disorders.

3. Hearing problems or hearing loss: Past ear infections or other hearing issues can contribute to speech sound disorders.
4. Physical problems affecting speech: Conditions like cleft palate or cleft lip can cause speech difficulties.
5. Nervous system disorders: Cerebral palsy, for example, can impact speech development.
6. Genetic disorders: Down syndrome, for example, can be associated with speech sound disorders.
7. Illnesses: Frequent ear infections can lead to speech problems.
8. Disorders affecting the nerves involved in speech: These can cause speech sound disorders.
9. Low education level of the parents or lack of support for learning at home.

In some cases, the cause of a speech sound disorder is not known. However, these risk factors can increase the likelihood of developing a speech challenge. Treatment for speech sound disorders often involves working with a speech-language pathologist to develop a treatment plan, which may include exercises to strengthen the muscles used in speech and practicing specific sounds and words.

In children, language or communication disorders can generally be categorized as follows:

1) Speech disorders caused by:

a) Articulation problems

Articulation disorders in children can be caused by several factors, including nerve problems, developmental delays, impaired muscle coordination, hearing loss, cleft lip, problems with the alignment of the teeth, and a large tongue or tonsils. In addition, articulation disorders can also be related to problems in the oral or cognitive area, neuro problems, or physical problems . Therefore, it is important to consult a doctor to find out the cause and determine appropriate treatment steps.

b) Voice disturbance

Speech disorders are caused by various factors, including genetics, deformities during pregnancy, vocal cord damage, brain damage, muscle weakness, respiratory weakness, stroke, polyps or nodules on the vocal cords, vocal cord paralysis, and post-accidents that cause brain damage. Some common types of speech disorders include:

1. Dysarthria

Dysarthria is a speech disorder caused by weakness in the function of the muscles used for speaking. Dysarthria is generally triggered by disorders of the nervous system that affect the movements of the lips, tongue, vocal cords and diaphragm so that these organs do not function normally.

2. Stuttering

Stuttering is a speech disorder in the form of involuntary repetition, prolonging sounds and hesitating or stopping before speaking. Stuttering

can begin at the start of speaking or be acquired later in life due to brain trauma. The exact cause of stuttering in children is not yet known.

3. Apraxia

Apraxia is a speech disorder caused by damage to parts of the brain where a person has difficulty producing clear and precise sounds

Treatment for speech disorders varies and depends on the type of disorder and the causes. Some treatment methods that can be used include speech therapy, where a professional therapist will provide exercises that function to strengthen the muscles in the face and apart from that, you may be given teaching to control your breathing when speaking.

c) Fluency matters

Speech disorders are caused by various factors, including fluency disorders. Fluency disorder is a type of speech disorder that affects a person's sound production and word formation. Some causes of speech disorders in children include organic disorders that disrupt many body systems, such as the brain, hearing, and motor function. Apart from that, speech disorders can also be caused by environmental factors, individual differences, and special conditions.

Some examples of factors that play a role in speech disorders include:

- 1) The parents' lack of understanding of the normal form of habituation that adapts to the child means that disturbances occur due to a lack of optimal support for the introduction of letters and letters.
- 2) Often parents ignore when the child is talking or telling stories to them.

- 3) Opinions that parents rarely hear can cause children to behave in the same way.

Other illnesses, such as stroke, tumor, or other diseases, can also cause speech disorders. This speech disorder due to laryngeal factors is characterized by a hoarse or lost voice, without semantic and syntactic abnormalities.

d) Aphasia due to imperfect brain development

Aphasia due to imperfect brain development may be related to several factors, such as imperfect brain development, speech delays, or hearing loss. However, some studies show that recovery is better in a first language than a second language . In the context of language education, language ability is not always demonstrated by reading ability alone, but also other abilities, such as vocabulary assignment, comprehension, and communication skills.

Some aspects of language disorders in child development include:

1. Hearing loss: Difficulty hearing spoken words.
2. Receiving and expressing disorders: Difficulty understanding other people's communication, such as single sentences, phrases, sentences, and words with multiple meanings.
3. Stuttering and apraxia of language: Disorders in listening and understanding language.

The causes of language development disorders are numerous and broad, ranging from the auditory process, the transmission of impulses to the brain, to environmental delays. To overcome language disorders, education and therapy

appropriate to a patient's condition can help improve language and communication skills.

e) Delays in speaking that can be triggered by environmental factors, hearing loss or developmental disorders.

2) Hearing loss, both partial and total, includes:

a) Conductive hearing loss is caused by a disease that disrupts the function of the outer and middle ear so that sufferers need to use hearing aids

b) Hearing loss results from loss of nerve sensors due to damage to the sensory cells in the ear which function to transmit messages or sound stimuli. People with it experience difficulty responding to any sound even though they use hearing aids

c) Complex hearing loss due to damage to the function of the outer, middle, and inner ear.

d) Hearing center disorders occur due to damage to the nerves or brain tissue.

3) Disorders due to certain conditions such as:

a) Learning difficulties can be both a cause and a consequence of language disorders

b) Cerebral paralysis

c) Mental retardation

d) Harelip

Cleft lip itself can occur with varying degrees of severity. Variations in the severity of the cleft lip can occur ranging from a small cleft lip to a cleft lip that

forms until it reaches the nose. The following are several types of cleft lip that are common in humans:

1) Unilateral Incomplete

Unilateral incomplete is a type of cleft lip, where the gap in the lip is only found in one part of the lip, and the gap does not extend to the nose.

2) Unilateral Complete

Unilateral complete is a type of cleft lip, where the gap in the lip enlarges and reaches the nose. However, the gap in the lip is only on one side of the lip, the same as unilateral incomplete.

3) Bilateral Complete

Bilateral complete is a type of cleft lip that is severe and very disturbing. This bilateral complete type means that the gap in the lips has widened to reach the nose, and gaps have also formed on both sides of the sufferer's lips.

To treat speech disorders, several methods can be used, depending on the type of disorder and its cause. Some ways to treat speech disorders include:

1) Speech Therapy

Speech therapy is carried out by professional therapists who provide exercises to strengthen the muscles in the face and control breathing when speaking. This exercise can help improve speech disorders and fluency.

2) Therapy for Dysarthria

For speech disorders such as dysarthria, therapy can include exercises to speak louder, slow down your speaking ability, and train your mouth muscles.

3) Evaluation of Therapy Programs

It is important to evaluate the therapy program and refer to other experts if necessary.

Additionally, some common ways to overcome speech difficulties or stuttering include speaking more slowly, doing exercises, and joining a community of people who have similar problems.

In cases of speech disorders, consult a doctor or speech therapist to determine the appropriate treatment method for the specific condition.

The signs that appear in people with speech disorders can vary depending on the type of disorder and its cause. The following are some signs that are commonly found in people with speech disorders:

1) Elongated face and protruding eyes

This sign can be mentioned in children with FXS (X-Linked Intellectual Disorder) who experience speech disorders.

2) Intellectual disability, speech and language problems, and social anxiety

Intellectual disability and speech and language problems are common in children with FXS, who also have speech disorders.

3) Stuttering

Stuttering is a speech disorder in the form of involuntary repetition, prolonging sounds, and hesitating or stopping before speaking. Stuttering

can begin at the start of speaking or be acquired later in life due to brain trauma. The exact cause of stuttering in children is not yet known.

- 4) Deviation rate (too fast/too slow/acceleration/variable). Unstable levels of deviation can be signs that appear in people with speech disorders.
- 5) Reduced or increased pressure. Unstable or multiple pressures can also be signs that appear in people with speech disorders.
- 6) Inappropriate pause. Inappropriate or frequently changing pauses can be signs that appear in people with speech disorders.
- 7) Muscle wasting. Muscle wasting caused by speech disorders can be a sign that appears in people who experience speech disorders.
- 8) Tremors. Tremors of the face, head, jaw, lips, tongue, and velum can also be signs that appear in people with speech disorders.
- 9) weakness. Muscle and respiratory weakness can cause speech disorders, such as dysarthria.

If you experience some of these signs, immediately consult a doctor or speech therapist to get the right treatment.

Treatment options for speech sound disorders include various techniques and therapies aimed at improving speech production and reducing symptoms.

Some of the common treatment options are:

- 1) Articulation Therapy. This focuses on helping individuals learn how to produce specific sounds correctly through exercises, visual aids, and auditory feedback.

- 2) Phonological Therapy. Targets underlying patterns of speech sound errors and aims to change these patterns through various techniques.
- 3) Speech Therapy. Involves working with a speech-language pathologist to address specific speech sounds or patterns that are difficult for the individual to produce or understand.
- 4) Nonspeech Oral Motor Training. This includes oral-motor training and nonspeech oral exercises, which are commonly used techniques for treating speech sound disorders in children.
- 5) Breathing Exercises. Can help improve speech and reduce symptoms, especially in cases where breathing patterns affect speech production.
- 6) Anxiety Management. In some cases, anti-anxiety medications may be used to help reduce anxiety-related symptoms that impact speech.

The selection of a specific treatment will depend on various factors, including the individual's age, the type and severity of the disorder, and its overall impact on intelligence. Early intervention and the guidance of a qualified speech-language pathologist are crucial for the effective management of speech sound disorders.

4) Dealing With Speech Sound Disorder

Speech sound disorder is a communication disorder where children have difficulty speaking clearly and making the sounds they need to. It can be caused by injury to the brain, developmental disability, or may have no known cause. If hearing loss is ruled out, a certified speech therapist is the most qualified professional to evaluate, diagnose, and treat speech sound disorders. The earlier

the intervention begins, the sooner the issue can be addressed and corrected. Treatment selection will depend on several factors, including the child's age, the type of speech sound errors, the severity of the disorder, and the degree to which the disorder affects overall intelligence. Parents can help their child with a speech disorder by keeping all appointments with their healthcare provider, completing any home speech program as advised, and working with their child's provider and school to create a treatment plan.

Several exercises can help with speech sound disorders. These exercises can be done at home and are designed to improve speech clarity. However, it is essential to consult a speech-language pathologist for an individualized treatment plan. Here are some commonly used speech exercises:

2) Sensory bin activity

Fill a sensory bin with sand, rice, or dried beans and bury articulation cards with the target sound. Have the child dig for the cards and practice the target sound or word on the card.

3) Blow It Away

Create a game where the child has to blow air through a straw or a small opening to "blow a way" the target sound or word.

4) Stop game

Create a game with "stops" that include the target word, sound, or sentence. As the child reaches each stop, encourage them to sound out the target word or sentence before moving on to the next stop.

5) Articulation cards

Use articulation cards with the target sound and have the child practice saying the words on the cards.

6) Practicing words

Choose a list of words containing the target sound or select words requested by the speech-language pathologist. Determine the position of the target sound in the word and practice saying the words repeatedly.

7) Construct sentences

Make up funny and interesting sentences using the target words and practice saying the target sound at the beginning of words, sentences, and stories.

8) Mirror talk

Stand in front of a mirror and make silly faces, asking the child to imitate them. Slowly shift to the speech sounds they find difficult to say and demonstrate the correct positioning of the sound.

Remember that these exercises should be done under the guidance of a certified speech-language pathologist to ensure the most effective treatment for the individual's specific needs.

The frequency of speech therapy exercises for speech sound disorder depends on the individual's needs and the treatment plan developed by the speech-language pathologist. The exercises can be done at home, but it is essential to consult a speech-language pathologist for an individualized treatment plan. Repetitive practice of speech therapy exercises regularly is the best way to promote speech production. The exercises can be done daily or several times a week, depending on the individual's needs and the treatment plan. However, the

frequency and duration of the exercises should be determined by the speech-language pathologist to ensure the most effective treatment for the individual's specific needs.

After knowing various language disorders, a more comprehensive understanding of how to treat them is needed. For this reason, the following provides a global explanation regarding handling disturbances through several elementary techniques.

a. Representative communication method

1) Communicate with children

Conversations with children who are learning to talk need to be done as often and as intimately as possible. Conversations don't have to be long or about important things, but the goal is to maintain interaction by using whatever words the child can say. Talk about whatever the child is doing or what they like, even if it is something quite trivial. Use simple words that he can understand and imitate and make your child enjoy the conversation.

2) Communicating with people with Asperger's syndrome and Autism Spectrum Disorder

People with Asperger's Syndrome have unique perception patterns like people with Autism Spectrum Disorder. To communicate with them, it is necessary to understand their perception patterns which are dominated by two things:

- a) One name - one object. For example, if the child first knows the word 'da-da' as a verbal expression that accompanies a wave of the hand when parting, it

cannot be used to refer to the word 'dada' as a part of the body. So it is necessary to train to differentiate these two words with different intonations. Indah, 2010.²²

b) Perception-based generalization. For example, the word 'door' is more difficult to grasp because what is stored in the child's memory is the word 'rer' which corresponds to the sound produced when the door is opened and rubs against the surface of the carpet. Williams in Bogdashina, 2005.²³

3) Communicate with people with Huntington's disease

Huntington's Disease sufferers experience quite complex communication difficulties so extra patience is needed to help with their difficulties. For this reason, things that need to be emphasized in communication include:

a) Speak at a slow tempo

Speaking at a slow tempo is one of the communication strategies used by people with Huntington's disease (HD). Here are some important points regarding speaking at a slow tempo:

9) Say a word more than once

HD sufferers may have difficulty conveying messages clearly and precisely, so it is important to say the words more than once so that the message is received well.

²² RN Indah, *Psycholinguistic Analysis of Semantic Acquisition in People with Speech Delay on the Autism Spectrum* (Malang, 2010).

²³ O. Bogdashina, *Communication Issues in Autism and Asperger Syndrome: Do We Speak the Same Language* (London: Jessica Kingsley Publishers, 2005).

10) Repeat words or sentences if necessary

People with HD may need to repeat words or sentences if they feel they need to convey a message further or notice that they have conveyed the correct message.

11) Simplify sentence structure

HD sufferers may need to simplify their sentence structure to make it easier to understand the message they are conveying.

12) Talking with one name-one object

HD sufferers may speak at a slow tempo using one name and one object to convey messages.

13) Communication with HD sufferers

HD sufferers may need to communicate with sufferers who have the same disorder as them to get emotional support and knowledge.

When speaking at a slow tempo, it is important to convey the message clearly, precisely, and in a way that is easy to understand.

b) Say a word more than once

Sufferers of Huntington's disease experience several stages of disease progression, which include several times. The following are several stages that sufferers may experience:

1. Early stage

Sufferers experience cognitive disorders, such as difficulty processing thoughts, finding the right words, and processing new information.

Additionally, they may experience psychiatric disorders, such as depression, caused by brain injury and changes in brain function.

2. Medium stage

Sufferers have difficulty thinking, need more time to conclude sentences, and experience automatic and involuntary coordination disorders.

3. Later stage

Sufferers experience more severe brain damage, resulting in loss of physical and cognitive abilities.

4. Placement stage

Sufferers experience severe cognitive and emotional distress, with feelings of irritability, sadness, or apathy, withdrawal from social situations, insomnia, and energy exhaustion

5. Awareness stage

Sufferers experience a lack of awareness of their behavior and abilities and have difficulty processing thoughts.

Although until now no medicine can cure Huntington's disease, several treatment methods can be used to relieve the symptoms of this disease, such as occupational therapy, which aims to train patients to be able to carry out daily activities more efficiently and avoid injuries due to falls. In addition, the introduction of the disease aims to improve the patient's quality of life.

c) Repeat words or sentences if necessary

People with Huntington's disease may need to repeat words or phrases as necessary. The reason is, that Huntington's disease is a neurological disorder that

affects movement, cognition, and behavior. This can cause involuntary movements, difficulty speaking, and memory and concentration problems. To help people with Huntington's disease communicate more effectively, it is recommended to speak slowly, use simple language, and allow extra time for them to respond. Additionally, it may be beneficial to use visual aids or gestures to complement verbal communication.

d) Simplify sentence structure

In communicating with Huntington's disease, be disciplined to simplify sentence structure and especially use language that is easy to understand. Here are some suggestions for simplifying communication with Huntington's disease:

1. Use language that is easy to understand: Choose sentences that are short and easy to understand, and assume you know reading and writing skills.
2. Describe in detail: Describe the steps required to perform a given task or activity.
3. Include important information: Make sure to provide important information such as time, place, and equipment required.
4. Pre-assignment questions: Include questions before the assignment to make sure you understand how to do it and what you have to do.
5. Perform alignment: Once the task is complete, provide alignment on how the task was successful or unsuccessful.
6. Provide contact information: If you have further questions or need additional information, please provide contact information so you can be contacted again.

By following these suggestions, you can help simplify communication with Huntington's disease and ensure that the information you provide is easy to understand and clear.

e) Clarify the sound

When communicating with people with Huntington's disease, it is necessary to clarify sounds because this disease can affect speaking ability and cause difficulty in articulating sounds. This is related to the impact of Huntington's disease on a person's functional abilities, including thinking (cognitive) and mental abilities. Therefore, clarifying sounds when communicating can help sufferers understand conversations and respond better.

f) Help his efforts to explain something

Communicating with people with Huntington's Disease is indeed a challenge because this disease causes difficulty speaking and communicating with other people [1]. Here are some tips on how to communicate with dementia patients, which can be applied to people with Huntington's Disease:

1. Limit distractions

Communicate in a quiet place so that dementia patients are not disturbed by distractions such as television, running children, and music.

2. Remember the 3Cs

Look for three things you need to remember when communicating with dementia patients, namely teaching yourself correctly, teaching yourself kindly, and teaching yourself appropriately.

3. Use language that is easy to understand

Adapt to the speaking and understanding abilities of dementia patients, use language that is easy to understand and clear.

4. Explains the only one

Explain the only topics you want to discuss with dementia patients so that there are no difficulties in understanding.

5. Understand emotional changes

To maintain a good relationship with dementia patients, it is necessary to understand the emotional changes that may occur, such as irritation, frustration, or discomfort.

6. Teach yourself in a friendly manner

Answer questions in a friendly manner and show empathy for the dementia patient's situation.

7. Teach yourself appropriately

Answer questions appropriately use language that is easy to understand, and explain the only topic.

In dealing with people with Huntington's Disease, using effective communication methods and maintaining a good relationship with dementia patients is very important.

g) Use gestures

Huntington's disease is a genetic disease that affects the entire brain and causes various types of disorders, including language disorders. Some common signals of this disease include (1) Brain dampness: This disease causes brain cells

to contain more mucus, which can result in changes in behavior and ability to communicate. (2) Movement imperfections: Patients with this disease may experience imperfections in their movements, such as difficulty making ends meet or imperfections in travel. (3) Emotional changes: This disease can also cause emotional changes, which can affect how a person communicates with sufferers.

In interactions with patients with dementia, such as Huntington's disease, it is important to adapt the way of communicating and managing the behavior of highly attenuated patients. Here are some tips for communicating with dementia patients:

1. Based on patient milestones: Adapt to patient needs and ability to understand and answer questions.
2. Using clear gestures: Using gestures that are clear and easy for patients to understand to help them understand the message given.
3. Convey information effectively: Provide information effectively and sequentially to help patients understand the context and relevance of the information provided.
4. Set the appropriate environment: Ensure a comfortable and safe interaction environment for the patient, such as reducing distractions and feelings of incompleteness.

Although there is no specific information about what gestures should be used in communicating with people with Huntington's disease, this approach can help improve communication skills and help patients feel more comfortable and loved in interactions.

h) Clarify the first syllable of each word

When communicating with people with Huntington's Disease, it is necessary to clarify the first syllable of each word. This can help sufferers understand speech. For example, instead of saying "car", it is better to say "mobile". This can help sufferers understand and respond to conversations better.

i) Use short sentences

Huntington's disease is a genetic disorder that causes damage to nerve cells in the brain, affecting the sufferer's movements, thoughts, and emotions. Sufferers of this disease can also experience psychiatric or mental disorders. This condition affects the sufferer's physical ability to move and reduces ability. Symptoms of Huntington's disease often first appear at the age of 30-40 years and get worse over time. Therefore, to communicate with people with Huntington's Disease, it is recommended to use short sentences so that they are easy for the sufferer to understand and respond to.

j) Aid understanding with a whiteboard, alphabet board, drawing board, or electronic written communication device.

Huntington's disease (HD) sufferers can experience difficulty communicating and expressing themselves. Some communication tools that can help them are whiteboards, alphabet boards, drawing boards, or electronic written communication tools. The use of alphabet letter drawing media, letter smart boards, or alphabet smart boards has been researched to help children understand letters and language. Apart from that, there are children's toys such as magnetic writing drawing boards and magnetic writing writing boards which can be used to

practice writing skills and help understand letters and the alphabet. Thus, the use of these tools can support communication and understanding for people with Huntington's disease.

k) Avoid other sounds that break his concentration

To communicate with someone with Huntington's disease, it is recommended to avoid other sounds that can break their concentration. Using yes/no questions and electronic writing communication tools can also be helpful.

l) Pay attention to facial expressions and gestures

People who communicate with people with Huntington's Disease need to pay attention to their facial expressions and gestures because this disease affects body movements, brain cognitive function, and the sufferer's behavior [8]. However, it should be remembered that people with Huntington's Disease can also experience psychiatric or mental disorders such as withdrawal from social environments, insomnia, suicidal thoughts, obsessive-compulsive disorder, and bipolar disorder.

b. Build speech

In this section, the speech development discussed includes aphasia training for stroke sufferers and language skills training.

1) Post-stroke aphasia training

Aphasia training in the form of speech training can be given by professional and family therapists who have received instructions to apply the training continuously. The principles of speech development are motivation,

stimulation, and repetition Kusumoputro & Sidiarto, 1984.²⁴ Aphasia sufferers need to obtain motivation to practice their speech. Don't be allowed to use sign language in everyday conversations to practice pronouncing words. The stimulation provided will be adjusted to the program prepared by the therapist based on the severity of the aphasia and educational background. This program is intended to provide continuous stimulation auditively or in writing. Repetition or reps need to be done regularly.

2) Language skills training for people with Specific Language Impairment

The speech development of people with SLI or slow speech has different characteristics. This is based on the opinion of Tan & Njokiktjen in Tiel, 2006 that classical speech pathology generally places more emphasis on speaking training and improvement of symptoms of speech disorders, and cognitive linguistics (which is regulated by the left side of the brain). The aim of speech therapy is skill training (for example expanding the vocabulary list, and imitating sentence structures) which in practice are generalized and boring.²⁵

3) Language intervention programs for people on the autism spectrum

The following principles need to be considered when designing language intervention programs for people on the autism spectrum:

- a) Involve colleagues as partners in communication by providing examples of appropriate and continuous communication.

²⁴ S. Kusumoputro and L. Sidiarto, 'Language, Perception and Memory Disorders in Brain Disorders', *Mirror of the World of Medicine*, 34 (1984), 7–11.

²⁵ JM Tiel, 'Language and Speech Development Disorders and Handling Them in Pure Dysphatic Development', 2006 <Anakberbakat@yahoo.com> [accessed 5 July 2011].

- b) Pay attention to the child's level of development and learning style because nonverbal communication is a communication competency that is quite complicated for people on the autism spectrum to understand.
- c) Meaningful communication involves prelinguistic intentions and combinations of words. Example: "What's your name?/ What's your name?/ What's your name?"
- d) Functional communication is not just verbal behavior, for example, making several choices about daily needs and desires to facilitate habituation. This is to reduce rigid behavior or fixation on functional routines.
- e) Communication occurs in natural contexts so that children are aware of differences in settings and appropriate communication in appropriate environments. Children are expected to be able to monitor their speaking style such as volume, rhythm, and speed of speaking according to distance from the person they are talking to, context, and social interaction. Children are expected to apply it for various purposes such as discussing, negotiating, interacting, etc.
- f) Involving many parties for the progress and success of children's communication.

c. Improving the lexicon

Improving the lexicon is related to the child's mental age. In this section, the discussion is devoted to improving the lexicon for people with Down syndrome and slow speech.

1. Improving the lexicon of people with Down syndrome

In people with Down syndrome, improving the lexicon is based on the following principles:

- a) A pleasant and effective interaction pattern is created
- b) Children get as rich an exposure as possible by learning as much vocabulary as possible
- c) Children are helped to spontaneously use the vocabulary they master to express their desires and ideas. Help children stay focused and set an example by labeling objects repeatedly. This strategy is important because people with DS have weaknesses in their verbal memory, have difficulty grasping the meaning of new words and making connections between labels and the objects in question, and have difficulty remembering word relationships. It is very important to choose an exemplary lexicon because objects can be labeled according to their level. It will be easier to learn the basic names of objects (for example: car, cat, table, banana) than the names of their groups (for example: vehicles, animals, furniture, fruit) or even their types (for example: public transport, Angora, chess table, plantain). DS children need to listen to words repeatedly on different occasions and in various contexts with a clear meaning beforehand

2. Improving the lexicon for people with Specific Language Impairment

In children who experience delays in speech and language development, difficulties arise especially in language lessons and lessons that use text. The children will experience difficulties in writing essays (putting story

elements together), asking questions and answers, having grammatical difficulties, and experiencing expressive language difficulties, especially during communication sessions due to difficulties in finding words (searching for a list of vocabulary in memory).

It would be wiser for these children to only be given one language or monolingual (not bilingual or multilingual) because these children experience speech delays and are learning to find one language as their mother tongue. The opportunity to teach him multilingualism during a language crisis can cause the loss of the function of his mother tongue which contains emotional content that is important in supporting his growth and development. Tiel, 2009.²⁶

d. Handling the pre-verbal phase

The concept of language and speech development that needs to be adhered to is to pay attention to the concept of metamorphosis, shifting dominance of the left and right hemispheres so that pre-verbal processes emerge before the verbal phase (read the explanation in the previous chapter). The development of the pre-verbal phase is regulated by the right hemisphere of the brain, which means that the form of language and speech development is a visual-global form, as well as multisensory perception. Thus, children need exposure in a visual-global form that activates their multisensory abilities. Tiel, 2006 explains that in dealing with

²⁶ JM Tiel, 'Smart But Talking Late, What If You Enter Elementary School?', *Paper in Counseling for Elementary School Teachers and Parents*, 2009 <http://www.ditplb.or.id/2009/app/index.php?option=com_poleksos&task=view&id=1782&Itemid=6&metakeys=article> [accessed 5 July 2011].

children with speech delays, several factors influence the handling of the verbal phase as follows:²⁷

- 1) The emotional relationship factor is said to be a factor that supports development because children can develop themselves by building social relationships with someone closest to them. Physical contact by touching, caressing, kissing, and sitting side by side, will have meaning for him and will give the child a sense of security. Apart from that, we also need to synchronize ourselves with the child's sense of self (body awareness);
- 2) Motor factors have meaning in the development of language and speech, because speaking is movement/motor, and movement will stimulate speech;
- 3) The imitation factor, basically the development of children's language and speech is based on the imitation factor of what is said and discussed by the people around them;
- 4) The game factor as a tool will make it easier for children to interact spontaneously to improve their non-verbal abilities.

e. Handling the initial verbal phase and verbal phase

In this section, the verbal phase is divided into the initial verbal phase and the verbal phase, each of which has specificities in its handling principles.

In the initial verbal phase, the recommended method is the Tan-Sóderbergh Method which the Dysfatisch Ontwikkeling Institute began using in 1986. The principle is to take advantage of the dominant development in children

²⁷ JM Tiel.

who experience slow speech, namely those who have dominant right hemisphere development. The right side of the brain functions more to regulate visual functions, such as recognizing various logos and reading various logos and alphabets more quickly, so this advantage can be utilized to also develop verbal abilities that are lagging in Tiel, 2006: 15.²⁸

This method is intended for children with pure dysphatic development aged 3-4 years when these children have started to talk. The activities are carried out in groups, at school, between 4-5 children with one mentor. Apart from being done at school, it is also done simultaneously and integrated at home by the parents/mother. Therefore, integrated cooperation between parents and teachers is still needed. Individual development continues to receive attention so that the activities provided are by the child's development and interests.

f. Alternative communication

Alternative communication is very useful for supporting receptive, expressive, and pragmatic communication for people with language disorders. For example, people with non-verbal autism spectrum who need alternative communication in the form of non-speech communication systems. The variations include communication symbols in the form of pictures, communication boards, or other methods (gestures, facial expressions, sign language).

g. Supportive therapy

Several therapies support the process of treating language and speech disorders. One of them is ergotherapy. Ergotherapy is a movement and sensory

²⁸ JM Tiel.

therapy that is aimed more at training if children have problems with pronunciation (dyspraxia) caused by disorders of basic motor skills, senses, being too sensitive, and other physical disorders. The aim is to address specific aspects of the disorder needed to support language and speech improvement Tiel, 2006.²⁹

Auditory Integration Training (AIT) is included in supporting therapy through musical devices. Some parents report the success of this therapy as shown by the child's progress in processing auditory information. This therapy was designed by Dr. Guy Berard who studied how the muscles and nerves of the ear affect the work of the brain and balance organs as complementary structures.

5) Psycholinguistics

a. Understanding Psycholinguistics

Psychology comes from the English psychology. The word psychology comes from Greek, namely from the root words psyche which means soul, spirit, soul, and logos which means science. So, etymologically, psychology means the science of the soul. Linguistics is the science of language and its characteristics. Language itself is used by humans, both in speaking and writing, and is understood by humans both in listening and reading. Based on the understanding of psychology and linguistics in the previous description, it can be concluded that psycholinguistics is a science that studies language behavior, both visible behavior and invisible behavior.

The following are several definitions of psycholinguistics according to experts. Harley in Dardjowidjojo, 2003: 7 believes that psycholinguistics is the

²⁹ JM Tiel.

study of mental processes in language use. Before using language, a language user first acquires the language. Levelt in Marat, 1983 stated that psycholinguistics is a study of the use and acquisition of language by humans. Emmon Bach in Tarigan, 1985: 3 stated that psycholinguistics is a science that examines how speakers/users of language form/construct language sentences. Slobin in Chaer, 2003: 5 suggests that psycholinguistics tries to describe the psychological processes that take place when someone utters the sentences they hear when communicating and how humans acquire language abilities. In more detail, Chaer 2003: 6 argues that psycholinguistics tries to explain the nature of language structure, and how that structure is obtained, used when speaking, and when understanding sentences in that speech. In essence, in communication activities, there is a process of producing and understanding speech. From the various explanations above, it can be concluded that Psycholinguistics is a description of interdisciplinary scientific studies in linguistic studies which study the use and process of language by humans which is obtained from the process of producing and understanding speech between the human mind and body. The characteristics of psycholinguistics as an interdisciplinary scientific discipline are the study of psychology and linguistics. So it is not purely linguistic but also about psychology which is related to the human soul.

From various theories by experts, it can be understood that psycholinguistics discusses how people use language as a system and how people can acquire this language so that it can be used for communication. Psycholinguistics also discusses how language is received and produced by

language users, how the human brain works to language, theories of language acquisition by children, the difference between language acquisition by children and language learning, and interference from the mother tongue system to the language being studied.

Initially, the term used for psycholinguistics was *inguistic psychology* and some also called it *psychology of language*. Then, as a result of more focused and systematic cooperation, a new science was born which was later called *psycholinguistics*. According to Suhartono 2014, the term psycholinguistics was chosen because it was considered more appropriate to describe independence and a specific object of study, namely the psychological processes that occur in people who speak languages.

Psycholinguistics is one of the studies in linguistics that includes language acquisition, language understanding, and language production. Psycholinguistics tries to describe the psychological processes that take place if a person utters the sentences he hears at the time of communication, and how language skills are acquired by humans stated by Slobin, Meller, Slama Cazahu. Theoretically, the main goal of psycholinguistics is to find a theory of language that is linguistically acceptable and psychologically can explain the nature of language and its acquisition. In other words, psycholinguistics tries to explain the nature of language structure, and how this structure is acquired, used when speaking, and when understanding sentences in speech.

Kridalaksana in Lisnawati, 2008 defines psycholinguistics as an interdisciplinary science, namely psychology and linguistics. Psycholinguistics

studies the relationship between language and human behavior and reason. Psycholinguistics examines how psychological processes take place when someone utters the sentences they hear when communicating and how language skills are acquired when communicating. Psycholinguistics includes cognitive processes that can produce meaningful and grammatically correct sentences from vocabulary and grammatical structures, including processes that make expressions, words, and so on understandable.

Etymologically, the word psycholinguistics is formed from the words psychology and linguistics. These two fields of science are procedurally and methodically different. However, both of them examine language as a formal object. Only the material objects are different, linguistics studies the structure of language, while psychology studies language behavior or language processes. Psycholinguistics tries to describe the psychological processes that take place when someone utters the sentences they hear when communicating, and how language skills are acquired by humans Slobin, 1974; Meller, 1964; Slama Cazahu, 1973. So theoretically the main goal of psycholinguistics is to find a theory of language that is linguistically acceptable and psychologically can explain the nature of language and its acquisition. In other words, psycholinguistics tries to explain the nature of language structure and how this structure is obtained, used when speaking, and when understanding sentences in that speech. In practice, psycholinguistics tries to apply linguistic and psychological knowledge to problems such as language teaching and learning, teaching beginning and advanced reading, bilingualism and multilingualism,

speech disorders such as aphasia, stuttering, and so on; as well as other social problems involving language, such as language and education, language and development of the homeland and nation. Language disorders are one of the focuses of discussion in Psycholinguistics. These language disorders will greatly affect the communication and language process. Many factors influence and cause language disorders, then these factors will cause language disorders. Therefore, in this paper, we will describe the types of language disorders that humans often experience along with the factors that cause them. Medically, according to Sidharta, 1984, language disorders can be divided into three groups, namely (1) speaking disorders, (2) language disorders, and (3) thinking disorders. These three disorders can still be overcome if the sufferer has normal hearing; if not, it will be difficult or even very difficult.

Quoted from Thoriqusu'ud, 2013, there are several definitions of psycholinguistics according to experts as follows:

- a. Emmon Bach, 1964 stated that psycholinguistics is a science that examines how speakers or users of a language form, construct, or understand the sentences of that language.
- b. Ronald W. Langacker, 1968 defined psycholinguistics is the study or study of linguistic behavior, namely performance or actions and the equipment or psychological apparatus responsible for them.
- c. Joohn Lions, 1968 argues that psycholinguistics is the study of production (synthesis) and recognition (analysis).

- d. Tervoot, 1972 stated that psycholinguistics is a field of science that uses linguistic theory to analyze the mental processes that form the basis of human language behavior.
- e. Palmatier, 1972 stated that psycholinguistics is the study of language development in children; an introduction of linguistic theory into psychological problems.
- f. Clark and Clark, 1977 stated that psycholinguistics is related to three main things, namely comprehension, production, and language acquisition.
- g. Henry Guntur Tarigan, 1984 stated that psycholinguistics means the import of more advanced linguistic knowledge in the sense of being closer to the truth of the subject matter, more practical and simpler.
- h. Widjajanti WD, 1986 in summarizing various expert opinions said that psycholinguistics analyzes the mental processes that occur when speakers use language, including production, comprehension, and learning.
- i. Aitchison, 1988 defines psycholinguistics as a study of language and mind translation by Dardjowidjojo, 2003
- j. Harley, 2001 calls psycholinguistics the study of mental processes in language use.

Psycholinguistics is the study of the interrelation between linguistic factors and psychological aspects. It covers three main aspects: language comprehension, language production, and language acquisition. Psycholinguistics investigates the interrelation of language and mind in processing and producing language. It is concerned with the cognitive faculties and processes that are necessary to acquire,

use, understand, and produce language. Psycholinguistics has provided numerous theories that explain how a person acquires a language and produces and perceives both spoken and written language. The theories have been used in the field of language teaching. Psycholinguistics mainly helps teachers to consider the use of appropriate methods to teach the four language skills: listening, speaking, reading, and writing.

Osgood and Sebeok, 1965 in their book on Psycholinguistics: A Survey of Theory and Research Problems, define Psycholinguistics as directly related to the coding and decoding process that connects the state of the message with the state of the communicator.³⁰ Langacker, 1973 in his book entitled Language and Its Structure states that Psycholinguistics is a science that studies language acquisition and language behavior, as well as the psychological mechanisms responsible for it.³¹ Slama, 1973:39 in his book entitled Introduction to Psycholinguistics states that Psycholinguistics is concerned in a broad sense with the relationship between messages and the characteristics of individual humans who select and interpret them.³²

Psycholinguistics is a branch of linguistics that studies the psychological processes that occur when someone speaks. The psychological process in language is like studying the mental processes that humans go through when carrying out the language process. Robert Lado, an expert in the field of language

³⁰ Charles E. Osgood & Thomas Sebeok, *Psycholinguistics: A Survey of Theory and Research Problems* (Bloomington: Indiana University Press, 1985).

³¹ Roland W. Langacker, *Language and Its Structure* (New York: Harcourt Brace Jovanovich, 1983), p. 6.

³² Cazacu Tatiana Slama, *Introduction to Psycholinguistics* (The Hague-Paris: Mouton, 1972).

teaching, said: "Psycholinguistics is a combined approach between psychology and linguistics for the study or study of language, language in use, language change, and things related to it, which are not easily achieved or approached only wrongly. one of the two sciences separately".

Kess in Dardjowidjojo explained that, the areas of study in psycholinguistics include comprehensiveness, namely the ability to capture what other people say and understand what they mean; production, namely the ability to say what you want to say; the biological and neurological foundations that enable humans to speak; language acquisition, the way each child acquires language. The seeds of this science were visible at the beginning of the 20th century when German psychologist Wilhelm Wundth stated that language could be explained using psychological principles.³³

Psycholinguistics studies the psychological aspects when someone speaks and understands the processes that occur when someone speaks. Psychological aspects experienced by a speaker to translate and choose vocabulary or way of speaking and the individual's ability to use language as a communication system. Knowing and understanding the psychological aspects experienced by speakers is the goal of this science.

b. Psycholinguistic Characteristics

Based on the psycholinguistic boundaries described above, several psycholinguistic characteristics can be mentioned, including:

³³ Dardjowidjojo, *Psycholinguistics: An Introduction to Human Language Understanding* (Jakarta: Indonesian Pustaka Obor Foundation, 2012).

1. Psycholinguistics discusses the process of the relationship between language and the brain, in this case, logic and thought, from both the listener and speaker.
2. Directly related to the process of encoding *and* joint understanding (*decoding*)
3. As an approach
4. Examining language knowledge, language use, and language change
5. Discusses the processes that occur in speakers and listeners of language
6. Focuses on the discussion of language acquisition and linguistic behavior
7. It is a relationship between the need for expression and communication
8. Related to children's language development; And
9. Relating to the psychological process of constructing or understanding sentences

c. History of Psycholinguistics

The history of psycholinguistics is divided into several stages of its development, many psychologists and linguistic experts were figures at each stage. The stages of psycholinguistic development are as follows.

1. Formative Stage

The formative stage is the initial stage of psycholinguistic development. It started with a seminar held at Cornell University in 1951 organized by John B. Carroll. In this seminar, John W. Gardner talked about the merger of two sciences, namely psychology and linguistics. This is where the term

psycholinguistics began to be known and research emerged using the term psycholinguistics by Osgood and Seboek in 1954.

2. Linguistic Stage

At the beginning of the linguistic stage, psycholinguistics was more inclined towards Behaviorism, but this was refuted by Chomsky in 1957 with the publication of a book entitled *Syntactic Structure* which contained criticism of the Behaviorism school put forward by BF Skinner. The development of psycholinguistics was influenced by these two opinions which had two different views on language acquisition. These two different views also encouraged the existence of other scientific disciplines, namely Neurolinguistics and Biolinguistics.

3. Cognitive Stage

This stage illustrates how important the role of biology is in language development. Human organs that fall within the scope of biology are important in the growth and development of language. Chomsky and Lenneberg stated that the growth and development of a person's language are related to genetics and their biological development organs.

4. Psycholinguistic Theory Stage

Psycholinguistics at this stage has developed into a scientific discipline that does not stand alone because the acquisition and use of human language is always connected with other branches of science. Due to the rapid development of psycholinguistics, Mehler and Noizet wrote an article explaining the existence of three generations of psycholinguistic

development, namely first-generation psycholinguistics, second-generation psycholinguistics, and third-generation psycholinguistics.

d. Scope of Psycholinguistic Studies

As a new, independent (autonomous) scientific discipline, psycholinguistics has its field of study or scope of discussion. In this regard, Yudibrata et al, in Hasan, 2018 state that psycholinguistics includes the acquisition or acquisition of language, the relationship between language and the brain, the influence of language acquisition and language mastery on intelligent thinking, the relationship between *encoding* (coding process) and *decoding* (interpretation/meaning code), the relationship between language knowledge and language use and language change.

In line with the opinion above, Field in Hasan, 2018 also explains that the scope of psycholinguistics is as follows: *language processing, language storage and access, comprehension theory, language and the brain, and first language acquisition* (language processing, storage and input of language, theories of language comprehension, language, and the brain, and first language acquisition).

From the opinions above, it can be concluded that the scope of psycholinguistic studies includes:

1. Competence is the language process in communication and thought.

About competence, psycholinguistics examines the basic abilities possessed by a person that will make it easier for him or her to gain knowledge of a particular language and become a member of that community. These basic abilities include hidden knowledge in a person's brain about grammatical

rules, vocabulary, and their parts and how to put these parts together to create a complete speech.

2. Acquisition is the acquisition of language

In this case, psycholinguistics examines the processes that take place in a person's (child's) brain when they acquire their first language (mother tongue).

3. Performance is a pattern of language behavior

To performance, psycholinguistics examines how language is used in concrete situations. Performance is a real form that can be felt in communication activities resulting from movements that occur in the sound organs in the human body which include the tongue, lips, throat, and vocal cords to produce sound.

4. Verbal associations and the acquisition of meaning

Meaning is a field of study that cannot be separated from linguistic studies. People realize that language activities are activities of expressing language symbols to the person they are talking to. Oktavia, 2016. So, knowledge of the relationship between symbols or language units and their meaning is very necessary in communicating with that language. Psycholinguistics examines the process of acquiring meaning. Acquiring meaning is also known as semantic acquisition.

5. Language processes in abnormal people

Psycholinguistics examines language disorders (such as aphasia and stuttering) which will affect the process of communication and language.

Psycholinguistics also examines the factors that cause language disorders and how to treat these language disorders.

6. Speech perception and cognition

In this regard, psycholinguistics studies how speech processes are interpreted. Speech perception involves three processes which include, hearing, interpreting, and understanding all sounds produced by the speaker Ilham, 2019. The coherent combination of these features is the main function of speech perception. Speech perception incorporates not only the phonology and phonetics of the speech to be perceived but also the syntactic and semantic aspects of the spoken message.

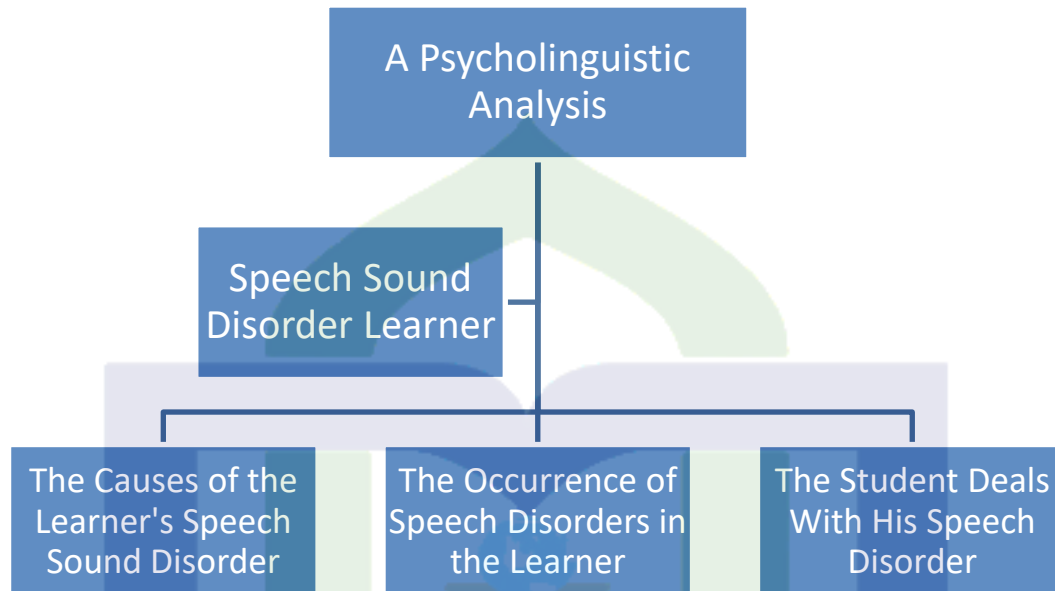
7. Language learning

In connection with language learning, psycholinguistics examines how to learn the language properly and correctly so that the language can be mastered well.

Psycholinguistics studies four main topics, namely:

1. Comprehension are the mental processes that humans go through so that they can capture what people say and understand what is meant.
2. Production is the mental processes in us that make us produce say what we say.
3. The biological and neurological basis that makes humans able to speak.
4. Language acquisition is how children acquire their language.

C. Conceptual Framework



Language is the only human possession that can never be separated from all human activities and movements throughout human existence, as human beings with culture and society. Some people with speech disorders have difficulty expressing their thoughts or understanding what they say. In the conceptual framework, the main issues in this research have been described. This conceptual framework presents basic concepts that are appropriate to the problems being implemented.

CHAPTER III

METHODOLOGY OF THE RESEARCH

A. Research Design

In this research, researchers used a qualitative descriptive research design. Qualitative methods are defined as research procedures that produce descriptive data in the form of written or spoken words from people and observable behavior. Moleong, 2010. According to Bogdan & Biklen, 1998, qualitative research is related to processes, so this research also attempts to explore the process. -the process that has been carried out by research respondents.³⁴ Therefore, this qualitative research is related to the learning process and strategies used by students to achieve success as sufferers of speech disorders. Qualitative methods can be used to uncover or understand something behind a completely unknown phenomenon and provide complex details about the phenomenon. Thus, the research report will contain quotations to illustrate the presentation of the report. This research is intended to describe how students can survive and deal with their speaking disorders so that they can be claimed as successful students.

³⁴ Bogdan. RC & Biklen. SK, *Qualitative Research for Education. An Introduction to Theory and Methods* , Third (Boston: Pearson Education, 1998).

B. Subject of the Research

The subject of this research was a 21-year-old male student in Datae Village, Paopao Village, Barru Regency. He is a final semester student in the Informatics Engineering Department at Muhammadiyah University, Parepare. This student has had congenital defects since birth. The gaps in the lips and the roof of the mouth have holes that cause nasal pronunciation.

C. Procedure of Data Collection

The data collection techniques used in this research were interviews and documentation. Data collection techniques are the most important step in research because the main aim of the research is to obtain data Sugiyono, 2009. Therefore, researchers need to know the data collection techniques that will be used to obtain appropriate data and meet the standards that have been set. Researchers used the following data collection techniques:

1. Interview

An interview is a conversation with a specific purpose by two parties, namely the interviewer as the questioner and the interviewee as the answerer of questions because the purpose of the interview is to construct about people, events, activities, organizations, feelings, motivations, demands and concerns as well as constructing hopes for the future, verifying, modifying, and expanding information from other people Widoyoko, 2016. Apart from that, an interview is a question-and-answer process or verbal dialogue between an interviewer and a respondent or person being interviewed to obtain the information needed by the

researcher. Interviews are a way of collecting directly from the source about various social phenomena.

In this research, interviews were used to obtain information from respondents and their closest families regarding the psychological condition of the child with cleft lip and the obstacles they experienced. In conducting interviews, researchers used unstructured interviews or open interviews, meaning that interviews were conducted freely. As Kumar, 2011 said, the interviewer has the freedom to develop questions, is free to ask questions without having to be sequential, is free to use and choose the informant's words and way of speaking, is free to formulate and raise problems suddenly depending on the situation and context of the current discussion.

2. Observation

In this observation, the subject of observation is a student who has a cleft lip defect. Researchers observed how students responded and reacted during the interview. The author also sought information from family and relatives regarding his character and personality. Researchers made direct observations at home and in the surrounding environment. In this research, the author observed his behavior, and responses when answering questions, and asked his parents and relatives about the activities he often did at home and how he socialized.

3. Documentation

In this research, documentation analysis carried out by researchers was used to study and analyze documents related to language disorders.

D. Techniques of Data Analysis

1. Data Reduction

Data reduction is carried out by summarizing field notes by separating the main things related to the research problem, then arranging them systematically to describe and make it easier to search for data. In the data reduction process, researchers select, focus, and abstract data in field notes. Data reduction was carried out during research activities. In this case, the researcher reduces information during research activities if the data is not important or does not support the data needed by the researcher.

2. Data Display

Data presentation is used to find out the overall picture of the results. After carrying out this stage, researchers can conclude and prove them into meaningful data, meaning describing the data in descriptive or narrative form. As the second component in analyzing data, this technique is used to organize information, descriptions, or narratives to conclude. By presenting data, the researcher considers what the researcher should do. Researchers analyze other actions based on their understanding.

3. Conclusion

After processing and collecting data, the researcher tries to find and obtain conclusions or proof of the results based on data taken from the field by the researcher. The conclusion of this research is the final report of this research.

CHAPTER IV
FINDING AND DISCUSSION

A. Finding

This study focused on the successful profile of students with speech disorder. To collect information in the study, researcher first interviewed the first research subject, namely student who had speech disorders. This was done so that researcher can find out how the student deal with his speech disorder. Then researcher interviewed the second study subject, the mother of the student, to find out the cause of speech disorders that occur in her child and speech disorder that can occur.

1. The Causes of the learner's speech disorder

Based on the results of research data analysis, the causes of speech disorder in the student can be seen in the following table:

Table.1 Research subject's responses about the causes of speaking disorders in the learner

No.	Research Subject Responses
1	There was no abnormality, I gave birth normally assisted by a birth attendant in the room. There was not the slightest difficulty and all my children were born normal.

2	No, I used to hope that when I gave birth I would not be taken to the doctor and all my six children would never be treated by a doctor.
3	At the age of three years, the sewing process was carried out on the lips. And for the inside, there has never been a sewing process. I was afraid to take action because the child was so young.
4	If the cost is sufficient, a further operation process will be carried out. ³⁵

Based on the response of the research subject above, it is known that since the birth of the child, there are gaps in the lips, gums, and palate that penetrate the nasal cavity affecting the child's speech problem to become nasal.

When conducting interviews, researcher observe and listen to sentences taught by research subject. If the informant speaks quietly, then the speech can be understood by the interlocutor, but at the time of speaking quickly some phonemes are not pronounced and the interlocutor does not understand what the informant is saying. Based on the findings, researcher classified some sound production that was not spoken by informant at the time of answering interview questions. The phonemes will be described as follows:

Word	Pronunciation	Indistinct consonants
Karena	Ana	k, r
Jaman	Aman	J
Teknologinya	te'nolongi'a	k, g

³⁵ N.R (Mother of Student), interviewed December 2023 in Barru.

Terlalu	?e?lalu	t, r
Tanpa	Ta?pa	N
Banyak	manya'	b, k
Harus	Haus	h, r, s
Dipelajari	Ielanyari	d, p, j, r
Kedepannya	Eneanya	k, d,
Kalo	Alo	K
Tanpa	Ama	t, n
Pendidikan	Eninian	p, k
Nanti	A'ni	N

Data: “karena jaman teknologi sekarang supaya tidak ketinggalan teknologinya” dan “karena banyak yang harus dipelajari memang kalau tanpa pendidikan susahki kedepannya nanti”

Based on the statement of Joseph that consonants are language sounds produced by blocking the flow of air in one place in the airways. Example: b,c,f,g,h,j,k,l, and so on. However, when the consonants are pronounced by the cleft palate, the difference will be seen as shown in the table above.³⁶

1. Sound /k/

Consonant	Word	Pronunciation
Beginning	1. Karena	1. Ana
	2. Kedepannya	2. eneanya
	3. Kalau	3. alo

³⁶ Suhendar Yusuf, *Fonetik Dan Fonologi* (Jakarta: Gramedia Utama, 1998).

Middle	1. Teknologinya 2. Pendidikan	1. Te'nolongi'a 2. Eninian
End	1. Banyak	1. manya'

From the analysis data above, it was found that the /k/ sound for cleft palate sufferers experienced pronunciation changes if the sound was at the beginning, middle, and end of the word as in the example above, the phoneme sound /k/ became lost.

2. Sound /d/

Consonant	Word	Pronunciation
Beginning	1. Dipelajari	1. ielanyari
Middle	1. Kedepannya 2. Pendidikan	1. eneanya 2. eninian

From the analysis data above, it was found that the /d/ sound changes in the middle of the word to the /n/ sound. But the /d/ sound at the beginning of the word is lost.

3. Sound /t/

Consonant	Word	Pronunciation
Beginning	1. Teknologinya 2. Terlalu 3. Tanpa	1. ne'nologinya 2. nelalu 3. nama
Middle	-	-
End	-	-

From the analysis data above, the phoneme /t/ changes at the beginning of the word to the sound /n/. However, in the middle and at the end of the word is not yet known.

4. Sound /b/

Consonant	Word	Pronunciation
Beginning	Banyak	manya'

Sound analysis data /b/ above. It was found that the phoneme /b/ changed its sound to nasal /m/ at the beginning of the word. While in the middle and at the end of the word is not yet known.

5. Sound /j/

Consonant	Word	Pronunciation
Beginning	Jaman	Nyaman

In the phoneme /j/ there is a change in the sound to the sound /n/ at the beginning of the sentence.

6. Sound /h/

Consonant	Word	Pronunciation
Beginning	Harus	Haus

From the data analysis above on the phoneme /h/ there is a difference from the previous data, namely people who experience cleft palate pronounce the phoneme sound /h/ at the beginning of words.

Based on these data, the consonants above change to not so clearly spoken (vague) and sound nasal. Researchers can conclude that if the consonants /k/, /d/, /t/, /b/, /j/, are at the beginning, middle, and end of words become unclear and experience sound changes or they may become missing or faintly audible. The consonant letter /h/ when pronounced at the beginning of the word will become pronounced.

2. The occurrence of speech disorder in the learner

Table 2. Research subject's responses about speech disorder that can occur

No.	Research Subject Responses
1	There is no food that I don't like and conversely, there is no food that I like too much. But when I was old in my pregnancy, I ate Tape. Maybe if my pregnancy was still young, the fetus could come out and I had experienced light bleeding.
2	When I was in my last month of pregnancy, I did not go to the doctor and finally healed on its own.
3	I think I fell off the bike when I was three months pregnant. ³⁷

Based on the response of the research subjects above, it is known that the mother of the student had fallen from the motorcycle when she was three months pregnant. She also consumed Tape when the gestational age had reached the last month to experience light bleeding.

³⁷ N.R, interviewed December 2023 in Barru.

3. The learner deal with his speech disorder

Table 3. Learner response about the learner deal with his speech disorder

No.	Learner Response
1	Never, because I also quickly adapted to the environment.
2	Sports are done every day and pencak silat is done every Tuesday, Thursday, and Friday.
3	Because of his own desires.
4	Parents and friends.
5	There is not enough to just be quite.
6	Student exchange in Jogja for four months.
7	Nothing, because my intention are strong.

Based on the student's response above, it is known that although the student has a speech limitation, he has a strong drive from within him to achieve what he wants just like normal children in general who can go to school, socialize. He has confidence in his condition as it is now that other normal children may not have.

B. Discussion

1. The causes of the learner's speech disorder

Based on the results of the analysis of interviews of research subject related to the causes of speech disorders in student, it can be concluded that several important facts occur in the student. The state of the subject of study can be summarized in the following table:

Table 4. Causes of speech disorder in the learner

No.	Real Situation
1	The student's mother gave birth normally with the help of a birth attendant.
2	The mother gave birth with a condition of the child who had defects in the lips, gums, and palate.
3	The child's lips are sewn at the age of three years.
4	Planning is carried out further sewing process when the cost is sufficient.
5	All of her children were never helped by a doctor/midwife during childbirth.
6	The student's mother was worried about taking her child to the doctor for treatment because the child was still very young, besides the cost factor.

From this data, it can be seen that the cause of speech disorder in student from birth are defects in the lips, nose, and oral cavity where the child has a cleft

that affects the way he speaks and makes the words he speaks not so clearly understood by others. This is in line with Asmara's opinion that this physical disorder is in the form of a gap in the upper lip between the oral cavity and nasal cavity which causes sufferers to have difficulty speaking. According to Marsono, when this process the air gets obstacles in the speech organs so that it explodes language sounds that can be understood by fellow humans.

According to Putri, from the results of literature studies that have been conducted, it is found that cleft lip is a congenital disorder in which there are defects or gaps in the lip and palate (paitum) due to disruption of fusion during the intrauterine growth period (womb). Fusion disorders usually occur in the first trimester of pregnancy and can be caused by nutritional factors, especially folic acid deficiency, or due to long-term consumption of several kinds of drugs or hereditic factors.³⁸

Cleft lip sufferers as experienced by the student are congenital factors since birth he already has a record on the speech organs. Because when pregnant the mother of the student had fallen and had eaten fermentation food. AP is a cleft lip sufferer on the palate of the oral cavity who has never been sewn but the lip has been sutured at the age of three. Therefore, when the child said a word, it was still stinging nasally, and some letters were not mentioned. According to Chaer, in general, language disorders can be divided into two, there are language disorders due to medical factors and language disorders due to social environmental factors. And medically there are three groups of language disorders. Language disorders

³⁸ Putri, Y . P. (2016). Model Terapi Perilaku Penderita Maloklusi Bibir Sumbing. *Jurnal Arbitrer*,3(2), 166-172

include disorders in speech, language disorders, and disorders in thinking. There are many kinds of forms and types of speech disorders, one of which is paralysis of the mouth velum or the term we often hear is cleft palate. This type of language disorder includes biological language disorders, meaning language disorders due to imperfections of speech organs.³⁹

According to Chaer based on the mechanism, disorders in speech can occur due to abnormalities in the lungs (pulmonary), vocal cords (larynx), the tongue (lingual), and the oral cavity and esophagus (resonant). In the case that has been found by the author, there is a hole in the oral cavity, as a result, the sound produced becomes nasal. Aziz said cleft lip occurs when the tissues in the mouth do not fuse perfectly, causing a gap or hole in the patient's lips. This is a congenital abnormality that occurs in the structure of the face. This disorder inhibits a person's language. Language plays a very important role in our lives, because through language we express thoughts, and feelings, and carry out various activities. Erviana explained that language is a communication tool between humans that gives birth to ideas and emotions. All our activities would be hampered without language. Language becomes the center of civilization in a society.

According to Chandra, there is a theory that explains that the cleft lip is the result of a failure of union between the future of the medial nose and the lateral nose. However, the theory of mesodermal penetration explains that initially there are two epithelial layers on the face until there is a migration from the

³⁹ Abdul Chaer, *Psikolinguistik Kajian Teoretik* (Jakarta: Rineka Cipta, 2009).

mesodermal between the two epithelial layers so that the process of face formation occurs. Failure to migrate from the mesodermal will result in a cleft or cleft lip. The genetic mechanisms associated with cleft lip have been known to relate to cell proliferation, cell differentiation, cell apoptosis, and especially migration from the neural crest. If there is a genetic disorder, it will inhibit the development of neural crest cells, or reduce the number of neural crest cells, causing contact between facial prominence cannot occur.

According to Sudarsiana, the cause of cleft lip is still not known with certainty, but there is evidence that there are two factors that play a role in the onset of cleft lip, namely heredity and environmental factors. Environmental factors have a role in the occurrence of cleft lip at the critical moment of the union of parts of the lip and palate. In pregnant women who take drugs excessively or improperly, such as cortisone, aspirin, and anti-convulsive drugs, this can increase the chance of cleft lip. Excessive radiation can also increase the risk of defects in the baby, also in mothers who have smoking habits and when pregnant also have the risk of defects in their babies.

However, with the limitations that occur in the student, it does not become an obstacle to do what he wants so that the surrounding community, relatives, and even friends consider him a proud child of parents who can fight all his shortcomings into advantages.

2. The occurrence of speech disorder in the learner

Table 5. Speech disorders that can occur

No.	Real Situation
1	The mother of the child never craved.
2	The mother consumed Tape (fermentation food) during pregnancy.
3	The mother has experienced light bleeding when the gestational age has reached the last month.
4	The mother once fell off a motorcycle when she was about three months pregnant.

From the data above, speech disorders can occur due to internal factors that involve genetic defects experienced since birth. This is thought to have happened because his mother had an accident and had consumed fermentation food which resulted in bleeding. But the mother never saw a doctor. This is in line with what Muslich revealed, that a cleft lip or fracture (split) on the palate, mouth, gums, and lips, occurs since the beginning of the mother's pregnancy. It is caused by the failure of fetal tissue at the time of formation of the palate, gums, and lips. In addition, patients with cleft lip often found nasal deformities.⁴⁰

According to Sudjatniko, cleft lip occurs due to two factors, namely internal and external factors. Internal factors involve genetic defects that are present from birth, while external factors involve the use of chemical substances that are teratogenic. Damage to the speech organs is divided into three types, namely complete single-sided cleft lip, incomplete one-sided cleft lip, and

⁴⁰ M. Muslich, *Fonologi Bahasa Indonesia* (Jakarta: PT Bumi Aksara, 2009).

complete double-sided cleft lip. On the cleft lip, one side is incomplete, there is a gap on one side of the lip that does not extend to the nose. On the completely one-sided cleft lip, there is a gap on one side of the lip that extends to the nose. On the complete double-sided cleft lip, there is a gap on both sides of the lip that extends to the nose, Dormitory, 2018.⁴¹

According to Putri, from the results of literature studies that have been conducted, it is found that cleft lip is a congenital disorder in which there are defects or gaps in the lip and palate (paitum) due to disruption of fusion during the intrauterine growth period (womb). Fusion disorders usually occur in the first trimester of pregnancy and can be caused by nutritional factors, especially folic acid deficiency, or due to long-term consumption of several kinds of drugs or hereditary factors. Aziz explained that cleft lip is a congenital disorder in the form of deformities in the facial structure. Meanwhile, according to Wong, cleft lip is a malformation caused by the failure of the median and maxillary nasal processes to fuse during embryonic development.

According to Koamesah, a cleft lip is a condition where there is an abnormal gap in the lip or palate due to the formation of organs that are not optimal during pregnancy. There is a theory that explains that the cleft lip is the result of a failure of union between the future of the medial nose and the lateral nose. However, the theory of mesodermal penetration explains that initially there are two epithelial layers on the face until there is a migration from the mesodermal between the two epithelial layers so that the process of face

⁴¹ Asmara, R., Kusumaningrum, W. R., & Sitangga, M. (2018). Realisasi bahasa Indonesia penderita bibir sumbing sebuah studi kasus. *LITERA*, 17(3)

formation occurs. Failure to migrate from the mesodermal will result in a cleft or cleft lip. According to Chandra, the genetic mechanisms associated with cleft lip have been known to relate to cell proliferation, cell differentiation, cell apoptosis, and especially migration from the neural crest. If there is a genetic disorder, it will inhibit the development of neural crest cells, or reduce the number of neural crest cells, causing contact between facial prominence cannot occur.

Loho explained that from several articles, it was found that the etiology of cleft lip or Labioschisis and cleft palate Palatoschisis is known, but it seems to be a multifactor combination of genetic factors and environmental factors: 1) Genetic 22%: This factor is usually genetically inherited from a family history of genetic mutations. Therefore, it is very important during the history process with the patient to ask about whether there is a family history of this disorder. 2) Environment 78%: Factors that can affect the process of pregnancy, more due to the factors of drugs that are teratogenous during pregnancy, for example; acetosal, or aspirin. Some factors that affect cleft lip and palate such as geography, race, gender, culture, and also socioeconomic. The growth of economic and industrial background and culture is the dominant factor in disease processes or anomalies during the embryological phase. Anomaly in embryonic phase and fetal phase background and cleft palate lip problems.

3. The learner Ddal with his speech disorder

Table 6. the learner deal with his speech disorder.

No.	Real Situation
1	The student has a strong drive to do what he aspires to do.
2	Students have high self-confidence.
3	Students love to do sports activities on campus.
4	Students have participated in student exchanges in Jogja for 4 months.
5	Students have been coordinators of the public relations department of UKM Tapak Suci UMPAR
6	The student has been the coordinator of the basketball division
7	Students have a hobby of playing futsal
8	Students have an indifferent personality when bullied

According to Frakas & Orosz, the term resilience was first introduced in the 1950s by Bloch under the name ego resilience (ER), which is defined as a general ability that involves high self-adjustment ability and flexibility when faced with internal and external pressures. Initially, the concept was applied to children where it was known as "invulnerability" or "stress-resistance". ER and resilience are both treated as protective factors against adversity.⁴² From this findings, researcher found related things about the nature of respondent can adjust

⁴² D Frakas & G Orosz, 'Ego Resiliency Reloaded: A Three Component Model of General Resiliency', *PlosOne*, 2015 <[https://doi.org/https://doi.org/10.1371/journal.pone.0120883](https://doi.org/10.1371/journal.pone.0120883)>.

to the environment where they are in both pleasant situations and vice versa. It can be said that the presence of speech disorders does not affect the course of socializing. By developing resilience, individuals can more easily manage stress in daily life and be more successful in dealing with life's challenges. From these findings, researchers found related things about the nature of respondents can adjust to the environment where they are in both pleasant situations and vice versa. It can be said that the presence of speech disorders does not affect the course of socializing. By developing resilience, individuals can more easily manage stress in daily life and be more successful in dealing with life's challenges.

The respondent was a 21-year-old male student. He is claimed to be a successful child because he has a cleft lip defect from birth but that does not discourage him, he always does various activities that he likes to channel his hobbies. It can be said that he belongs to the active students in his college. She participated in various extracurricular activities on campus such as volleyball, martial arts, and sacred sites. Not only that, he was also given the opportunity by his lecturer to take part in a student exchange in Jogja for 4 months. While there he attended lectures and studied. He gained valuable experience there during a student exchange. According to Reivich and Shatte, there are seven aspects of a person that affect a person's life, one of which is optimism. Optimism is the belief

in ourselves that things will change for the better, having hope for the future, and believing that we can control what kind of life we want.⁴³

He is a student who is easy to get along with both in the family, community and wherever he is. She has a strong desire to learn in addition to getting support from her parents. Therefore he has a strong urge to continue his education until college. He feels excellent since going to college because the campus has provided a place to channel his talents and hobbies. He established the goal of continuing to study to get education and employment in the future. This is in line with the theory by Reivich and Shatte that one aspect that must be possessed in a person is reaching out, namely individuals who can improve and achieve the intended desire, will have a more positive aspect. If we are afraid of failure before trying, we will not get what we want.⁴⁴

Based on these data, researcher can conclude that the shortcomings of these students are not a barrier to achieving what they aspire to. According to him, education is very important because without education it will be left behind in the era of increasingly rapid technology. Therefore, he is very interested in choosing the informatics engineering department as a provision in the world of work in the future. To realize all his hopes, he has a strong motivation to study seriously. In addition, he also received a support system from both his parents and friends.

⁴³ Reivich & Shatte, 'Psychosocial Resilience', *American Journal of Orthopsychiatry*, 57 (2002), 316.

⁴⁴ Shatte.

CHAPTER V

CONCLUSSION AND SUGGESTION

A. Conclusion

Based on the finding and discussion in the previous chapter, researcher can draw the following conclusion:

1. Cleft lip sufferers as experienced by the student are congenital factors from birth where there are defects in the speech organs. Gaps in the gums and roof of the mouth cause nasal sounds. Based on the results of the analysis, there was a change in phonemes in consonants, changed to not so clearly spoken (vague) and sounded nasal. Researcher can conclude that if the consonants /k/, /d/, /t/, /b/, /j/, are at the beginning, middle, and end of words become unclear and experience sound changes or they may become missing or faintly audible. The consonant letter /h/ when pronounced at the beginning of the word will become pronounced.
2. Speech disorder can occur due to internal factors that involve genetic defects that are experienced since birth. This is thought to have happened because his mother had an accident and had consumed fermentation food which resulted in bleeding.
3. The shortcomings of the student are not a barrier to achieving what they aspire to. According to him, education is very important because without education it will be left behind in the era of increasingly rapid technology. Based on psycholinguistic analysis associated with the success of students

who experience speech disorders, it can be concluded that the student's results are characterized by the characteristics he has such as optimism that makes him confident in his abilities, habits that can adjust so that he does not abstain from rejecting good or bad things in all situations, and the qualities he tends to have, namely (reaching out) the desire to achieve what that he wants so that he can rise from his limitations.

B. Suggestion

Based on the finding above, the research suggestion in this case are:

1. For students who want to research psycholinguistic studies, this research can be a reference material for future researchers.
2. For readers, this research can add insight and experience about the unique facts of people with language disorders.
3. For researchers who want to research the same study can develop their research focus.

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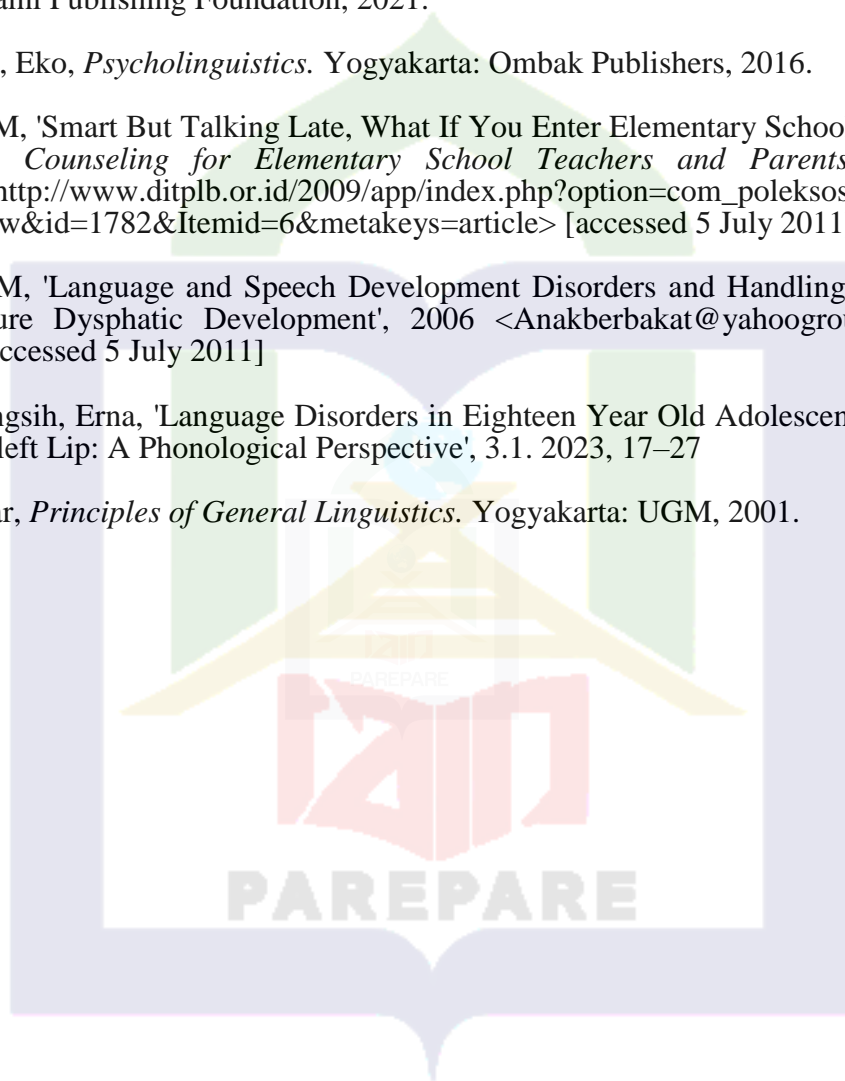
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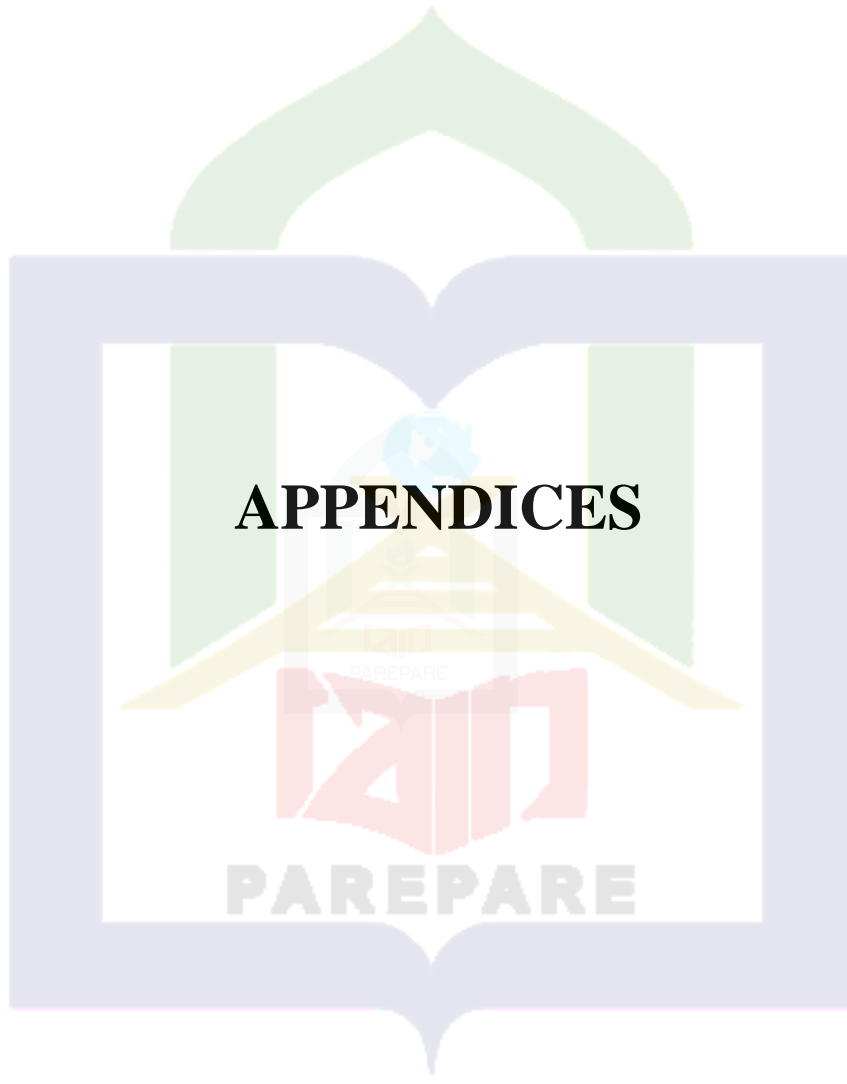
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APPENDICES

Research Permit Recommendation Letter



**KEMENTERIAN AGAMA REPUBLIK INDONESIA
INSTITUT AGAMA ISLAM NEGERI PAREPARE
PASCASARJANA**

Jalan Amal Bakti No. 8 Soreang, Kota Parepare 91132 Telepon (0421) 21307, Fax. (0421) 24404
PO Box 909 Parepare 91100 website: www.iainpare.ac.id, email: mail@iainpare.ac.id

Nomor : B-~~27~~/In.39/PP.00.09/PPS.05/11/2023 22 November 2023
Lampiran : -
Perihal : Permohonan Rekomendasi Izin Penelitian

Yth. **Bapak Bupati Barru**
Cq. **Dinas Penanaman Modal Dan Pelayanan
Terpadu Satu Pintu**

Di

Tempat

Assalamu Alaikum Wr. Wb.

Sehubungan dengan rencana penelitian untuk Tesis mahasiswa Pascasarjana
IAIN Parepare tersebut di bawah ini :

Nama : MUTIARA RAMADHANI
NIM : 2120203879102015
Program Studi : Tadris Bahasa Inggris
Judul Tesis : **The Profile A Successful Speech Sound Disorder Learner
(A Psycholinguistic Analysis).**

Untuk keperluan Pengurusan segala sesuatunya yang berkaitan dengan penelitian
tersebut akan diselesaikan oleh mahasiswa yang bersangkutan. Pelaksanaan penelitian
ini direncanakan pada bulan **November sampai Januari Tahun 2024**

Sehubungan dengan hal tersebut diharapkan kepada bapak/ibu kiranya yang
bersangkutan dapat diberi izin dan dukungan seperlunya.

Assalamu Alaikum Wr. Wb.



Direktur,

Dr. Hj. Darmawati, S.Ag., M.Pd
NIP. 19720703 199803 2 001

Research Permit



PEMERINTAH KABUPATEN BARRU DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU

Mal Pelayanan Publik Masiga Lt. 1-3 Jl. Iskandar Unru Telp. (0427) 21662, Fax (0427) 21410
<http://dpmptspk.barrukab.go.id> : e-mail : barrudpmptspk@gmail.com . Kode Pos 90711

Barru, 27 November 2023

Nomor : 600/IP/DPMPSTP/XI/2023
Lampiran : -
Perihal : Izin Penelitian

Kepada
Yth. Kepala Desa Pao-Pao
di -
Tempat

Berdasarkan Surat dari Direktur Pascasarjana IAIN Parepare Nomor : B-997/In.39/PP.00.09/
PPS.05/11/2023 perihal tersebut di atas, maka Mahasiswa di bawah ini :

Nama : MUTIARA RAMADHANI
Nomor Pokok : 2120203879102015
Program Studi : Tadris Bahasa Inggris
Perguruan Tinggi : IAIN Parepare
Pekerjaan : Mahasiswa (S2)
Alamat : Pucue Desa Pao-Pao Kec. Tanete Rilau Kab. Barru

Diberikan izin untuk melakukan Penelitian/Pengambilan Data di Wilayah/Kantor Saudara yang berlangsung mulai tanggal 27 November 2023 s/d 29 Desember 2023, dalam rangka penyusunan Tesis dengan judul :

THE PROFILE OF A SUCCESSFUL SPEECH SOUND DISORDER LEARNER (A PSYCHOLINGUISTIC ANALYSIS)

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami menyetujui kegiatan dimaksud dengan ketentuan :

1. Sebelum dan sesudah melaksanakan kegiatan, kepada yang bersangkutan melapor kepada Kepala SKPD (Unit Kerja) / Camat, apabila kegiatan dilaksanakan di SKPD (Unit Kerja) / Kecamatan setempat;
2. Penelitian tidak menyimpang dari izin yang diberikan;
3. Mentaati semua Peraturan Perundang Undangan yang berlaku dan mengindahkan adat istiadat setempat;
4. Menyerahkan 1 (satu) eksemplar copy hasil penelitian kepada Bupati Barru Cq. Kepala Dinas Penanaman Modal Dan Pelayanan Terpadu Satu Pintu Kabupaten Barru;
5. Surat Izin akan dicabut kembali dan dinyatakan tidak berlaku apabila ternyata pemegang surat izin ini tidak mentaati ketentuan tersebut di atas.

Untuk terlaksananya tugas penelitian tersebut dengan baik dan lancar, diminta kepada Saudara (i) untuk memberikan bantuan fasilitas seperlunya.

Demikian disampaikan untuk dimaklumi dan dipergunakan seperlunya.

Kepala Dinas,



Dokumen ini telah ditandatangani secara elektronik
Kepala Dinas Penanaman Modal dan Pelayanan
Terpadu Satu Pintu Kabupaten Barru
ANDI SYUKUR MAKKAWARU, S.STP., M.SI
Pembina Utama Muda, IV/c
NIP. 19770829 199612 1 001

TEMBUSAN : disampaikan Kepada Yth.

1. Bapak Bupati (sebagai laporan);
2. Kepala Bappeltbangda Kab. Barru;;
3. Camat Tanete Rilau Kab. Barru;
4. Direktur Pascasarjana IAIN Parepare;
5. Mahasiswa yang bersangkutan.

- UU ITE No. 11 Tahun 2008 Pasal 5 Ayat 1

"Informasi Elektronik dan/atau Dokumen Elektronik dan/atau hasil cetaknya merupakan alat bukti hukum yang sah"

- Dokumen ini telah ditandatangani secara elektronik menggunakan stempel yang diterbitkan BSR



a Letter of Completion of Research



**PEMERINTAH KABUPATEN BARRU
KECAMATAN TANETE RILAU
DESA PAO-PAO**

Alamat : Cilellang Desa Pao-Pao Kec. TaneRilau Kab. Barru Kode Pos 90761

SURAT KETERANGAN TELAH MELAKSANAKAN PENELITIAN
NOMOR : 400.7.22.1/034/DESA PAO-PAO

Yang bertanda tangan dibawah ini :

N a m a : SYAMSUL BAHRI, S.E.,M.M.
Jabatan : Kepala Desa Pao-Pao

Berdasarkan Surat Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu dengan Nomor: 600/IP/DPMPSTSP/XI/2023 Tanggal 27 November 2023 Perihal Permohonan Izin/Rekomendasi Penelitian.

Menerangkan bahwa:

N a m a : MUTIARA RAMADHANI
Nomor Pokok : 2120203879102015
Program Studi : Tadris Bahasa Inggris
Perguruan Tinggi : IAIN Parepare
Pekerjaan : Mahasiswa (S2)
Alamat : Dusun Pucue Desa Pao-Pao
Kecamatan Tanete Rilau Kabupaten Barru

Telah selesai melaksanakan Penelitian/Pengambilan Data di Wilayah/Kantor Desa Pao-Pao Kecamatan Tanete Rilau Kabupaten Barru dari tanggal 27 November 2023 sampai tanggal 29 Desember 2023 dalam rangka penyusunan Tesis dengan Judul **"THE PROFILE OF A SUCCESSFUL SPEECH SOUND DISORDER LEARNER (A PSYCHOLINGUISTIC ANALYSIS)"**.

Demikian surat keterangan ini dibuat dan diberikan kepada yang bersangkutan untuk dipergunakan sebagaimana mestinya.

Cilellang, 29 Desember 2023

KEPALA DESA PAO-PAO



SYAMSUL BAHRI, S.E.,M.M.

Observation Protocol

Date / Time	: December 16, 2023
Place	: Barru
Observation	: Observation of the first research subject (student)
Observer	: Mutiara Ramadhani
Activity	:
Descriptive Notes	
<p>This is an observation of the first research subject. At the time the researcher came to see the study subject, the child was not at home. According to information from his mother, the child was in the pond to help his father. After the researchers arrived the second time, they (mother and student) were already at home preparing to fulfill the appointment. They are very friendly to welcome the arrival of researchers. Researchers look at the responses of students who are ready for interviews. Before starting the interview process, the child swiftly provided a seat for the researcher. During the interview, the researcher saw the child's readiness to answer question after question, although some speech was difficult for the researcher to understand when he said the sentence quickly, the child's mother could help to explain what the child meant.</p> <p>Researchers noticed that the child's speech style and body gestures showed enthusiasm in answering questions. According to information from some of his relatives, the child has intelligence, confidence, and a high social spirit. Even he told the activities he often did on his campus such as sports activities, sacred sites, and martial arts. When he had done the interview process, the child excused himself to go to the mosque for duhur prayers.</p>	
Reflective Notes	
<p>People who have incomplete speech organs are not necessarily unable to interact with their environment such as students who are the subjects of this study. Even he can be an inspiration to other cleft lip sufferers or normal children because he can explore the talents that exist in him like other normal children.</p>	

Tentative Interview Protocol
(Indonesian Version)

A. INTERVIEW TERBUKA

I. Subyek Penelitian

- a. Apa pentingnya pendidikan menurutmu?
- b. Sejauh ini siapa yang paling berpengaruh dalam proses pengembangan dirimu?
- c. Apa peran orang tua dalam mendukung proses belajarmu?
- d. Kegiatan apa yang senang kamu lakukan jika berada di kampus?
- e. Mengapa kamu tertarik mengambil jurusan teknik informatika?
- f. Mengapa kamu memilih kuliah di UMPAR?
- g. Apakah kamu pernah mengikuti kegiatan ekstrakurikuler/organisasi di kampus?
- h. Apa alasanmu tetap melanjutkan pendidikan sampai perguruan tinggi?
- i. Apa rencana kamu kedepannya?

B. INTERVIEW TERFOKUS

I. Interview Terfokus Mengenai Penyebab Gangguan Berbicara pada Pelajar

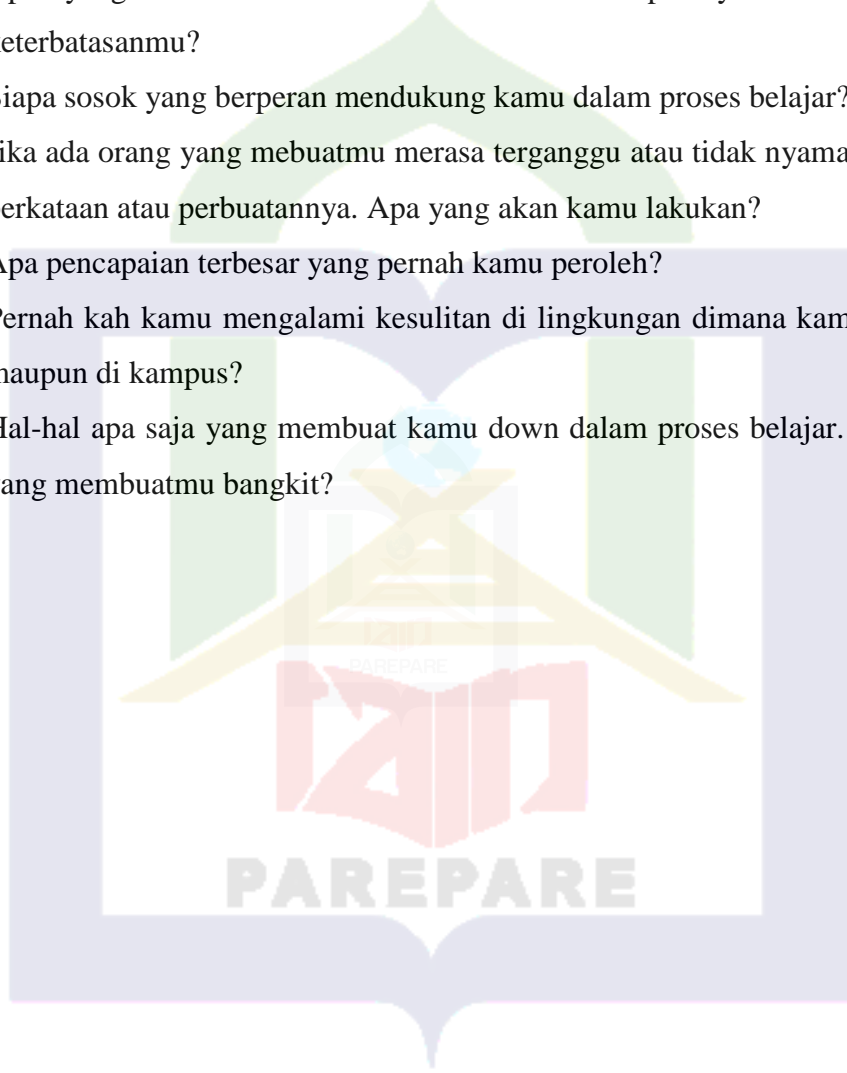
- a. Bagaimana proses pada saat ibu melahirkan?
- b. Pada saat bayi ibu dilahirkan dengan kondisi seperti itu. Apakah ibu membawanya ke rumah sakit?
- c. Pada usia berapa anak ibu dilakukan proses jahitan?
- d. Apakah ada rencana ibu kedepannya untuk melakukan operasi lanjutan pada anak ibu?

II. Interview Terfokus Mengenai Gangguan Berbicara itu Bisa Terjadi

- a. Makanan apa yang ibu konsumsi pada saat mengandung atau pernahkah ibu ngidam?
- b. Apakah ibu pernah mengalami kecelakaan/terjatuh pada saat mengandung?

III. Interview Terfokus Mengenai Cara Pelajar Mengatasi Gangguan Bicaranya

- a. Apakah kamu pernah mendapati perlakuan bullying dari temanmu?
- b. Kegiatan seperti apa yang kamu geluti di kampus?
- c. Apa yang membuat kamu bisa memiliki kepercayaan diri dengan keterbatasanmu?
- d. Siapa sosok yang berperan mendukung kamu dalam proses belajar?
- e. Jika ada orang yang membuatmu merasa terganggu atau tidak nyaman dengan perkataan atau perbuatannya. Apa yang akan kamu lakukan?
- f. Apa pencapaian terbesar yang pernah kamu peroleh?
- g. Pernah kah kamu mengalami kesulitan di lingkungan dimana kamu tinggal maupun di kampus?
- h. Hal-hal apa saja yang membuat kamu down dalam proses belajar. Lalu apa yang membuatmu bangkit?



Tentative Interview Protocol

(English Version)

A. Open Interview

I. Research Subject

- a. What is the importance of education in your opinion?
- b. Who is by far the most influential in your development process?
- c. What is the role of parents in supporting your learning process?
- d. What activities do you enjoy doing when you're on campus?
- e. Why are you interested in majoring in informatics engineering?
- f. Why did you choose to study at UMPAR?
- g. Have you ever participated in extracurricular activities/organizations on campus?
- h. What is your reason for continuing your education until college?
- i. What are your plans for the future?

B. Focus Interview

I. Focused Interview about the Causes of the Student's Speech Disorder

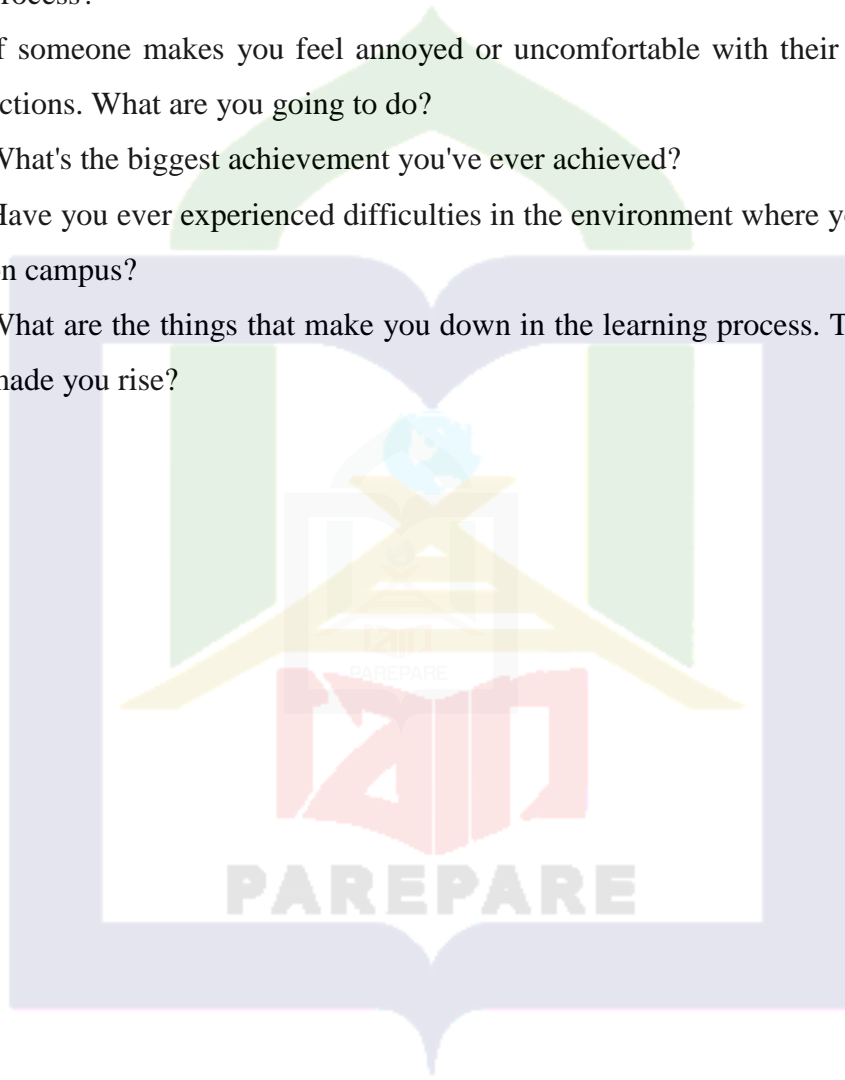
- a. What is the process at the time of childbirth?
- b. By the time your baby is born with such a condition. Did you take him to the hospital?
- c. At what age did your child have stitches?
- d. Are there any plans for you in the future to perform further surgery on your child?

II. Focused Interview about the Occurance of Speech Disorder in the Student

- a. What foods do you consume during pregnancy or have you ever had cravings?
- b. Have you ever had an accident/fall during pregnancy?

III. Focused Interview about the Student Deal with His Speech Disorder

- a. Have you ever experienced bullying from your friends?
- b. What kind of activities are you involved in on campus?
- c. What makes you able to have confidence in your limitations?
- d. Who is the person who plays a role in supporting you in the learning process?
- e. If someone makes you feel annoyed or uncomfortable with their words or actions. What are you going to do?
- f. What's the biggest achievement you've ever achieved?
- g. Have you ever experienced difficulties in the environment where you live or on campus?
- h. What are the things that make you down in the learning process. Then what made you rise?



Research Subject Personal Data Form

Research Subjects Personal Data Form

1. FULL NAME : Adi Putra
2. NICK NAME : Adli
3. PLACE AND DATE OF BIRTH : Davae, 16 Maret 2002
4. HOBBY : Futsal
5. EDUCATIONAL BACKGROUND :
 - a. SD Inpres Padaelo
 - b. SMP Negeri 1 Tanete Rilau
 - c. SMK Negeri 2 Barau
 - d. Universitas Muhammadiyah Parepare
 - e.
6. LEARNING EXPERIENCES :
 - a. Pertukara Mahasiswa
 - b. Koordinator Departemen Hubungan Masyarakat UKM Tapak Suci UIN Pan
 - c. Koordinator Departemen Divisi Bola Basket
 - d.
 - e.
 - f.

PAREPARE

Journal of Data Collection

Day/Date	Activity	Agenda	Result
Friday November 24, 2023	Bring the research permit recommendation letter from IAIN PARE to Dinas Penanaman Modal Pelayanan Terpadu Satu Pintu kab.Barru	Meet the administration staff and submit the reseach permit recommendation letter	A research approval letter from Dinas Penanaman Modal Pelayanan Terpadu Satu Pintu kab.Barru
Wednesday November 29, 2023	Bring a research permit for a. Kepala Bappelitbangda kab.Barru b. Camat Tanete Rilau kab.Barru	Meet the adminstration staff and submit the reserach permit	Got the approval research
Wednesday December 13, 2023	Bring a research permit to the Pao-pao Village office	Meet the administration staff and submit the research permit	Got the approval research
Saturday December 16, 2023	Go to the house of the first research subject	Meet the first research subject to conduct open and third focus interview	The recording of the first research subject interviews and some research field notes about the existing phenomena
Saturday December 16, 2023	Go to the house of the second research subject	Meet the first research subject to conduct first and second focus interview	The recording of the sec research subject interviews and some research field notes about the existing phenomena

<p>Fiday December 29, 2023</p>	<p>Go to the office of Pao-pao Village to pick up the letter to finish doing research</p>	<p>Meet the administration staff</p>	<p>Getting a letter of completion of research</p>
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Approval Letters by the Research Subjects

APPROVAL OF THE RESEARCH SUBJECTS

Invitation to participate in the research project

My name is Mutiara Ramadhani. I am a student of the State Islamic Institute of Parepare. Now I am doing my research on a study of The Profile of a Successful Speech Sound Disorder Learner (A Psycholinguistic Analysis) towards my Master degree.

I (researcher) wish to invite you to participate and give contribution as a research subject in this research. Researcher will conduct interview and observation on daily activities and ask for some data or document relating to you as the research subject in this research.

If you are willing to be a research subject of this project, I hope you to fill out the following data:

Name : Ado. putra
 Sex : male
 School : UNIVERSITAS MUHAMMADIYAH PAREPARE

Thank you very much for your willingness to participate and to contribute in this research. May Allah SWT. always bestow mercy, affection and protect us in all our activities.

Parepare, December 15, 2023

Sincerely yours

Mutiara Ramadhani

The List of Research Field Notes

- FN 001 Open Interview Transcription for the First Research Subjects
- FN 002 Focused Interview Transcription about the Student Deal with
His Speech Disorder For The First Research Subject
- FN 003 Focused Interview Transcription about the Causes of the
Student's Speech Disorder
- FN 004 Focused Interview Transcription about the Occurance of
Speech Disorder in the Student



Interview of Indonesian Version

The First Research Subject

Hari / Tgl : Sabtu, 16 Desember 2023
 Waktu : 11.52 – 12.28
 Tempat : Datae kec. Tanete Rilau, Desa Pao-Pao, kab.Barru
 Tema : Transkrip Interview Terbuka untuk Subjek Penelitian Pertama.

Peneliti (M)

Subjek Penelitian Pertama (AP)

- M : Apa pentingnya pendidikan menurutmu?
- AP : ee..banyak yang harus dipelajari memang untuk ee.. kedepannya karena kalau kanpa pendidikan ee.. susahki untuk anu kedepannya nanti.
- M : Siapa sejauh ini yang paling berpengaruh dalam proses pengembangan dirimu?
- AP : ee.. anu orang tua sama teman
- M : Sejauh apa peran orang tua dalam mendukung proses belajarmu?
- AP : ee.. nasehatnya..
- M : Kegiatan apa yang kamu senang lakukan jika berada di kampus?
- AP : ee.e anu Mengikuti anu ekstrakurikuler anu olahraga bola volly, pencak silat.
- M : Mengapa kamu tertarik mengambil jurusan (teknik informatika) di kampus?
- AP : ee.. Karena e anumi sekarang anunya ee.. jaman teknologimi sekarang. (Pengucapan kurang jelas.....) itu kuambil karena ee.. supaya tidak terlalu ketinggalan anunya ee.. teknologinya.
- M : Mengapa kamu memilih kuliah di UMPAR?
- AP : Karena disitu anu ee.. (pengucapan kurang jelas karena bicara agak cepat) lebih dekat karena anu juga ee.. disitu ada jurusan teknik informatika.
- M : Apakah kamu pernah mengikuti kegiatan ekstrakurikuler/organisasi di sekolah/di kampus?
- AP : ee.. ituji tapak suci, olahraga
- M : Apa alasanmu tetap melanjutkan pendidikan sampai perguruan tinggi?

AP : karena orang tua.. karena mauja juga belajar

M : Apa rencana kamu kedepannya?

AP : ituji ee.. kerja (pengucapan kurang jelas karena berbicara agak cepat)
kalo bisa di luar anu ee.. di luar pulau.

M : Ohiya..dek selanjutnya kita beralih ke pertanyaan interview terfokus

AP : Ohiyaa.. boleh.



Hari / Tgl : Sabtu, 16 Desember 2023
Waktu : 11.52 – 12.28
Tempat : Datae kec. Tanete Rilau, Desa Pao-Pao, kab. Barru
Topik : Transkripsi Interview Terfokus untuk Subjek Penelitian Pertama mengenai Cara Pelajar Mengatasi Gangguan Bicaranya.

Peneliti (M)

Subjek Penelitian Pertama (AP)

- M : Apakah kamu pernah mendapati perlakuan bullying dari temanmu?
- AP : Tidak adaji
- M : Kegiatan seperti apa yang kamu geluti di kampus?
- AP : Olahraga setiap hari memang kalau pencak silat hari Selasa, Kamis, Jumat.
- M : Apa yang membuat kamu bisa memiliki kepercayaan diri dengan keterbatasanmu?
- AP : Karena mau memangja anu cobai
- M : Siapa orang/sosok yang berperan mendukung kamu dalam proses belajar?
- AP : Orang tua dan teman
- M : Jika ada orang/teman yang mebuatmu merasa terganggu atau tidak nyaman dengan perkataan atau perbuatannya. Apa yang kamu lakukan?
- AP : Tidak adaji, diam saja.
- M : Apa pencapaian terbesar yang pernah kamu peroleh?
- AP : Pertukaran pelajar di Jogja selama 4 bulan
- M : Pernah kah kamu mengalami kesulitan di lingkungan dimana kamu tinggal maupun di kampus?
- AP : Tidak pernah
- M : Hal-hal apa saja yang membuat kamu down dalam proses belajar. Lalu apa yang membuatmu bangkit/semangat?
- AP :(pengucapan kurang jelas karena berbicara dengan cepat)....karena mau memangja.
- M : Ohiya dek mungkin itu yang dapat saya tanyakan, terima kasih banyak
- AP : Iya...sama-sama

Interview of Indonesian Version

The Second Research Subject

Hari / Tgl : Sabtu, 16 Desember 2023
 Waktu : 11.52 – 12.28
 Tempat : Datae kec. Tanete Rilau, Desa Pao-Pao, kab. Barru
 Topik : Transkripsi Interview Terfokus untuk Subjek Penelitian Kedua mengenai Penyebab Gangguan Berbicara pada Pelajar

Peneliti (M)

Subjek Penelitian Kedua (N)

- M : Bagaimana proses pada saat ibu melahirkan?
- N : (Bahasa Bugis) De'magaga makalallaing aga. Normal ma, iya'mi sipaddua puang Siang ku kamara e. De'ga makkeda mawatang-watang aga malomoma toh magatti kasi'. Makku maneng ka iya' tu mammana iya' ee.. siaga wammanakeng pada-pada maneng normal maneng.
 (Bahasa Indonesia)Tidak ada kelainan, saya melahirkan normal dibantu oleh dukun bersalin (PS) di kamar. Tidak ada kesulitan sedikitpun dan semua anak saya dilahirkan normal semua
- M : Pada saat bayi ibu dilahirkan dengan kondisi seperti itu. Apakah langsung di bawa ke rumah sakit?
- N : (Bahasa Bugis) De'gaga.. makkeda metto ka ro mai biasa tappodo yakko mammana ka tappodo aja mua narapi'ka anu dottoro, yakko de'ma narapi'ki dottoro de'tu ta magaga ma. Siaga ana'ku wammanakeng enneng (6) makkumaneng de'magaga rapi'ka makkeda nanu bidan aga
 (Bahasa Indonesia)Tidak, dulu saya berharap semoga ketika saya melahirkan tidak di bawa ke dokter dan semua anak saya ke-enamnya tidak pernah ditangani oleh dokter.
- M : Pada usia berapa anak ibu dilakukan proses jahitan?
- N : (Bahasa Bugis) tellu taung, de'mettopagaga negka yanui i laleng nappai saliweng. Matau mettoki ro kasi' biasa wettue apa' beccu mupi anana e lettu makkuku e de'pa yanui kasi'
 (Bahasa Indonesia) Umur 3 tahun baru dijahit bagian luar yaitu bibir. Dan untuk bagian dalam belum pernah dilakukan proses jahit. Saya takut mengambil tindakan karena usia anak masih sangat muda

- M : Apakah ada rencana ibu kedepannya untuk melakukan operasi lanjutan pada anak ibu?
- N : (Bahasa Bugis) siapa tau eloi ro kasi yakko engka doi' dih, iye engkama rencanaku
- (Bahasa Indonesia) Kalau biaya cukup nantinya akan dilakukan proses operasi lanjutan.



Hari / Tgl : Sabtu, 16 Desember 2023
Waktu : 11.52 – 12.28
Tempat : Datae kec. Tanete Rilau, Desa Pao-Pao, kab. Barru
Topik : Transkripsi Interview Terfokus untuk Subjek Penelitian Kedua mengenai Gangguan Berbicara itu Bisa Terjadi

Peneliti (M)

Subjek Penelitian Kedua (N)

M : Makanan apa yang ibu konsumsi pada saat mengandung atau pernahkah ibu ngidam?

N : (Bahasa Bugis) De'magaga sembarang... de'gaga yaseng makkeda u cece, degaga u cece degaga u poji makkeda u poji ladde ye.

Anu kapang biasa kasi' anana e yede manreka tape, tape de'siseng nedding tu mapella, nappa makkedai tuh tawwe...de'nedding na puraka u sedding pas matoani eloni jaji kesi' de'namaitta poleku manui i Cace magisenna teppa lahir ni matu. Nulle memeng i kapang malolo i nulle messu i. De'na maitta teppa engka darah messu makeja' baunna.

(Bahasa Indonesia) Tidak ada makanan yang tidak saya suka begitupun sebaliknya tidak ada makanan yang terlalu saya suka. Tetapi pada saat usia kandungan sudah tua saya pernah makan Tape. Mungkin jika usia kandungan saya masih muda bisa saja janinnya keluar dan saya pernah mengalami pendarahan ringan.

M : Pada usia kandungan ke berapa bu?

N : (Bahasa Bugis) Usia sembilan, akhir bulan karena laki-laki toh. Tapi de'ma ro ulokka dottoro' e makkutommaro matu namerang paja

(Bahasa Indonesia) pada saat usia kandungan sudah mencapai bulan terakhir tapi saya tidak ke dokter dan akhirnya sembuh sendiri.

M : Apakah ibu pernah mengalami kecelakaan/terjatuh pada saat mengandung?

N : (Bahasa Bugis) jolo..joloe... pura memengka sedding iyo, yamemeng ga rodo u tampu na i gandeng ka toh u meddu baru i kandungan e tiga bulan kapang ro nagandeng ka pole Tanete Riaja pole sikolae

(Bahasa Indonesia) Saya rasa..saya pernah jatuh dari motor saat usia kandungan sekitar 3 bulan

M : Ohiyaa...Terima kasih banyak Bu sudah meluangkan waktunya

N : Iya.. sama-sama.

DOCUMENTATION

**UNIVERSITAS MUHAMMADIYAH PAREPARE
(UMPAR)**
Alamat: Kampus I Jln. Muhammadiyah No.8 Tlp. 21698 Parepare Kampus II
Jln. Jend. Ahmad Yani Km. 6 Parepare Sulsel

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ
SERTIFIKAT
NO.B-027/K-K/TSPM.CAB.UM.PAREPARE/1/2022

Tim Pengelola Mata Kuliah Kokurikuler Universitas Muhammadiyah Parepare (UM PARAPARE) Memberikan Sertifikat kepada :

Nama : ADI PUTRA
Tempat dan Tanggal Lahir : Datae, 16 Maret 2002
Fakultas / Jurusan : Teknik/Teknik Informatika
Nama Orang tua : Nadirah/Arsyad
Agama : Islam
NIM/NIK : 220280155/7311021603020004

Bahwa Saudara (i) tersebut di atas telah mengikuti Kuliah Kokurikuler Ke-Tapak Suci-an dengan hasil ujian akhir :

NO.	MATA UJIAN	NILAI	KETERANGAN
1.	Al Islam / Kemuhmadiyahahan	80	
2.	Ilmu Pencak Silat	90	
3.	Pengetahuan Organisasi	80	
4.	Kesehatan Olahraga	90	
5.	Pembinaan Fisik dan Mental	80	
	Jumlah	420	A

Demikian sertifikat ini kami berikan, semoga Motto Tapak Suci tetap diamalkan dimanapun Anda berada.
*Motto: Dengan Iman dan Akhlak Saya Menjadi Kuat
Tanpa Iman dan Akhlak Saya Menjadi Lemah*

Parepare, 10 Januari 2022

Ketua Umum UKM Tapak Suci
Cabang UM Parepare

Sekretaris Umum


ABD RAHMAN RASIDIN
NRTS : 017 001


WARDA J
NRTS : 019 015

An: Pembantu Rektu III,
Kokurikuler Tapak Suci


Dr. SUMADIN, S.Pd.I, M.Pd.I.
NBM : 103 7444

Picture 1. Student certificate



Universitas Ahmad Dahlan
Program Permata

KARTU HASIL STUDI
Semester: Gasal 2022/2023

Nama Mahasiswa : Adí Putra
NIM : 2239099079
Angkatan : 2022
Program Studi : Pertukaran Pelajar Inbound
Dosen PA :

No.	Matakuliah		SKS	KE	Nilai	Bobot	Nilai
	Kode	Nama					
1	211850131	Keamanan Komputer	3	1	B+	3.25	9.7
2	211850231	Pemrograman Mobile	3	1	B	3.00	9
3	211850731	Pemrograman Web Dinamis	3	1	E	0.00	0
4	211850320	Pengantar Manajemen dan Prinsip Proyek	2	1	A	4.00	0
5	211851331	Robotika Informatika	3	1	A	4.00	12
6	211850420	Teori Bahasa Otomata	2	1	E	0.00	0
7	211851131	Pembelajaran Mesin	3	1	B-	2.75	8.2
Jumlah			19				47

IP Semester (IPS) : 2.47
IP Kumulatif (IPK) : 2.47
Maks. beban SKS semester berikutnya 10

Pictures 2. Student exchange study plan card



Picture 3. Interview process with learner



Picture 4. Learner fill out the data form



Pictrure 5. Interview process with mother of learner



Pictrure 6. Interview process with mother of learner

Abstract Validation



**KEMENTERIAN AGAMA REPUBLIK INDONESIA
INSTITUT AGAMA ISLAM NEGERI PAREPARE
UNIT PELAKSANA TEKNIS BAHASA**



Jalan Amal Bakti No. 8 Soreang, Kota Parepare 91132 Telepon (0421) 21307, Fax. (0421) 24404
PO Box 909 Parepare 91100, website: www.iainpare.ac.id, email: mail@iainpare.ac.id

SURAT KETERANGAN

Nomor: B-09/In.39/UPB.10/PP.00.9/01/2024

Yang bertanda tangan dibawah ini,

Nama : Hj. Nurhamdah, M.Pd.
NIP : 19731116 199803 2 007
Jabatan : Kepala Unit Pelaksana Teknis (UPT) Bahasa

Dengan ini menerangkan bahwa berkas sebagai berikut atas nama,

Nama : Mutiara Ramadhani
Nim : 2120203891025
Berkas : Abstrak

Telah selesai diterjemahkan dari Bahasa Indonesia ke Bahasa Inggris dan Bahasa Arab pada tanggal 08 Januari 2024 oleh Unit Pelaksana Teknis Bahasa IAIN Parepare.

Demikian surat keterangan ini dibuat untuk dapat dipergunakan sebagaimana mestinya.

Parepare, 08 Januari 2024
Kepala,



Hj. Nurhamdah, M.Pd.
NIP 19731116 199803 2 007

Articel Validation



KEMENTERIAN AGAMA REPUBLIK INDONESIA
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LEMBAGA PENELITIAN DAN PENGABDIAN KEPADA MASYARAKAT (LP2M)
Jalan Amal Bakti No. 8 Soreang, Kota Parepare 91131 Telepon (0421) 21307, Fax. (0421) 24404
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SURAT PERNYATAAN

No. B.044/ln.39/LP2M.07/01/2024

Saya yang bertanda tangan di bawah ini :

Nama : Muhammad Majdy Amiruddin, M.MA.
NIP : 19880701 201903 1 007
Jabatan : Kepala Pusat Penerbitan & Publikasi LP2M IAIN Parepare
Institusi : IAIN Parepare

Dengan ini menyatakan bahwa naskah dengan identitas di bawah ini :

Judul : The Profile of a Successful Speech Sound Disorder (a Psycholinguistic Analysis)
Penulis : Mutiara Ramadhani
Afiliasi : IAIN Parepare
Email : ramadhaniimutia12@gmail.com

Benar telah diterima pada Jurnal **International Journal of Health, Economics, and Social Sciences (IJHESS Vol. 6 No. 1 Januari 2024** yang telah terakreditasi **SINTA 5**.

Demikian surat ini disampaikan, atas partisipasi dan kerja samanya diucapkan terima kasih

An. Ketua LP2M
Kepala Pusat Penerbitan & Publikasi



Muhammad Majdy Amiruddin, M.MA.
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Letter of Acceptance



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Website: <https://jurnal.unismuhpalu.ac.id/index.php/IJHES>

Letter of Acceptance

Date 08 January 2023

International Journal of Health, Economics, and Social Sciences (IJHES)

Dear Author(s)

Mutiara Ramadhani, Arqam, Ambo Dalle, Abdul Haris Sunubi, Magdahalena

It's my pleasure to inform you that, after the peer review, your paper **THE PROFILE OF A SUCCESSFUL SPEECH SOUND DISORDER LEARNER (A PSYCHOLINGUISTIC ANALYSIS)** has been **ACCEPTED** with content unaltered to publish with **International Journal of Health, Economics, and Social Sciences (IJHES)** in **Volume 6 Issue 1 (January 2024)**.

Thank you for making the journal a vehicle for your research interests

With regards
Yours sincerely



Dr. Ahmad Yani
Editor in Chief

The Profile of a Successful Speech Sound Disorder Learner (A Psycholinguistic Analysis)

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Article Info

Article history:

Received 9 January, 2024

Revised 04 January, 2024

Accepted 11 January, 2024

Keywords:

Speech Sound Disorder;
Learner;
Psycholinguistic

ABSTRACT

This study used the research subject of a 21-year-old male student with the initials AP. He was the third of four children to have a cleft lip from birth. Like most children, he attended public schools from elementary to college. Although the child has a speech disorder it does not hinder the educational process. He is known by people as a very friendly and confident child even though he was given the opportunity by his lecturer to participate in a student exchange in Jogja for four months. This study aims to find out how students deal with speech disorders. This research method uses a qualitative approach, data collection is carried out through interviews, documentation, and observation. The results of this study are: 1) Cleft lip sufferers as experienced by these students are congenital factors from birth where there are defects in the speech organs. Gaps in the gums and roof of the mouth cause nasal sounds; 2) Speech disorders can occur due to internal factors that involve genetic defects that are experienced since birth. This is thought to have occurred due to his mother having had an accident and having consumed candy station food which resulted in bleeding; 3) The shortcomings of the student are not a barrier to achieving what he aspires to. According to him, education is very important because without education it will be left behind in the era of increasingly rapid technology.

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1. INTRODUCTION

In everyday life, humans cannot be separated from language. Language is a means used by humans to socialize with their environment. With good communication, we can understand what the message conveyed by other people means. If there is a disruption in the function of the speech organ, an individual experiences difficulty in conveying messages to other people. Therefore, language as a means of communication has a very important role in everyday life. (Solchan, 2008) there is no doubt that language is very important for life. Without language, humans could not do anything, and humans would not even exist.

The essence of language is a free system of sound symbols used by members of society to identify themselves, work together, and interact with each other (Kridalaksana, 2001). (Gorys Keraf, 2009) language is used to communicate between members of society through sound symbols originating from the human speech apparatus. However, (Fradana & Suwarta, 2020), explained that the essence of language is a systematic system. In generative systems, this consists of a choice of symbols or emblems.

In this research, the author will discuss people with cleft lips by analyzing psycholinguistic studies. The nasal sound produced by the resonance factor is known as cleft lip. For example, resonance disorders of the hard palate (palatum) in the oral cavity are the cause of clefts. This disorder also occurs in people who experience paralysis of the soft palate (velum). His voice became nasal because the cavity in the ceiling did

not provide the resonance it should. This numbness is often recognized directly by sufferers of myasthenia gravis, which is a disorder that causes muscles to become weak and tired quickly. (Chaer, 2009) Nasal sounds are produced by cleft sufferers because the oral and nasal cavities communicate through the hard palate, which disrupts the resonance that should be disrupted.

One of the objects of study in psycholinguistics is language disorders. Speech disorders in children can have an impact on learning disabilities. Speech and communication disorders involve barriers to understanding and producing language. These two things include the output of the information processing process, messages, and thoughts followed by choosing the right words so that the verbal explanation can be understood by the interlocutor (Kemp et al., 2011). In general, psycholinguistics is a knowledge that focuses on language acquisition in children. As is the case with dealing with children or people who experience difficulties in speaking such as autism spectrum, verbal apraxia, dyslexia, stuttering, and other difficulties.

Psycholinguistics is a science that describes the psychological processes that occur when someone produces sentences and understands the sentences they hear when communicating and how humans acquire language skills (Simanjuntak, 1987). Originally the term used for psycholinguistics was linguistic psychology and some also called it the psychology of language. Then, as a result of more focused and systematic collaboration, a new science was born which was later called psycholinguistics. In Harley's opinion, psycholinguistics is the study of mental processes in language use. Meanwhile, according to Clark's opinion, language psychology is related to three main things, namely comprehension, production, and language acquisition. In detail, psycholinguistics studies four main topics, namely: (1) comprehension, namely the mental processes that humans go through so that they catch what people say and understand what is meant, (2) production, namely the mental processes in us what makes us able to speak the way we say it, (3) the biological and neurological basis that makes humans able to speak, (4) language acquisition, namely how children acquire their language.

Communication will run smoothly if a child can speak. Speaking ability can be assessed from other abilities so that discussions about language ability are more often related to speaking ability. A child's language and speaking proficiency is influenced by intrinsic factors (from the child) and extrinsic factors (from the environment). Intrinsic factors are congenital conditions from birth including physiology and organs involved in language and speaking abilities. Extrinsic factors include stimuli around the child, especially the words heard or shown to the child. (Abdul Chaer, 2003) said that speech mechanism disorders are the production of speech (speech) by integrated activities of the vocal cords, tongue, muscles that form the oral cavity and esophagus, and the lungs (pulmonary), on the vocal cords (larynx), on the tongue (lingual), and in the oral cavity and throat (resonant).

In this study, the author used a 21-year-old male student with the initials AP as the research subject. He is the fifth of six children. AP was born in Datae village with a normal delivery assisted by a birth attendant. Since he was born he had a cleft lip and at the age of three years, the first sewing process was carried out on the lip area. Based on information from the child's parents, further surgery will be carried out on the gum area and finally on the palate. Like most children, he attended public schools from elementary school to university level. Currently, he is continuing his studies at one of the private universities in South Sulawesi, namely Muhammadiyah Parepare University (UMPAR). He majored in Information Engineering. Even though the child has a speech disorder, it does not hinder his educational process. His lecturer gave him the confidence to do a comparative study in Yogyakarta for four months in 2022 and he is a child who easily gets along with his environment. Therefore, the author is very interested in researching this because the author wants to know how the child overcomes his speech disorder so that he has high self-confidence and can interact well with his environment.

2. THEORY OVERVIEW

Language ability is the result of a combination of all child development systems because language ability is sensitive to delays or damage to other systems. In this case, language skills involve motoric, emotional, social, and cognitive skills. Thus, language development is the ability to grasp the meaning that other people want to communicate and the ability to communicate with other people. Mulyani, 2018. Oral communication often fails simply because the method of delivery is not appropriate. Therefore, in oral communication, misunderstandings often occur between the communicant and the communicator (Suroso, 2016).

Speaking is a motor activity that contains psychic modalities. The mechanism of speaking is a process of producing speech (speech) by the integrated activities of the vocal cords, tongue, and muscles that form the oral cavity, esophagus, and lungs. Disturbances due to resonance factors are disturbances that cause the sound produced to be nasal. In people with clefts, for example, the voice becomes nasal because the oral cavity and nasal cavity are used to communicate through a defect in the hard palate (palate) so that the resonance that should be paralyzed occurs in the soft palate (velum). The ceiling cavity does not provide the resonance it should, so the sound becomes nasal. Sufferers of myasthenia gravis (a disorder that causes muscles to become weak and tire quickly) are often recognized directly because of this nasality (Chaer,

2009).

Psycholinguistics is a branch of linguistics that studies the psychological processes that occur when someone speaks. The psychological process in language is like studying the mental processes that humans go through when carrying out the language process. Robert Lado, an expert in the field of language teaching, said: "Psycholinguistics is a combined approach between psychology and linguistics for the study or study of language, language in use, language change, and things related to it, which are not easily achieved or approached only wrongly, one of the two sciences separately".

Psycholinguistics studies the psychological aspects when someone speaks and understands the processes that occur when someone speaks. Psychological aspects experienced by a speaker to translate and choose vocabulary or way of speaking and the individual's ability to use language as a communication system. Knowing and understanding the psychological aspects experienced by speakers is the goal of this science.

3. METHODOLOGY

This research uses a qualitative approach. Qualitative methods are defined as research procedures that produce descriptive data in the form of written or spoken words from people and observable behavior (Moleong, 2010). Qualitative methods can be used to uncover or understand something behind a completely unknown phenomenon and provide complex details about the phenomenon.

The research location is Datae Village, Pao-pao Village. The subject in this research was a 21-year-old male student. He is a final semester student majoring in informatics engineering at Muhammadiyah University of Parepare. The data collection techniques used in this research are documentation interviews and observation. Data collection techniques are carried out by listening, recording, and noting. Listen to what the AP says and note down crucial points.

4. RESULT AND DISCUSSION

This research focuses on the success profile of students who experience speech disorders. To collect information in the research, the researcher first interviewed the first research subject, namely students who experienced speech disorders. This was done so that researchers could find out how the student handled his speech disorder. Then the researcher interviewed the second research subject, namely the student's mother, to find out the cause of the speech disorder that occurred in her child and how the speech disorder occurred.

Based on the results of research data analysis, the causes of speech disorders in students can be seen in the following table:

Table 1. Research Subject Responses About the Causes of the Learner's Speech Disorder

No.	Research Subject Responses
1	There were no abnormalities, I gave birth normally, assisted by a midwife (PS) in the room. There were no difficulties at all and all my children were born normal.
2	No, I used to hope that when I gave birth I wouldn't be taken to a doctor and that all my six children would never be treated by a doctor.
3	At the age of three years, the lip sewing process is carried out. And the inside has never been sewn. I was afraid to take action because the child was still very young.
4	If the costs are sufficient, a follow-up operation will be carried out

Based on the responses of the research subjects above, it is known that when the child was born, there was already a tear in the roof of the mouth that penetrated the nasal cavity, thus affecting the child's speech disorders.

Table 2. Research Subject Responses About the Occurance of Speech Disorder in the Learner

No.	Research Subject Responses
1	There is no food that I don't like and conversely, there is no food that I like. But when I was old in my pregnancy, I ate Tape. Maybe if my pregnancy was still young, the fetus might have come out and I would have experienced light bleeding.
2	When I was in my last month of pregnancy, I didn't go to the doctor and it finally healed on its own.
3	I think I fell off a motorbike when I was about three months pregnant

Based on the responses of the research subjects above, it is known that the student's mother had fallen from a motorbike when she was only three months pregnant. She also consumed Tape when she was in her last month of pregnancy and experienced light bleeding.

Table 3. Research Subject Responses About How the Learner Deal with His Speech Disorders

No.	Research Subject Responses
1	Never, because I also quickly adapt to the environment.
2	Sports are done every day and pencak silat is done every Tuesday, Thursday, and Friday.
3	Because of your desires.
4	Parents and friends.
5	It's not enough to just be quiet.
6	Student exchange in Jogja for four months.
7	Nothing, because of your own strong intentions.

Based on the student's response above, it is known that even though the student has limited speech, he has a strong inner drive to achieve what he wants, just like normal children in general who can go to school, socialize and socialize. In fact, he has confidence in his current condition that other normal children might not have.

Based on the results of the analysis of interviews with research subjects regarding the causes of speech disorders in students, it can be concluded that several important facts happened to these students. The state of the research subject can be summarized in the following table:

Table 4. the Causes of the Learner's Speech Disorders

No.	Real Situation
1	The mother gave birth normally with the help of a birth attendant.
2	The mother gave birth to a child with deformed lips, gums and palate.
3	The child's lips are sewn at the age of 3 years.
4	Planning for a further sewing process is carried out when the costs are sufficient.
5	All of their children were never assisted by a doctor/midwife when giving birth.
6	The student's mother was worried about taking her child to the doctor for treatment because the child was still very small, besides the cost factor.

Based on the results of analysis of research data on the causes of speech disorders in students, it is known that since birth there has been a tear in the roof of the mouth that penetrates the nasal cavity, thus affecting the child's speech disorders. According to Marsono, in 2008, during this process, the air encountered resistance in the speech organs, thereby releasing language sounds that could be understood by fellow humans.

Suffering from a cleft lip like the one experienced by this student is not due to hereditary factors but is a congenital factor since he was born, he has had defects in the speech organs. Because when she was pregnant, the student's mother fell and ate fermented food. AP is a patient with a cleft lip in the roof of the mouth who has never had a sewing process done but had his lip stitched at the age of three. Therefore, when the child says a word it still sounds nasal and some letters are not spelled out clearly.

According to Chaer, 2003, based on the mechanism, speech disorders can occur due to abnormalities in the lungs (pulmonary), vocal cords (larynx), tongue (lingual), and the oral cavity and esophagus (resonant). In the case that was found by the author, there was a hole in the oral cavity, as a result, the sound produced became nasal. Aziz 2005, said that cleft lip occurs when the tissue in the mouth does not unite perfectly, causing a gap or hole in the patient's lip. This is a congenital abnormality that occurs in the facial structure. This disorder prevents a person from speaking. Language plays a very important role in our lives because through language we express thoughts, and feelings and carry out various activities.

Erviana, 2017 explains that language is a communication tool between humans that gives birth to ideas and emotions. All our activities would be hampered without language. Language is the center of civilization in a society. However, the limitations that occur to this student do not become an obstacle to doing what he wants so that the people around him, his relatives, and even his friends think that he is a proud child of his parents who can overcome all his shortcomings to become a strength.

Table 5. the Occurance of Speech Disorder in the Learner

No.	Real Situation
1	The child's mother never had cravings.
2	The mother consumed Tape (a fermented food) when she was pregnant.
3	The mother experienced light bleeding when she reached the last month of her pregnancy.
4	My mother fell from a motorbike when she was about three months pregnant.

From the data above, speech disorders can occur due to internal factors involving genetic defects that have occurred since birth. This is thought to have occurred because his mother had had an accident and had

consumed fermented food which caused bleeding. However, the mother never saw a doctor. According to Sudjatniko, 2009, cleft lip occurs due to two factors, namely internal and external factors. Internal factors involve genetic defects that are present from birth, while external factors involve the use of teratogenic chemicals. Damage to the speech organs is divided into three types, namely complete one-sided cleft lip, incomplete one-sided cleft lip, and complete two-sided cleft lip. In an incomplete one-sided cleft lip, there is a gap on one side of the lip that does not extend to the nose. In a completely one-sided cleft lip, there is a gap on one side of the lip that extends to the nose. In a complete double-sided cleft lip, there is a gap on both sides of the lip that extends to the nose, Asrama, 2018.

Table 6. the Learner Deal with His Speech Disorders

No.	Real Situation
1	The student has a strong drive to do what he dreams of
2	Students have high self-confidence.
3	Students love to do sports activities on campus.
4	The student participated in a student exchange in Jogja for 4 months.
5	The student was once the coordinator of the public relations department of UKM Tapak Suci UMPAR.
6	A student once coordinated the basketball division.
7	Students have a hobby of playing futsal.
8	Students have cool personalities when bullied.

The respondent (AP) is a 21-year-old male student. He was claimed to be a successful child because he had a cleft lip defect from birth but that did not make him give up hope. It can be said that he is an active student on campus. He participated in various extracurricular activities on campus such as volleyball, pencak silat, and tapak Suci. Not only that, his lecturer also allowed him to take part in a student exchange in Jogja for 4 months. While there he attended lectures and studied. He gained valuable experience there during a student exchange.

He is a student who is easy to get along with in his family, community, and wherever he is. He has a strong desire to learn and also gets support from his parents. Therefore, he has a strong urge to continue his education to college. He has felt superior since attending college because the campus has provided a platform to channel his talents and hobbies. He made it his goal to continue studying to get an education and a job in the future.

Based on this data, the researcher can conclude that the student's shortcomings are not an obstacle to achieving what he dreams of. According to him, education is very important because without education you will be left behind in the era of increasingly rapid technology. Therefore, he is very interested in choosing the informatics engineering major as a preparation for the world of work in the future. To make all his hopes come true, he has a strong motivation to study seriously. Apart from that, he also gets a support system from his parents and friends.

5. CONCLUSIONS

Based on the findings and discussion in the previous chapter, the researcher can draw the following conclusions: 1) cleft lip sufferers like the one experienced by this student are not heredity factors, but congenital factors from birth also influence children to have disabilities in their speech organs. 2) Speech disorders can occur due to internal factors involving genetic defects that have occurred since birth. This is thought to have occurred because his mother had had an accident and had consumed fermented food which caused bleeding. 3) the student's shortcomings do not become an obstacle to achieving what he dreams of. According to him, education is very important because without education you will be left behind in the era of increasingly rapid technology.

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PUBLISHED SCIENTIFIC RESEARCH WORKS

1. The Profile of a Successful Speech Sound Disorder Learner (a Psycholinguistic Analysis)